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

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/22/2016 2:05 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/22/2016 Time: 2:05 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 ST. MARY'S MEDICAL CENTER (150100) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 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	751,472	129,308	-45,510	0	1.00
2.00	Subprovider - IPF	0	4,207	0		0	2.00
3.00	Subprovider - IRF	0	48,024	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	803,703	129,308	-45,510	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-2 Part I | Date/Time Prepared: 11/21/2016 8:49 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 3700 WASHINGTON AVE	PO Box:			1.00
2.00	City: EVANSVILLE	State: IN	Zip Code: 47750	County: VANDERBURGH	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	ST. MARY'S MEDICAL CENTER	150100	21780	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ST. MARY'S STRESS CENTER	15S100	21780	4	07/01/1987	N	P	O	4.00
5.00	Subprovider - IRF	ST. MARY'S REHAB UNIT	15T100	21780	5	07/01/1999	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									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2015	06/30/2016	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	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.	2	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an 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.	5,045	1,452	2,680	1,045	7,819	268	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.	282	69	157	115	200		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 11/21/2016 8:49 pm

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

		V	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)	N			60.00

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

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
	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: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 11/21/2016 8:49 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	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

		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.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,135,069	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	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: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/21/2016 8:49 pm

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H056	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: ST MARY'S HEALTH	Contractor's Name: WPS	Contractor's Number: 8101	141.00
142.00	Street: 3700 WASHINGTON AVE	PO Box:		142.00
143.00	City: EVANSVILLE	State: IN	Zip Code: 47750-0002	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)	N	168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/21/2016 8:49 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)	10/01/2014	09/30/2015	170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-2 Part II | Date/Time Prepared: 11/21/2016 8:49 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		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	10/03/2016	Y	10/03/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-2 Part II Date/Time Prepared: 11/21/2016 8:49 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.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL		HILL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3519		JILL.HILL@STVINCENT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/21/2016 8:49 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.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part I Date/Time Prepared: 11/21/2016 8:49 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	294	107,604	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)		294	107,604	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	62	22,692	0.00	0	8.00
8.02	NICU	31.02	40	14,640	0.00	0	8.02
9.00	CORONARY CARE UNIT	32.00	9	3,294	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		405	148,230	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	14	5,124		0	16.00
17.00	SUBPROVIDER - IRF	41.00	24	8,784		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	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	99.00				0	25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		443				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: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part I | Date/Time Prepared: 11/21/2016 8:49 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)	21,831	5,266	49,598			1.00
2.00	HMO and other (see instructions)	7,258	8,214				2.00
3.00	HMO IPF Subprovider	115	0				3.00
4.00	HMO IRF Subprovider	295	541				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)	21,831	5,266	49,598			7.00
8.00	INTENSIVE CARE UNIT	6,321	111	13,828			8.00
8.02	NICU	0	3,626	5,937			8.02
9.00	CORONARY CARE UNIT	666	88	1,457			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		736	3,061			13.00
14.00	Total (see instructions)	28,818	9,827	73,881	6.00	1,933.18	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,087	1,238	3,398	0.00	18.44	16.00
17.00	SUBPROVIDER - IRF	2,313	282	4,750	0.00	29.81	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				6.00	1,981.43	27.00
28.00	Observation Bed Days		0	6,990			28.00
29.00	Ambulance Trips	102					29.00
30.00	Employee discount days (see instruction)			1,238			30.00
31.00	Employee discount days - IRF			59			31.00
32.00	Labor & delivery days (see instructions)	0	268	1,243			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: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part I | Date/Time Prepared: 11/21/2016 8:49 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	6,414	766	16,542	1.00
2.00	HMO and other (see instructions)			1,411	2,416		2.00
3.00	HMO IPF Subprovider				82		3.00
4.00	HMO IRF Subprovider				54		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
8.02	NICU						8.02
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	6,414	766	16,542	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	112	26	560	16.00
17.00	SUBPROVIDER - IRF	0.00	0	174	17	367	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					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	0.00					25.00
26.00	RURAL HEALTH CLINIC	0.00					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: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part II Date/Time Prepared: 11/21/2016 8:49 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	143,851,752	0	143,851,752	4,642,120.00	30.99	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,802,772	0	2,802,772	32,368.00	86.59	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	341,638	0	341,638	14,987.00	22.80	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		49,242,545	603,846	49,846,391	1,170,017.00	42.60	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,947,104	0	1,947,104	32,107.00	60.64	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		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		40,679,663	0	40,679,663	663,664.00	61.30	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		33,454,946	0	33,454,946			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		14,276,442	0	14,276,442			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)		139,577	0	139,577			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	477,761	0	477,761	9,735.00	49.08	26.00
27.00	Administrative & General	5.00	8,368,191	-603,846	7,764,345	340,934.00	22.77	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	841,962	0	841,962	44,417.00	18.96	30.00
31.00	Laundry & Linen Service	8.00	620,873	0	620,873	47,876.00	12.97	31.00
32.00	Housekeeping	9.00	94	0	94	1.00	94.00	32.00
33.00	Housekeeping under contract (see instructions)		3,735,603	0	3,735,603	168,843.00	22.12	33.00
34.00	Dietary	10.00	241,033	-145,343	95,690	3,444.00	27.78	34.00
35.00	Dietary under contract (see instructions)		3,034,834	0	3,034,834	138,266.00	21.95	35.00
36.00	Cafeteria	11.00	0	145,343	145,343	5,232.00	27.78	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,736,144	0	1,736,144	44,592.00	38.93	38.00
39.00	Central Services and Supply	14.00	1,262,270	0	1,262,270	70,518.00	17.90	39.00
40.00	Pharmacy	15.00	3,971,354	0	3,971,354	104,164.00	38.13	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part II Date/Time Prepared: 11/21/2016 8:49 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	
41.00	Medical Records & Medical Records Library	16.00	1,679,406	0	1,679,406	94,033.00	17.86	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part III Date/Time Prepared: 11/21/2016 8:49 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)		147,477,779	0	147,477,779	4,901,874.00	30.09	1.00
2.00	Excluded area salaries (see instructions)		49,242,545	603,846	49,846,391	1,170,017.00	42.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)		98,235,234	-603,846	97,631,388	3,731,857.00	26.16	3.00
4.00	Subtotal other wages & related costs (see inst.)		42,626,767	0	42,626,767	695,771.00	61.27	4.00
5.00	Subtotal wage-related costs (see inst.)		33,454,946	0	33,454,946	0.00	34.27	5.00
6.00	Total (sum of lines 3 thru 5)		174,316,947	-603,846	173,713,101	4,427,628.00	39.23	6.00
7.00	Total overhead cost (see instructions)		25,969,525	-603,846	25,365,679	1,072,055.00	23.66	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part IV | Date/Time Prepared: 11/21/2016 8:49 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	6,799,900	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,346,916	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	60,665	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)	22,129,771	8.00
9.00	Prescription Drug Plan	4,606,856	9.00
10.00	Dental, Hearing and Vision Plan	848,826	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	205,571	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	10,130	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,219,858	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	543,431	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	8,338,658	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	88,762	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	671,620	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	47,870,964	24.00
	Part B - Other than Core Related Cost		
25.00		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-3 Part V Date/Time Prepared: 11/21/2016 8:49 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	1,947,104	47,870,964	1.00
2.00	Hospital	1,947,104	33,454,946	2.00
3.00	Subprovider - IPF	0	302,872	3.00
4.00	Subprovider - IRF	0	522,180	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	13,590,966	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet S-10 | Date/Time Prepared: 11/21/2016 8:49 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)	0.212025	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	21,121,666	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	255,385,143	6.00
7.00	Medicaid cost (line 1 times line 6)	54,148,035	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)	33,026,369	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	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	125,483	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	33,026,369	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	32,611,733	2,456,214	35,067,947	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,914,503	520,779	7,435,282	21.00
22.00	Partial payment by patients approved for charity care	477,094	80,083	557,177	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,437,409	440,696	6,878,105	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)	15,076,565	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	732,921	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	14,343,644	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	3,041,211	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	9,919,316	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	42,945,685	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A | Date/Time Prepared: 11/21/2016 8:49 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		14,250,497	14,250,497	66,438	14,316,935	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,910,739	8,910,739	0	8,910,739	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	477,761	37,026,641	37,504,402	-45,272	37,459,130	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,368,191	20,059,510	28,427,701	-415,124	28,012,577	5.00
7.00	00700	OPERATION OF PLANT	841,962	13,237,453	14,079,415	0	14,079,415	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	620,873	305,826	926,699	0	926,699	8.00
9.00	00900	HOUSEKEEPING	94	4,549,383	4,549,477	0	4,549,477	9.00
10.00	01000	DIETARY	241,033	4,811,769	5,052,802	-3,046,840	2,005,962	10.00
11.00	01100	CAFETERIA	0	0	0	3,046,840	3,046,840	11.00
13.00	01300	NURSING ADMINISTRATION	1,736,144	268,463	2,004,607	0	2,004,607	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,262,270	1,138,429	2,400,699	0	2,400,699	14.00
15.00	01500	PHARMACY	3,971,354	641,059	4,612,413	0	4,612,413	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,679,406	313,458	1,992,864	0	1,992,864	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	341,638	261,497	603,135	0	603,135	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,460,636	3,232,793	24,693,429	-1,113,370	23,580,059	30.00
31.00	03100	INTENSIVE CARE UNIT	7,432,500	3,713,794	11,146,294	0	11,146,294	31.00
31.02	03102	NICU	3,072,895	1,325,086	4,397,981	0	4,397,981	31.02
32.00	03200	CORONARY CARE UNIT	1,025,869	432,843	1,458,712	0	1,458,712	32.00
40.00	04000	SUBPROVIDER - IPF	1,100,119	667,007	1,767,126	0	1,767,126	40.00
41.00	04100	SUBPROVIDER - IRF	1,896,709	109,779	2,006,488	0	2,006,488	41.00
43.00	04300	NURSERY	0	0	0	1,113,370	1,113,370	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,521,988	42,945,388	49,467,376	0	49,467,376	50.00
51.00	05100	RECOVERY ROOM	1,455,486	68,649	1,524,135	0	1,524,135	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,284,391	271,213	2,555,604	0	2,555,604	52.00
53.00	05300	ANESTHESIOLOGY	45,423	3,744,045	3,789,468	0	3,789,468	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,111,676	1,169,729	5,281,405	0	5,281,405	54.00
54.02	05402	ULTRASOUND	558,049	64,950	622,999	0	622,999	54.02
54.03	05403	NUCLEAR MEDICINE	693,328	984,899	1,678,227	0	1,678,227	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	882,179	178,849	1,061,028	0	1,061,028	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	448,710	51,523	500,233	0	500,233	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,185,284	292,145	1,477,429	0	1,477,429	59.00
60.00	06000	LABORATORY	1,681,480	12,428,029	14,109,509	0	14,109,509	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,565,644	1,565,644	0	1,565,644	63.00
64.00	06400	INTRAVENOUS THERAPY	1,962,045	1,335,033	3,297,078	0	3,297,078	64.00
65.00	06500	RESPIRATORY THERAPY	2,578,283	530,647	3,108,930	0	3,108,930	65.00
66.00	06600	PHYSICAL THERAPY	2,565,128	210,950	2,776,078	0	2,776,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,270,029	29,984	1,300,013	0	1,300,013	67.00
68.00	06800	SPEECH PATHOLOGY	414,219	17,411	431,630	0	431,630	68.00
69.00	06900	ELECTROCARDIOLOGY	937,969	157,942	1,095,911	0	1,095,911	69.00
69.02	06902	CARDIAC REHAB	488,159	23,369	511,528	0	511,528	69.02
69.03	06903	DIABETIC EDUCATION	181,346	347,928	529,274	0	529,274	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	590,016	274,688	864,704	0	864,704	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,424,557	7,424,557	0	7,424,557	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,794,476	13,794,476	0	13,794,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,266,151	19,266,151	0	19,266,151	73.00
74.00	07400	RENAL DIALYSIS	962,035	346,446	1,308,481	0	1,308,481	74.00
76.00	03951	ECT	125,238	4,769	130,007	0	130,007	76.00
76.01	03950	MOBILE OUTREACH CLINIC	673,038	106,461	779,499	0	779,499	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	507,079	467,967	975,046	0	975,046	90.00
90.01	09001	OUTPATIENT PSYCH	45,141	5,215	50,356	0	50,356	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	311,322	35,277	346,599	0	346,599	90.04
91.00	09100	EMERGENCY	6,606,826	5,249,930	11,856,756	0	11,856,756	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,181,285	800,980	1,982,265	0	1,982,265	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,580,000	2,300,733	4,880,733	0	4,880,733	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	809,429	1,433,524	2,242,953	0	2,242,953	97.00
98.00	09850	HOME OFFICE	19,266,796	40,657,408	59,924,204	393,958	60,318,162	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A | Date/Time Prepared: 11/21/2016 8:49 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	
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	119,452,831	273,842,935	393,295,766	0	393,295,766	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,117,254	8,942,663	26,059,917	0	26,059,917	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	492,408	5,199,201	5,691,609	0	5,691,609	194.01
194.02	07952	OCCUPATIONAL MEDICINE	1,230,468	671,997	1,902,465	0	1,902,465	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	13,981	27,098	41,079	0	41,079	194.04
194.06	07956	MOB	89	421,992	422,081	0	422,081	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	-1,048,959	-1,048,959	0	-1,048,959	194.08
194.09	07959	CONV CARE	5,288,357	2,617,686	7,906,043	0	7,906,043	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	256,364	-87,951	168,413	0	168,413	194.17
200.00		TOTAL (SUM OF LINES 118-199)	143,851,752	290,586,662	434,438,414	0	434,438,414	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A | Date/Time Prepared: 11/21/2016 8:49 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	-4,395,017	9,921,918		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,900	8,912,639		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-9,148,166	28,310,964		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	47,639,758	75,652,335		5.00
7.00	00700	OPERATION OF PLANT	-401,994	13,677,421		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-231,686	695,013		8.00
9.00	00900	HOUSEKEEPING	-357,505	4,191,972		9.00
10.00	01000	DIETARY	-110	2,005,852		10.00
11.00	01100	CAFETERIA	-1,834,388	1,212,452		11.00
13.00	01300	NURSING ADMINISTRATION	-50,024	1,954,583		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,222	2,401,921		14.00
15.00	01500	PHARMACY	-112,940	4,499,473		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,222	1,989,642		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-397	602,738		21.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-100,089	23,479,970		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,308,549	9,837,745		31.00
31.02	03102	NICU	-56,765	4,341,216		31.02
32.00	03200	CORONARY CARE UNIT	-7	1,458,705		32.00
40.00	04000	SUBPROVIDER - IPF	-7,317	1,759,809		40.00
41.00	04100	SUBPROVIDER - IRF	-190,488	1,816,000		41.00
43.00	04300	NURSERY	0	1,113,370		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-650,459	48,816,917		50.00
51.00	05100	RECOVERY ROOM	0	1,524,135		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,256	2,552,348		52.00
53.00	05300	ANESTHESIOLOGY	-3,743,168	46,300		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,092,567	4,188,838		54.00
54.02	05402	ULTRASOUND	-12,694	610,305		54.02
54.03	05403	NUCLEAR MEDICINE	-11,354	1,666,873		54.03
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	-5,774	1,055,254		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	500,233		58.00
59.00	05900	CARDIAC CATHETERIZATION	-53,926	1,423,503		59.00
60.00	06000	LABORATORY	-546,399	13,563,110		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-2,640	1,563,004		63.00
64.00	06400	INTRAVENOUS THERAPY	-369,378	2,927,700		64.00
65.00	06500	RESPIRATORY THERAPY	-135	3,108,795		65.00
66.00	06600	PHYSICAL THERAPY	-4,052	2,772,026		66.00
67.00	06700	OCCUPATIONAL THERAPY	-7	1,300,006		67.00
68.00	06800	SPEECH PATHOLOGY	-4	431,626		68.00
69.00	06900	ELECTROCARDIOLOGY	-104,430	991,481		69.00
69.02	06902	CARDIAC REHAB	-78,321	433,207		69.02
69.03	06903	DIABETIC EDUCATION	-1,742	527,532		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-17,016	847,688		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,424,557		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,794,476		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,266,151		73.00
74.00	07400	RENAL DIALYSIS	-429,621	878,860		74.00
76.00	03951	ECT	-1	130,006		76.00
76.01	03950	MOBILE OUTREACH CLINIC	-147,456	632,043		76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	-255,240	719,806		90.00
90.01	09001	OUTPATIENT PSYCH	-39,061	11,295		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	-93,243	253,356		90.04
91.00	09100	EMERGENCY	-4,167,982	7,688,774		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	10,385	1,992,650		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-14,752	4,865,981		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	-1,081	2,241,872		97.00
98.00	09850	HOME OFFICE	-60,318,162	0		98.00
99.00	09900	CMHC	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
106.00	10600	HEART ACQUISITION	0	0		106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-42,709,320	350,586,446		118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
	NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	26,059,917		192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	APOTHECARY	0	5,691,609		194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	1,902,465		194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0		194.03
194.04	07954	MARKETING	0	41,079		194.04
194.06	07956	MOB	0	422,081		194.06
194.07	07957	SENIOR PARTNERS	0	0		194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	-1,048,959		194.08
194.09	07959	CONV CARE	0	7,906,043		194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0		194.10
194.11	07961	ST ELIZABETH	0	0		194.11
194.14	07964	FREE STANDING CATH LAB	0	0		194.14
194.15	07965	FAMILY PRACTICE	0	0		194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	168,413		194.17
200.00		TOTAL (SUM OF LINES 118-199)	-42,709,320	391,729,094		200.00

RECLASSIFICATIONS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/21/2016 8:49 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	145,343	2,901,497		1.00
	TOTALS		145,343	2,901,497		
	C - NURSERY					
1.00	NURSERY	43.00	951,866	161,504		1.00
	TOTALS		951,866	161,504		
	D - RECLASS HOME OFFICE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	66,438		1.00
2.00	HOME OFFICE	98.00	0	45,272		2.00
3.00	HOME OFFICE	98.00	603,846	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	188,722		4.00
	TOTALS		603,846	300,432		
500.00	Grand Total: Increases		1,701,055	3,363,433		500.00

RECLASSIFICATIONS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-6 | Date/Time Prepared: 11/21/2016 8:49 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - CAFETERIA						
1.00	DIETARY	10.00	145,343	2,901,497	0		1.00
	TOTALS		145,343	2,901,497			
	C - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	951,866	161,504	0		1.00
	TOTALS		951,866	161,504			
	D - RECLASS HOME OFFICE EXPENSE						
1.00	HOME OFFICE	98.00	0	66,438	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45,272	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	603,846	0	0		3.00
4.00	HOME OFFICE	98.00	0	188,722	0		4.00
	TOTALS		603,846	300,432			
500.00	Grand Total: Decreases		1,701,055	3,363,433			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-7 Part I | Date/Time Prepared: 11/21/2016 8:49 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,736,792	0	0	0	0	1.00
2.00	Land Improvements	8,228,653	120,108	0	120,108	0	2.00
3.00	Buildings and Fixtures	175,895,163	6,954,321	0	6,954,321	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	139,901,421	3,332,625	0	3,332,625	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	331,762,029	10,407,054	0	10,407,054	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	331,762,029	10,407,054	0	10,407,054	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	7,736,792	0	1.00
2.00	Land Improvements	8,348,761	0	2.00
3.00	Buildings and Fixtures	182,849,484	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	143,234,046	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	342,169,083	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	342,169,083	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-7 Part II | Date/Time Prepared: 11/21/2016 8:49 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	5,015,235	4,957,738	4,137,277	677	139,570	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,158,206	1,714,472	0	34,350	0	2.00
3.00	Total (sum of lines 1-2)	12,173,441	6,672,210	4,137,277	35,027	139,570	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	14,250,497	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,711	8,910,739	2.00
3.00	Total (sum of lines 1-2)	3,711	23,161,236	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-7 Part III Date/Time Prepared: 11/21/2016 8:49 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	198,935,037	0	198,935,037	0.581394	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	143,234,046	0	143,234,046	0.418606	0	2.00
3.00	Total (sum of lines 1-2)	342,169,083	0	342,169,083	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	4,672,288	5,024,176	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,158,206	1,714,472	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,830,494	6,738,648	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	85,207	677	139,570	0	9,921,918	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	34,350	0	5,611	8,912,639	2.00
3.00	Total (sum of lines 1-2)	85,207	35,027	139,570	5,611	18,834,557	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8 | Date/Time Prepared: 11/21/2016 8:49 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	-3,751,158	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-11,550	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-13,496,318			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	-3,217,868			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,635,366	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	B	-1,684	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00	Sale of drugs to other than patients	B	-109,511	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,111	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		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00			0		0.00	0	33.00
33.01	MISC INCOME - OTHER A&G	B	-114,449	ADMINISTRATIVE & GENERAL	5.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8 | Date/Time Prepared: 11/21/2016 8:49 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	
33.02	MISC INCOME - PLANT	B	-280,531	OPERATION OF PLANT	7.00	0	33.02
33.03	MISC INCOME - LAUNDRY	B	-231,685	LAUNDRY & LINEN SERVICE	8.00	0	33.03
33.04	MISC INCOME - HOUSEKEEPING	B	-669	HOUSEKEEPING	9.00	0	33.04
33.05	MISC INCOME - NURSING ADMIN	B	-43,877	NURSING ADMINISTRATION	13.00	0	33.05
33.06	MISC INCOME - I&R	B	-390	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.06
33.07	MISC INCOME - ADULTS & PEDS	B	-59,389	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	MISC INCOME - IPF	B	-2,356	SUBPROVIDER - IPF	40.00	0	33.08
33.10	MISC INCOME - IRF	B	-14,343	SUBPROVIDER - IRF	41.00	0	33.10
33.11	MISC INCOME - L&D	B	-1,880	DELIVERY ROOM & LABOR ROOM	52.00	0	33.11
33.12	MISC INCOME - RADIOLOGY	B	-75,220	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13	MISC INCOME - ULTRASOUND	B	-12,689	ULTRASOUND	54.02	0	33.13
33.14	MISC INCOME - CARDIAC CATH	B	-7,650	CARDIAC CATHETERIZATION	59.00	0	33.14
33.15	MISC INCOME - LAB	B	-204,356	LABORATORY	60.00	0	33.15
33.16	MISC INCOME - IV THERAPY	B	-296	INTRAVENOUS THERAPY	64.00	0	33.16
33.17	MISC INCOME - RT	B	-71	RESPIRATORY THERAPY	65.00	0	33.17
33.18	MISC INCOME - CARDIAC REHAB	B	-78,319	CARDIAC REHAB	69.02	0	33.18
33.19	MISC INCOME - DIABETIC EDUCATION	B	-240	DIABETIC EDUCATION	69.03	0	33.19
33.20	MISC INCOME - RENAL	B	-429,609	RENAL DIALYSIS	74.00	0	33.20
33.21	MISC INCOME - MOBILE CLINIC	B	-43,055	MOBILE OUTREACH CLINIC	76.01	0	33.21
33.22	MISC INCOME - OP PSYCH	B	-34,561	OUTPATIENT PSYCH	90.01	0	33.22
33.23	MISC INCOME - ER	B	-34,722	EMERGENCY	91.00	0	33.23
33.25	MISC INCOME - AMBULANCE	B	-8,631	AMBULANCE SERVICES	95.00	0	33.25
33.27	ADVERTISING - OTHER A&G	A	-195,282	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28	ADVERTISING - NURSING ADMIN	A	-4,535	NURSING ADMINISTRATION	13.00	0	33.28
33.29	ADVERTISING - MEDICAL RECORDS	A	-60	MEDICAL RECORDS & LIBRARY	16.00	0	33.29
33.30	ADVERTISING - A&P	A	-34,482	ADULTS & PEDIATRICS	30.00	0	33.30
33.31	ADVERTISING - PSYCH	A	-5,000	SUBPROVIDER - IPF	40.00	0	33.31
33.32	ADVERTISING - REHAB	A	-3,801	SUBPROVIDER - IRF	41.00	0	33.32
33.33	ADVERTISING - OR	A	-11,180	OPERATING ROOM	50.00	0	33.33
33.34	ADVERTISING - RADIOLOGY	A	-859	RADIOLOGY-DIAGNOSTIC	54.00	0	33.34
33.35	ADVERTISING - IV THERAPY	A	148	INTRAVENOUS THERAPY	64.00	0	33.35
33.36	ADVERTISING - PT	A	-714	PHYSICAL THERAPY	66.00	0	33.36
33.37	ADVERTISING - ER	A	-795	EMERGENCY	91.00	0	33.37
33.38	ADVERTISING - DME	A	-304	DURABLE MEDICAL EQUIP-SOLD	97.00	0	33.38
33.39	VARIOUS N/A EXP - EMPLOYEE BENEFITS	A	-4,074	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.39
33.40	VARIOUS N/A EXP- A&G	A	-311,703	ADMINISTRATIVE & GENERAL	5.00	0	33.40
33.41	VARIOUS N/A EXP - PLANT OPS	A	-25,170	OPERATION OF PLANT	7.00	0	33.41
33.42	VARIOUS N/A EXP - DIETARY	A	-103	DIETARY	10.00	0	33.42
33.43	VARIOUS N/A EXP - NURSING ADMIN	A	-1,596	NURSING ADMINISTRATION	13.00	0	33.43
33.44	VARIOUS N/A EXP - CS & SUPPLY	A	-175	CENTRAL SERVICES & SUPPLY	14.00	0	33.44
33.45	VARIOUS N/A EXP - PHARMACY	A	-3,406	PHARMACY	15.00	0	33.45
33.46	VARIOUS N/A EXP - MEDICAL RECORDS	A	-50	MEDICAL RECORDS & LIBRARY	16.00	0	33.46
33.47	VARIOUS N/A EXP - A&P	A	-2,157	ADULTS & PEDIATRICS	30.00	0	33.47
33.48	VARIOUS N/A EXP - ICU	A	-1,998	INTENSIVE CARE UNIT	31.00	0	33.48
33.49	VARIOUS N/A EXP - NICU	A	-206	NICU	31.02	0	33.49
33.50	VARIOUS N/A EXP - PSYCH	A	-94	SUBPROVIDER - IPF	40.00	0	33.50
33.51	VARIOUS N/A EXP - REHAB	A	-424	SUBPROVIDER - IRF	41.00	0	33.51
33.52	VARIOUS N/A EXP - OR	A	-1,349	OPERATING ROOM	50.00	0	33.52
33.53	VARIOUS N/A EXP - DELIVERY & LABOR	A	-70	DELIVERY ROOM & LABOR ROOM	52.00	0	33.53
33.54	VARIOUS N/A EXP - RADIOLOGY	A	-7,844	RADIOLOGY-DIAGNOSTIC	54.00	0	33.54
33.55	VARIOUS N/A EXP - IV THERAPY	A	-191	INTRAVENOUS THERAPY	64.00	0	33.55
33.56	VARIOUS N/A EXP - RT	A	-604	RESPIRATORY THERAPY	65.00	0	33.56
33.57	VARIOUS N/A EXP - PT	A	-3,333	PHYSICAL THERAPY	66.00	0	33.57
33.58	VARIOUS N/A EXP - EEG	A	-13	ELECTROENCEPHALOGRAPHY	70.00	0	33.58
33.59	VARIOUS N/A EXP - MOBILE OUTREACH	A	-977	MOBILE OUTREACH CLINIC	76.01	0	33.59
33.60	VARIOUS N/A EXP - CLINIC	A	-2,441	CLINIC	90.00	0	33.60
33.61	VARIOUS N/A EXP - BARIATRICS	A	-83	BARIATRICS	90.04	0	33.61
33.62	VARIOUS N/A EXP - ER	A	-714	EMERGENCY	91.00	0	33.62
33.63	VARIOUS N/A EXP - DIAG TREAT CENTER	A	-84	DIAGNOSTIC TREATMENT CENTER	91.01	0	33.63
33.64	VARIOUS N/A EXP - AMBULANCE	A	-857	AMBULANCE SERVICES	95.00	0	33.64
33.65	PV LAB BENEFITS	A	-132,771	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.65

ADJUSTMENTS TO EXPENSES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8 | Date/Time Prepared: 11/21/2016 8:49 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	
33.66	PROVIDER ASSESSMENT	A	-14,116,347	ADMINISTRATIVE & GENERAL	5.00	0	33.66
33.67	PROFESSIONAL LIABILITY	A	-237,165	ADMINISTRATIVE & GENERAL	5.00	0	33.67
33.68	LOBBYING	A	-5,633	ADMINISTRATIVE & GENERAL	5.00	0	33.68
33.69	PHYSICIAN BILLING	A	-424	ADULTS & PEDIATRICS	30.00	0	33.69
33.70	PHYSICIAN BILLING	A	-7,270	INTENSIVE CARE UNIT	31.00	0	33.70
33.71	PHYSICIAN BILLING	A	-48,430	NICU	31.02	0	33.71
33.72	PHYSICIAN BILLING	A	134	SUBPROVIDER - IPF	40.00	0	33.72
33.73	PHYSICIAN BILLING	A	-1,500	DIABETIC EDUCATION	69.03	0	33.73
33.74	PHYSICIAN BILLING	A	-6,564	CLINIC	90.00	0	33.74
33.75	PHYSICIAN BILLING	A	-5,143	BARIATRICS	90.04	0	33.75
33.76	PATIENT PHONES	A	-1	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.76
33.77	PATIENT PHONES	A	-33,441	ADMINISTRATIVE & GENERAL	5.00	0	33.77
33.78	PATIENT PHONES	A	-20	OPERATION OF PLANT	7.00	0	33.78
33.79	PATIENT PHONES	A	-1	LAUNDRY & LINEN SERVICE	8.00	0	33.79
33.80	PATIENT PHONES	A	-7	DIETARY	10.00	0	33.80
33.81	PATIENT PHONES	A	-16	NURSING ADMINISTRATION	13.00	0	33.81
33.82	PATIENT PHONES	A	-4	CENTRAL SERVICES & SUPPLY	14.00	0	33.82
33.83	PATIENT PHONES	A	-23	PHARMACY	15.00	0	33.83
33.84	PATIENT PHONES	A	-1	MEDICAL RECORDS & LIBRARY	16.00	0	33.84
33.85	PATIENT PHONES	A	-7	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.85
33.86	PATIENT PHONES	A	-37	ADULTS & PEDIATRICS	30.00	0	33.86
33.87	PATIENT PHONES	A	-13	INTENSIVE CARE UNIT	31.00	0	33.87
33.88	PATIENT PHONES	A	-8,129	NICU	31.02	0	33.88
33.89	PATIENT PHONES	A	-7	CORONARY CARE UNIT	32.00	0	33.89
33.90	PATIENT PHONES	A	-1	SUBPROVIDER - IPF	40.00	0	33.90
33.91	PATIENT PHONES	A	-8	SUBPROVIDER - IRF	41.00	0	33.91
33.92	PATIENT PHONES	A	-28	OPERATING ROOM	50.00	0	33.92
33.93	PATIENT PHONES	A	-6	DELIVERY ROOM & LABOR ROOM	52.00	0	33.93
33.94	PATIENT PHONES	A	-8	RADIOLOGY-DIAGNOSTIC	54.00	0	33.94
34.00	PATIENT PHONES	A	-5	ULTRASOUND	54.02	0	34.00
34.01	PATIENT PHONES	A	-2	NUCLEAR MEDICINE	54.03	0	34.01
34.02	PATIENT PHONES	A	-10	CT SCAN	57.00	0	34.02
34.03	PATIENT PHONES	A	-29	CARDIAC CATHETERIZATION	59.00	0	34.03
34.04	PATIENT PHONES	A	-137	LABORATORY	60.00	0	34.04
34.05	PATIENT PHONES	A	-7	INTRAVENOUS THERAPY	64.00	0	34.05
34.06	PATIENT PHONES	A	-15	RESPIRATORY THERAPY	65.00	0	34.06
34.07	PATIENT PHONES	A	-5	PHYSICAL THERAPY	66.00	0	34.07
34.08	PATIENT PHONES	A	-7	OCCUPATIONAL THERAPY	67.00	0	34.08
34.09	PATIENT PHONES	A	-4	SPEECH PATHOLOGY	68.00	0	34.09
34.10	PATIENT PHONES	A	-11	ELECTROCARDIOLOGY	69.00	0	34.10
34.11	PATIENT PHONES	A	-2	CARDIAC REHAB	69.02	0	34.11
34.12	PATIENT PHONES	A	-2	DIABETIC EDUCATION	69.03	0	34.12
34.13	PATIENT PHONES	A	-3	ELECTROENCEPHALOGRAPHY	70.00	0	34.13
34.14	PATIENT PHONES	A	-12	RENAL DIALYSIS	74.00	0	34.14
34.15	PATIENT PHONES	A	-1	ECT	76.00	0	34.15
34.16	PATIENT PHONES	A	-1	MOBILE OUTREACH CLINIC	76.01	0	34.16
34.17	PATIENT PHONES	A	-1	CLINIC	90.00	0	34.17
34.18	PATIENT PHONES	A	-2	BARIATRICS	90.04	0	34.18
34.19	PATIENT PHONES	A	-42	EMERGENCY	91.00	0	34.19
34.20	PATIENT PHONES	A	-4	DIAGNOSTIC TREATMENT CENTER	91.01	0	34.20
34.21	PATIENT PHONES	A	-1,879	AMBULANCE SERVICES	95.00	0	34.21
34.22	PATIENT PHONES	A	-777	DURABLE MEDICAL EQUIP-SOLD	97.00	0	34.22
34.23	PENSION	A	6,376,952	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.23
34.24	SELF-INSURANCE	A	-9,948,309	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.24
34.25			0		0.00	0	34.25
34.26			0		0.00	0	34.26
34.27			0		0.00	0	34.27
34.28			0		0.00	0	34.28
34.29			0		0.00	0	34.29
34.30			0		0.00	0	34.30
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-42,709,320				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.

ADJUSTMENTS TO EXPENSES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8 | Date/Time Prepared: 11/21/2016 8:49 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8-1 | Date/Time Prepared: 11/21/2016 8:49 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ST. MARY'S HOME OFFICE	0	342,947	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST. MARY'S HOME OFFICE	0	3,769,260	2.00
3.00	7.00	OPERATION OF PLANT	ST. MARY'S HOME OFFICE	0	1,056,141	3.00
4.00	9.00	HOUSEKEEPING	ST. MARY'S HOME OFFICE	0	356,836	4.00
4.01	11.00	CAFETERIA	ST. MARY'S HOME OFFICE	0	199,022	4.01
4.02	98.00	HOME OFFICE	ST. MARY'S HOME OFFICE	0	60,318,162	4.02
4.03	2.00	CAP REL COSTS-MVBLE EQUIP	ST. MARY'S HOME OFFICE	0	9,488	4.03
4.04	0.00			0	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	ST. MARY'S HOME OFFICE	63,390,874	0	4.05
4.06	0.00			0	0	4.06
4.07	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION BOND AMORTIZATION	3,836,177	4,137,089	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH CHARGEBACKS	0	483,597	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	SVH CHARGEBACKS	0	171,515	4.12
4.13	0.00			0	0	4.13
4.14	7.00	OPERATION OF PLANT	TRIMEDX	9,589,427	8,629,559	4.14
4.15	14.00	CENTRAL SERVICES & SUPPLY	TRIMEDX	30,820	27,735	4.15
4.16	50.00	OPERATING ROOM	TRIMEDX	81,977	73,772	4.16
4.18	65.00	RESPIRATORY THERAPY	TRIMEDX	5,545	4,990	4.18
4.19	91.01	DIAGNOSTIC TREATMENT CENTER	TRIMEDX	104,634	94,161	4.19
4.20	2.00	CAP REL COSTS-MVBLE EQUIP	TRIMEDX	11,388	0	4.20
4.21	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRIMEDX	-31,585	-28,423	4.21
4.22	0.00			0	0	4.22
4.23	4.00	EMPLOYEE BENEFITS DEPARTMENT	AH COSTS	0	591,274	4.23
5.00	0		0	77,019,257	80,237,125	5.00

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

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

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

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

6.00	B		0.00	ST MARY'S HLTH	100.00	6.00
7.00	B		0.00	ASCENSION	100.00	7.00
8.00	B		0.00	ST VINCENT HLTH	100.00	8.00
9.00	A		0.00	TRIMEDX	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet A-8-1 Date/Time Prepared: 11/21/2016 8:49 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-342,947	9		1.00
2.00	-3,769,260	0		2.00
3.00	-1,056,141	0		3.00
4.00	-356,836	0		4.00
4.01	-199,022	0		4.01
4.02	-60,318,162	0		4.02
4.03	-9,488	14		4.03
4.04	0	0		4.04
4.05	63,390,874	0		4.05
4.06	0	0		4.06
4.07	-300,912	11		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	-483,597	0		4.11
4.12	-171,515	0		4.12
4.13	0	0		4.13
4.14	959,868	0		4.14
4.15	3,085	0		4.15
4.16	8,205	0		4.16
4.18	555	0		4.18
4.19	10,473	0		4.19
4.20	11,388	14		4.20
4.21	-3,162	0		4.21
4.22	0	0		4.22
4.23	-591,274	0		4.23
5.00	-3,217,868			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	SYSTEM HOME OFF		6.00
7.00	ADMINISTRATION		7.00
8.00	CASHIERING/AR		8.00
9.00	TECHNOLOGY MGMT		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2016 8:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	554,031	554,031	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,600	3,600	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,299,268	1,299,268	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	171,912	171,912	0	0	0	4.00
5.00	50.00	OPERATING ROOM	646,107	646,107	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,300	1,300	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	3,743,168	3,743,168	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,008,636	1,008,636	0	0	0	8.00
9.00	54.03	NUCLEAR MEDICINE	11,352	11,352	0	0	0	9.00
10.00	57.00	CT SCAN	5,764	5,764	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	46,247	46,247	0	0	0	11.00
12.00	60.00	LABORATORY	341,906	341,906	0	0	0	12.00
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	2,640	2,640	0	0	0	13.00
14.00	64.00	INTRAVENOUS THERAPY	369,032	369,032	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	104,419	104,419	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	17,000	17,000	0	0	0	16.00
17.00	76.01	MOBILE OUTREACH CLINIC	103,423	103,423	0	0	0	17.00
18.00	90.00	CLINIC	246,234	246,234	0	0	0	18.00
19.00	90.01	OUTPATIENT PSYCH	4,500	4,500	0	0	0	19.00
20.00	90.04	BARIATRICS	88,015	88,015	0	0	0	20.00
21.00	91.00	EMERGENCY	4,131,709	4,131,709	0	0	0	21.00
22.00	95.00	AMBULANCE SERVICES	3,385	3,385	0	0	0	22.00
23.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	592,670	592,670	0	0	0	23.00
200.00			13,496,318	13,496,318	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	54.03	NUCLEAR MEDICINE	0	0	0	0	0	9.00
10.00	57.00	CT SCAN	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	13.00
14.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	16.00
17.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	0	18.00
19.00	90.01	OUTPATIENT PSYCH	0	0	0	0	0	19.00
20.00	90.04	BARIATRICS	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	0	0	0	0	0	21.00
22.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	22.00
23.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	23.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	554,031		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,600		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,299,268		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	171,912		4.00
5.00	50.00	OPERATING ROOM	0	0	0	646,107		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,300		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	3,743,168		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,008,636		8.00
9.00	54.03	NUCLEAR MEDICINE	0	0	0	11,352		9.00
10.00	57.00	CT SCAN	0	0	0	5,764		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	46,247		11.00
12.00	60.00	LABORATORY	0	0	0	341,906		12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2016 8:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,640		13.00
14.00	64.00	INTRAVENOUS THERAPY	0	0	0	369,032		14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	104,419		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	17,000		16.00
17.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	103,423		17.00
18.00	90.00	CLINIC	0	0	0	246,234		18.00
19.00	90.01	OUTPATIENT PSYCH	0	0	0	4,500		19.00
20.00	90.04	BARIATRICS	0	0	0	88,015		20.00
21.00	91.00	EMERGENCY	0	0	0	4,131,709		21.00
22.00	95.00	AMBULANCE SERVICES	0	0	0	3,385		22.00
23.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	592,670		23.00
200.00			0	0	0	13,496,318		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,921,918	9,921,918				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,912,639		8,912,639			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,310,964	7,837	0	28,318,801		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	75,652,335	972,362	1,901,416	1,780,333	80,306,446	5.00
7.00	00700	OPERATION OF PLANT	13,677,421	904,375	545,021	193,059	15,319,876	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	695,013	86,676	28,349	142,364	952,402	8.00
9.00	00900	HOUSEKEEPING	4,191,972	192,685	9,438	22	4,394,117	9.00
10.00	01000	DIETARY	2,005,852	252,503	67,386	21,941	2,347,682	10.00
11.00	01100	CAFETERIA	1,212,452	0	0	33,327	1,245,779	11.00
13.00	01300	NURSING ADMINISTRATION	1,954,583	373,500	98,450	398,091	2,824,624	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,401,921	179,867	124,638	289,433	2,995,859	14.00
15.00	01500	PHARMACY	4,499,473	63,257	27,055	910,616	5,500,401	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,989,642	60,625	1,622	385,081	2,436,970	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	602,738	0	0	78,336	681,074	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,479,970	1,751,252	235,122	4,702,552	30,168,896	30.00
31.00	03100	INTENSIVE CARE UNIT	9,837,745	427,478	179,788	1,704,243	12,149,254	31.00
31.02	03102	NICU	4,341,216	128,027	114,974	704,603	5,288,820	31.02
32.00	03200	CORONARY CARE UNIT	1,458,705	56,923	117,491	235,228	1,868,347	32.00
40.00	04000	SUBPROVIDER - IPF	1,759,809	116,711	1,627	252,253	2,130,400	40.00
41.00	04100	SUBPROVIDER - IRF	1,816,000	356,163	33,481	434,908	2,640,552	41.00
43.00	04300	NURSERY	1,113,370	0	0	218,259	1,331,629	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,816,917	442,909	1,463,904	1,495,466	52,219,196	50.00
51.00	05100	RECOVERY ROOM	1,524,135	94,482	15,742	333,737	1,968,096	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,552,348	244,102	36,527	523,802	3,356,779	52.00
53.00	05300	ANESTHESIOLOGY	46,300	0	99,753	10,415	156,468	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,188,838	217,284	1,292,438	942,791	6,641,351	54.00
54.02	05402	ULTRASOUND	610,305	18,860	20,777	127,958	777,900	54.02
54.03	05403	NUCLEAR MEDICINE	1,666,873	71,043	5,497	158,977	1,902,390	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,055,254	52,334	245,874	202,280	1,555,742	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	500,233	64,951	15,445	102,887	683,516	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,423,503	129,368	690,142	271,781	2,514,794	59.00
60.00	06000	LABORATORY	13,563,110	145,273	35,044	385,557	14,128,984	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,563,004	6,253	1,349	0	1,570,606	63.00
64.00	06400	INTRAVENOUS THERAPY	2,927,700	12,526	246,683	449,889	3,636,798	64.00
65.00	06500	RESPIRATORY THERAPY	3,108,795	29,047	59,716	591,190	3,788,748	65.00
66.00	06600	PHYSICAL THERAPY	2,772,026	59,747	6,428	588,174	3,426,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,300,006	0	0	291,213	1,591,219	67.00
68.00	06800	SPEECH PATHOLOGY	431,626	0	12,160	94,979	538,765	68.00
69.00	06900	ELECTROCARDIOLOGY	991,481	370,182	117,052	215,073	1,693,788	69.00
69.02	06902	CARDIAC REHAB	433,207	77,457	651	111,933	623,248	69.02
69.03	06903	DIABETIC EDUCATION	527,532	46,737	831	41,582	616,682	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	847,688	72,263	50,923	135,288	1,106,162	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,424,557	0	0	0	7,424,557	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,794,476	0	0	0	13,794,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,266,151	0	0	0	19,266,151	73.00
74.00	07400	RENAL DIALYSIS	878,860	2,955	31,955	220,591	1,134,361	74.00
76.00	03951	ECT	130,006	0	0	28,717	158,723	76.00
76.01	03950	MOBILE OUTREACH CLINIC	632,043	0	162,277	154,325	948,645	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	719,806	10,307	1,875	116,271	848,259	90.00
90.01	09001	OUTPATIENT PSYCH	11,295	133,826	0	10,351	155,472	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	253,356	0	125	71,385	324,866	90.04
91.00	09100	EMERGENCY	7,688,774	242,599	464,498	1,514,919	9,910,790	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,992,650	119,121	141,719	270,864	2,524,354	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	4,865,981	0	82,376	591,584	5,539,941	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	2,241,872	0	1,193	185,599	2,428,664	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	350,586,446	8,593,867	8,788,812	22,724,227	343,539,994	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,059,917	262,841	83,911	3,924,918	30,331,587	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	178,212	0	0	178,212	194.00
194.01	07951	APOTHECARY	5,691,609	1,836	0	112,907	5,806,352	194.01
194.02	07952	OCCUPATIONAL MEDICINE	1,902,465	398,512	0	282,141	2,583,118	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	41,079	0	0	3,206	44,285	194.04
194.06	07956	MOB	422,081	0	0	20	422,101	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	-1,048,959	9,188	0	0	-1,039,771	194.08
194.09	07959	CONV CARE	7,906,043	0	39,916	1,212,599	9,158,558	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	11,064	0	0	11,064	194.11
194.14	07964	FREE STANDING CATH LAB	0	10,449	0	0	10,449	194.14
194.15	07965	FAMILY PRACTICE	0	35,027	0	0	35,027	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	168,413	420,922	0	58,783	648,118	194.17
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)	391,729,094	9,921,918	8,912,639	28,318,801	391,729,094	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	80,306,446					5.00
7.00	00700	OPERATION OF PLANT	3,937,392	19,257,268				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	244,779	165,746	1,362,927			8.00
9.00	00900	HOUSEKEEPING	1,129,341	368,463	0	5,891,921		9.00
10.00	01000	DIETARY	603,382	482,850	0	151,947	3,585,861	10.00
11.00	01100	CAFETERIA	320,180	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	725,962	747,129	0	235,112	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	769,972	343,950	0	108,237	0	14.00
15.00	01500	PHARMACY	1,413,669	120,963	0	38,066	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	626,331	171,782	0	54,058	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	175,044	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,753,768	3,352,331	510,453	1,054,938	2,478,635	30.00
31.00	03100	INTENSIVE CARE UNIT	3,122,504	817,446	136,943	257,240	517,510	31.00
31.02	03102	NICU	1,359,290	244,819	39,285	77,042	0	31.02
32.00	03200	CORONARY CARE UNIT	480,188	108,851	35,438	34,254	55,379	32.00
40.00	04000	SUBPROVIDER - IPF	547,538	223,180	0	70,232	174,560	40.00
41.00	04100	SUBPROVIDER - IRF	678,654	681,073	60,394	214,326	241,299	41.00
43.00	04300	NURSERY	342,245	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,420,816	903,000	146,470	284,163	963	50.00
51.00	05100	RECOVERY ROOM	505,824	294,732	43,838	92,749	1,534	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	862,732	466,784	45,931	146,891	49,716	52.00
53.00	05300	ANESTHESIOLOGY	40,214	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,706,907	643,157	23,075	202,394	18,476	54.00
54.02	05402	ULTRASOUND	199,930	58,302	0	18,347	0	54.02
54.03	05403	NUCLEAR MEDICINE	488,937	214,270	2,066	67,428	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	399,844	149,892	23,117	47,169	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	175,672	173,441	4,735	54,580	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	646,332	247,384	16,909	77,849	0	59.00
60.00	06000	LABORATORY	3,631,318	534,190	0	168,103	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	403,665	11,957	0	3,763	0	63.00
64.00	06400	INTRAVENOUS THERAPY	934,701	23,953	0	7,538	40,869	64.00
65.00	06500	RESPIRATORY THERAPY	973,754	55,544	0	17,479	0	65.00
66.00	06600	PHYSICAL THERAPY	880,619	288,869	6,220	90,904	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	408,962	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	138,469	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	435,324	1,334,047	7,887	419,808	0	69.00
69.02	06902	CARDIAC REHAB	160,182	292,321	8,562	91,990	0	69.02
69.03	06903	DIABETIC EDUCATION	158,495	252,495	0	79,457	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	284,297	138,186	5,414	43,485	1,175	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,908,200	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,545,346	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,951,632	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	291,544	21,832	2,265	6,870	0	74.00
76.00	03951	ECT	40,794	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	243,813	67,560	0	21,260	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	218,013	109,372	20,272	34,418	0	90.00
90.01	09001	OUTPATIENT PSYCH	39,958	360,942	0	113,584	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	83,494	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,547,192	463,911	184,180	145,987	5,402	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	648,789	227,790	39,473	71,683	343	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,423,831	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	624,196	63,375	0	19,943	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,654,035	15,225,889	1,362,927	4,623,294	3,585,861	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,795,582	554,363	0	174,451	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	45,803	340,787	0	107,242	0	194.00
194.01	07951	APOTHECARY	1,492,302	59,054	0	18,584	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	663,892	762,056	0	239,810	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	6,114	0	1,924	0	194.03
194.04	07954	MARKETING	11,382	0	0	0	0	194.04
194.06	07956	MOB	108,485	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	22,719	0	7,149	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	17,570	0	5,529	0	194.08
194.09	07959	CONV CARE	2,353,859	318,782	0	100,317	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	2,844	21,157	0	6,658	0	194.11
194.14	07964	FREE STANDING CATH LAB	2,686	19,981	0	6,288	0	194.14
194.15	07965	FAMILY PRACTICE	9,002	352,938	0	111,065	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	166,574	1,555,858	0	489,610	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	80,306,446	19,257,268	1,362,927	5,891,921	3,585,861	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,565,959					11.00
13.00	01300	NURSING ADMINISTRATION	19,028	4,551,855				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,092	0	4,248,110			14.00
15.00	01500	PHARMACY	44,449	0	0	7,117,548		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,126	0	0	0	3,329,267	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,395	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	344,579	1,326,045	0	0	129,661	30.00
31.00	03100	INTENSIVE CARE UNIT	115,423	524,200	0	0	53,212	31.00
31.02	03102	NICU	40,420	154,773	0	0	19,623	31.02
32.00	03200	CORONARY CARE UNIT	15,144	108,709	0	0	6,944	32.00
40.00	04000	SUBPROVIDER - IPF	16,364	0	0	0	10,828	40.00
41.00	04100	SUBPROVIDER - IRF	26,458	211,430	0	0	9,690	41.00
43.00	04300	NURSERY	14,225	0	0	0	4,922	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	93,664	153,736	0	0	552,996	50.00
51.00	05100	RECOVERY ROOM	18,166	166,749	0	0	63,945	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,630	418,715	0	0	26,831	52.00
53.00	05300	ANESTHESIOLOGY	906	0	0	0	42,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,835	0	0	0	158,199	54.00
54.02	05402	ULTRASOUND	7,714	0	0	0	38,628	54.02
54.03	05403	NUCLEAR MEDICINE	9,047	0	0	0	80,912	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	11,794	0	0	0	117,777	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,851	0	0	0	39,553	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,393	106,406	0	0	172,445	59.00
60.00	06000	LABORATORY	36,563	0	0	0	222,195	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	17,801	63.00
64.00	06400	INTRAVENOUS THERAPY	25,051	105,024	0	0	42,513	64.00
65.00	06500	RESPIRATORY THERAPY	38,196	0	0	0	24,832	65.00
66.00	06600	PHYSICAL THERAPY	37,083	0	0	0	39,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,157	0	0	0	24,365	67.00
68.00	06800	SPEECH PATHOLOGY	5,039	0	0	0	8,080	68.00
69.00	06900	ELECTROCARDIOLOGY	15,731	146,020	0	0	125,652	69.00
69.02	06902	CARDIAC REHAB	6,787	65,986	0	0	2,504	69.02
69.03	06903	DIABETIC EDUCATION	2,827	0	0	0	445	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	11,625	0	0	0	19,050	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,486,419	0	288,402	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,761,691	0	223,291	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,117,548	342,122	73.00
74.00	07400	RENAL DIALYSIS	11,620	99,036	0	0	8,049	74.00
76.00	03951	ECT	1,977	0	0	0	6,228	76.00
76.01	03950	MOBILE OUTREACH CLINIC	12,552	0	0	0	1,427	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,559	0	0	0	7,481	90.00
90.01	09001	OUTPATIENT PSYCH	585	0	0	0	860	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	4,835	0	0	0	0	90.04
91.00	09100	EMERGENCY	104,947	643,504	0	0	296,551	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	16,497	106,867	0	0	61,333	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	53,257	214,655	0	0	24,557	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	18,390	0	0	0	12,975	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,384,981	4,551,855	4,248,110	7,117,548	3,329,267	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	96,157	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	5,366	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	15,979	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	210	0	0	0	0	194.04
194.06	07956	MOB	2	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	58,931	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	4,333	0	0	0	0	194.17
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)	1,565,959	4,551,855	4,248,110	7,117,548	3,329,267	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			21.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	862,513					21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	862,513	47,981,819	-862,513	47,119,306		30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,693,732	0	17,693,732		31.00
31.02	03102	NICU	0	7,224,072	0	7,224,072		31.02
32.00	03200	CORONARY CARE UNIT	0	2,713,254	0	2,713,254		32.00
40.00	04000	SUBPROVIDER - IPF	0	3,173,102	0	3,173,102		40.00
41.00	04100	SUBPROVIDER - IRF	0	4,763,876	0	4,763,876		41.00
43.00	04300	NURSERY	0	1,693,021	0	1,693,021		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	67,775,004	0	67,775,004		50.00
51.00	05100	RECOVERY ROOM	0	3,155,633	0	3,155,633		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,405,009	0	5,405,009		52.00
53.00	05300	ANESTHESIOLOGY	0	240,352	0	240,352		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,446,394	0	9,446,394		54.00
54.02	05402	ULTRASOUND	0	1,100,821	0	1,100,821		54.02
54.03	05403	NUCLEAR MEDICINE	0	2,765,050	0	2,765,050		54.03
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	2,305,335	0	2,305,335		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,137,348	0	1,137,348		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,796,512	0	3,796,512		59.00
60.00	06000	LABORATORY	0	18,721,353	0	18,721,353		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,007,792	0	2,007,792		63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,816,447	0	4,816,447		64.00
65.00	06500	RESPIRATORY THERAPY	0	4,898,553	0	4,898,553		65.00
66.00	06600	PHYSICAL THERAPY	0	4,769,694	0	4,769,694		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,042,703	0	2,042,703		67.00
68.00	06800	SPEECH PATHOLOGY	0	690,353	0	690,353		68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,178,257	0	4,178,257		69.00
69.02	06902	CARDIAC REHAB	0	1,251,580	0	1,251,580		69.02
69.03	06903	DIABETIC EDUCATION	0	1,110,401	0	1,110,401		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,609,394	0	1,609,394		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,107,578	0	11,107,578		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,324,804	0	20,324,804		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,677,453	0	31,677,453		73.00
74.00	07400	RENAL DIALYSIS	0	1,575,577	0	1,575,577		74.00
76.00	03951	ECT	0	207,722	0	207,722		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	1,295,257	0	1,295,257		76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	1,243,374	0	1,243,374		90.00
90.01	09001	OUTPATIENT PSYCH	0	671,401	0	671,401		90.01
90.02	09002	PEDS CLINIC	0	0	0	0		90.02
90.04	09004	BARIATRICS	0	413,195	0	413,195		90.04
91.00	09100	EMERGENCY	0	14,302,464	0	14,302,464		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	3,697,129	0	3,697,129		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	7,256,241	0	7,256,241		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	3,167,543	0	3,167,543		97.00
98.00	09850	HOME OFFICE	0	0	0	0		98.00
99.00	09900	CMHC	0	0	0	0		99.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part I Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			21.00	24.00	25.00	26.00		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	862,513	325,406,599	-862,513	324,544,086		118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	38,952,140	0	38,952,140		192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	672,044	0	672,044		194.00
194.01	07951	APOTHECARY	0	7,381,658	0	7,381,658		194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	4,264,855	0	4,264,855		194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	8,038	0	8,038		194.03
194.04	07954	MARKETING	0	55,877	0	55,877		194.04
194.06	07956	MOB	0	530,588	0	530,588		194.06
194.07	07957	SENIOR PARTNERS	0	29,868	0	29,868		194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	-1,016,672	0	-1,016,672		194.08
194.09	07959	CONV CARE	0	11,990,447	0	11,990,447		194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0		194.10
194.11	07961	ST ELIZABETH	0	41,723	0	41,723		194.11
194.14	07964	FREE STANDING CATH LAB	0	39,404	0	39,404		194.14
194.15	07965	FAMILY PRACTICE	0	508,032	0	508,032		194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	2,864,493	0	2,864,493		194.17
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	862,513	391,729,094	-862,513	390,866,581		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,837	0	7,837	7,837	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	972,362	1,901,416	2,873,778	489	5.00
7.00	00700	OPERATION OF PLANT	0	904,375	545,021	1,449,396	53	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	86,676	28,349	115,025	39	8.00
9.00	00900	HOUSEKEEPING	0	192,685	9,438	202,123	0	9.00
10.00	01000	DIETARY	0	252,503	67,386	319,889	6	10.00
11.00	01100	CAFETERIA	0	0	0	0	9	11.00
13.00	01300	NURSING ADMINISTRATION	0	373,500	98,450	471,950	109	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	179,867	124,638	304,505	80	14.00
15.00	01500	PHARMACY	0	63,257	27,055	90,312	250	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	60,625	1,622	62,247	106	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	22	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,751,252	235,122	1,986,374	1,347	30.00
31.00	03100	INTENSIVE CARE UNIT	0	427,478	179,788	607,266	468	31.00
31.02	03102	NICU	0	128,027	114,974	243,001	194	31.02
32.00	03200	CORONARY CARE UNIT	0	56,923	117,491	174,414	65	32.00
40.00	04000	SUBPROVIDER - IPF	0	116,711	1,627	118,338	69	40.00
41.00	04100	SUBPROVIDER - IRF	0	356,163	33,481	389,644	119	41.00
43.00	04300	NURSERY	0	0	0	0	60	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	442,909	1,463,904	1,906,813	411	50.00
51.00	05100	RECOVERY ROOM	0	94,482	15,742	110,224	92	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	244,102	36,527	280,629	144	52.00
53.00	05300	ANESTHESIOLOGY	0	0	99,753	99,753	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	217,284	1,292,438	1,509,722	259	54.00
54.02	05402	ULTRASOUND	0	18,860	20,777	39,637	35	54.02
54.03	05403	NUCLEAR MEDICINE	0	71,043	5,497	76,540	44	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	52,334	245,874	298,208	56	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	64,951	15,445	80,396	28	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	129,368	690,142	819,510	75	59.00
60.00	06000	LABORATORY	0	145,273	35,044	180,317	106	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,253	1,349	7,602	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	12,526	246,683	259,209	124	64.00
65.00	06500	RESPIRATORY THERAPY	0	29,047	59,716	88,763	162	65.00
66.00	06600	PHYSICAL THERAPY	0	59,747	6,428	66,175	162	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	80	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	12,160	12,160	26	68.00
69.00	06900	ELECTROCARDIOLOGY	0	370,182	117,052	487,234	59	69.00
69.02	06902	CARDIAC REHAB	0	77,457	651	78,108	31	69.02
69.03	06903	DIABETIC EDUCATION	0	46,737	831	47,568	11	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	72,263	50,923	123,186	37	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,955	31,955	34,910	61	74.00
76.00	03951	ECT	0	0	0	0	8	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	162,277	162,277	42	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	10,307	1,875	12,182	32	90.00
90.01	09001	OUTPATIENT PSYCH	0	133,826	0	133,826	3	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	125	125	20	90.04
91.00	09100	EMERGENCY	0	242,599	464,498	707,097	416	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	119,121	141,719	260,840	74	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	82,376	82,376	163	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	1,193	1,193	51	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,593,867	8,788,812	17,382,679	6,300	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	262,841	83,911	346,752	1,078	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	178,212	0	178,212	0	194.00
194.01	07951	APOTHECARY	0	1,836	0	1,836	31	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	398,512	0	398,512	78	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	1	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	9,188	0	9,188	0	194.08
194.09	07959	CONV CARE	0	0	39,916	39,916	333	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	11,064	0	11,064	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	10,449	0	10,449	0	194.14
194.15	07965	FAMILY PRACTICE	0	35,027	0	35,027	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	420,922	0	420,922	16	194.17
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	9,921,918	8,912,639	18,834,557	7,837	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,874,267					5.00
7.00	00700	OPERATION OF PLANT	140,928	1,590,377				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,761	13,688	137,513			8.00
9.00	00900	HOUSEKEEPING	40,421	30,430	0	272,974		9.00
10.00	01000	DIETARY	21,596	39,877	0	7,040	388,408	10.00
11.00	01100	CAFETERIA	11,460	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	25,984	61,702	0	10,893	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,559	28,405	0	5,015	0	14.00
15.00	01500	PHARMACY	50,598	9,990	0	1,764	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,418	14,187	0	2,505	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,265	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	277,524	276,853	51,502	48,874	268,478	30.00
31.00	03100	INTENSIVE CARE UNIT	111,761	67,509	13,817	11,918	56,055	31.00
31.02	03102	NICU	48,652	20,219	3,964	3,569	0	31.02
32.00	03200	CORONARY CARE UNIT	17,187	8,990	3,576	1,587	5,998	32.00
40.00	04000	SUBPROVIDER - IPF	19,598	18,432	0	3,254	18,908	40.00
41.00	04100	SUBPROVIDER - IRF	24,290	56,247	6,093	9,930	26,137	41.00
43.00	04300	NURSERY	12,250	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	480,289	74,575	14,778	13,165	104	50.00
51.00	05100	RECOVERY ROOM	18,105	24,341	4,423	4,297	166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,879	38,550	4,634	6,806	5,385	52.00
53.00	05300	ANESTHESIOLOGY	1,439	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,094	53,116	2,328	9,377	2,001	54.00
54.02	05402	ULTRASOUND	7,156	4,815	0	850	0	54.02
54.03	05403	NUCLEAR MEDICINE	17,500	17,696	208	3,124	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	14,311	12,379	2,332	2,185	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,288	14,324	478	2,529	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,134	20,430	1,706	3,607	0	59.00
60.00	06000	LABORATORY	129,973	44,116	0	7,788	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,448	988	0	174	0	63.00
64.00	06400	INTRAVENOUS THERAPY	33,455	1,978	0	349	4,427	64.00
65.00	06500	RESPIRATORY THERAPY	34,853	4,587	0	810	0	65.00
66.00	06600	PHYSICAL THERAPY	31,519	23,856	628	4,212	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,638	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,956	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,581	110,173	796	19,450	0	69.00
69.02	06902	CARDIAC REHAB	5,733	24,142	864	4,262	0	69.02
69.03	06903	DIABETIC EDUCATION	5,673	20,853	0	3,681	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	10,176	11,412	546	2,015	127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,298	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	126,895	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	177,229	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,435	1,803	229	318	0	74.00
76.00	03951	ECT	1,460	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	8,727	5,579	0	985	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,803	9,033	2,045	1,595	0	90.00
90.01	09001	OUTPATIENT PSYCH	1,430	29,809	0	5,262	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	2,988	0	0	0	0	90.04
91.00	09100	EMERGENCY	91,169	38,312	18,583	6,764	585	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	23,222	18,812	3,983	3,321	37	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	50,962	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	22,341	5,234	0	924	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,421,411	1,257,442	137,513	214,199	388,408	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	279,020	45,783	0	8,082	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,639	28,144	0	4,969	0	194.00
194.01	07951	APOTHECARY	53,413	4,877	0	861	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	23,762	62,935	0	11,110	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	505	0	89	0	194.03
194.04	07954	MARKETING	407	0	0	0	0	194.04
194.06	07956	MOB	3,883	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	1,876	0	331	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	1,451	0	256	0	194.08
194.09	07959	CONV CARE	84,250	26,327	0	4,648	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	102	1,747	0	308	0	194.11
194.14	07964	FREE STANDING CATH LAB	96	1,650	0	291	0	194.14
194.15	07965	FAMILY PRACTICE	322	29,148	0	5,146	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	5,962	128,492	0	22,684	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,874,267	1,590,377	137,513	272,974	388,408	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	11,469					11.00
13.00	01300	NURSING ADMINISTRATION	139	570,777				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	220	0	365,784			14.00
15.00	01500	PHARMACY	326	0	0	153,240		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	294	0	0	0	101,757	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	47	0	0	0	0	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,524	166,279	0	0	3,935	30.00
31.00	03100	INTENSIVE CARE UNIT	845	65,732	0	0	1,615	31.00
31.02	03102	NICU	296	19,408	0	0	595	31.02
32.00	03200	CORONARY CARE UNIT	111	13,632	0	0	211	32.00
40.00	04000	SUBPROVIDER - IPF	120	0	0	0	329	40.00
41.00	04100	SUBPROVIDER - IRF	194	26,512	0	0	294	41.00
43.00	04300	NURSERY	104	0	0	0	149	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	686	19,278	0	0	17,511	50.00
51.00	05100	RECOVERY ROOM	133	20,909	0	0	1,940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	224	52,504	0	0	814	52.00
53.00	05300	ANESTHESIOLOGY	7	0	0	0	1,298	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	387	0	0	0	4,801	54.00
54.02	05402	ULTRASOUND	56	0	0	0	1,172	54.02
54.03	05403	NUCLEAR MEDICINE	66	0	0	0	2,455	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	86	0	0	0	3,574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	43	0	0	0	1,200	58.00
59.00	05900	CARDIAC CATHETERIZATION	105	13,343	0	0	5,233	59.00
60.00	06000	LABORATORY	268	0	0	0	6,742	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	540	63.00
64.00	06400	INTRAVENOUS THERAPY	183	13,169	0	0	1,290	64.00
65.00	06500	RESPIRATORY THERAPY	280	0	0	0	754	65.00
66.00	06600	PHYSICAL THERAPY	272	0	0	0	1,202	66.00
67.00	06700	OCCUPATIONAL THERAPY	133	0	0	0	739	67.00
68.00	06800	SPEECH PATHOLOGY	37	0	0	0	245	68.00
69.00	06900	ELECTROCARDIOLOGY	115	18,310	0	0	3,813	69.00
69.02	06902	CARDIAC REHAB	50	8,274	0	0	76	69.02
69.03	06903	DIABETIC EDUCATION	21	0	0	0	14	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	85	0	0	0	578	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	127,985	0	8,752	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	237,799	0	6,776	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	153,240	10,382	73.00
74.00	07400	RENAL DIALYSIS	85	12,419	0	0	244	74.00
76.00	03951	ECT	14	0	0	0	189	76.00
76.01	03950	MOBILE OUTREACH CLINIC	92	0	0	0	43	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	41	0	0	0	227	90.00
90.01	09001	OUTPATIENT PSYCH	4	0	0	0	26	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	35	0	0	0	0	90.04
91.00	09100	EMERGENCY	769	80,692	0	0	8,999	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	121	13,400	0	0	1,861	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	390	26,916	0	0	745	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	135	0	0	0	394	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,143	570,777	365,784	153,240	101,757	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	704	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	39	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	117	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	2	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	432	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	32	0	0	0	0	194.17
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)	11,469	570,777	365,784	153,240	101,757	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			21.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,334					21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		3,083,690	0	3,083,690		30.00
31.00	03100	INTENSIVE CARE UNIT		936,986	0	936,986		31.00
31.02	03102	NICU		339,898	0	339,898		31.02
32.00	03200	CORONARY CARE UNIT		225,771	0	225,771		32.00
40.00	04000	SUBPROVIDER - IPF		179,048	0	179,048		40.00
41.00	04100	SUBPROVIDER - IRF		539,460	0	539,460		41.00
43.00	04300	NURSERY		12,563	0	12,563		43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0		44.00
45.00	04500	NURSING FACILITY		0	0	0		45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,527,610	0	2,527,610		50.00
51.00	05100	RECOVERY ROOM		184,630	0	184,630		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		420,569	0	420,569		52.00
53.00	05300	ANESTHESIOLOGY		102,500	0	102,500		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,643,085	0	1,643,085		54.00
54.02	05402	ULTRASOUND		53,721	0	53,721		54.02
54.03	05403	NUCLEAR MEDICINE		117,633	0	117,633		54.03
56.00	05600	RADIOISOTOPE		0	0	0		56.00
57.00	05700	CT SCAN		333,131	0	333,131		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		105,286	0	105,286		58.00
59.00	05900	CARDIAC CATHETERIZATION		887,143	0	887,143		59.00
60.00	06000	LABORATORY		369,310	0	369,310		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		23,752	0	23,752		63.00
64.00	06400	INTRAVENOUS THERAPY		314,184	0	314,184		64.00
65.00	06500	RESPIRATORY THERAPY		130,209	0	130,209		65.00
66.00	06600	PHYSICAL THERAPY		128,026	0	128,026		66.00
67.00	06700	OCCUPATIONAL THERAPY		15,590	0	15,590		67.00
68.00	06800	SPEECH PATHOLOGY		17,424	0	17,424		68.00
69.00	06900	ELECTROCARDIOLOGY		655,531	0	655,531		69.00
69.02	06902	CARDIAC REHAB		121,540	0	121,540		69.02
69.03	06903	DIABETIC EDUCATION		77,821	0	77,821		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		148,162	0	148,162		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		205,035	0	205,035		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		371,470	0	371,470		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		340,851	0	340,851		73.00
74.00	07400	RENAL DIALYSIS		60,504	0	60,504		74.00
76.00	03951	ECT		1,671	0	1,671		76.00
76.01	03950	MOBILE OUTREACH CLINIC		177,745	0	177,745		76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0		89.00
90.00	09000	CLINIC		32,958	0	32,958		90.00
90.01	09001	OUTPATIENT PSYCH		170,360	0	170,360		90.01
90.02	09002	PEDS CLINIC		0	0	0		90.02
90.04	09004	BARIATRICS		3,168	0	3,168		90.04
91.00	09100	EMERGENCY		953,386	0	953,386		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		325,671	0	325,671		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		161,552	0	161,552		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		30,272	0	30,272		97.00
98.00	09850	HOME OFFICE		0	0	0		98.00
99.00	09900	CMHC		0	0	0		99.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B Part II | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			21.00	24.00	25.00	26.00		
101.00	10100	HOME HEALTH AGENCY		0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION		0	0	0		106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	16,528,916	0	16,528,916		118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH		0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		681,419	0	681,419		192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		212,964	0	212,964		194.00
194.01	07951	APOTHECARY		61,057	0	61,057		194.01
194.02	07952	OCCUPATIONAL MEDICINE		496,514	0	496,514		194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT		594	0	594		194.03
194.04	07954	MARKETING		410	0	410		194.04
194.06	07956	MOB		3,883	0	3,883		194.06
194.07	07957	SENIOR PARTNERS		2,207	0	2,207		194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT		10,895	0	10,895		194.08
194.09	07959	CONV CARE		155,906	0	155,906		194.09
194.10	07960	EMPLOYEE FITNESS CENTER		0	0	0		194.10
194.11	07961	ST ELIZABETH		13,221	0	13,221		194.11
194.14	07964	FREE STANDING CATH LAB		12,486	0	12,486		194.14
194.15	07965	FAMILY PRACTICE		69,643	0	69,643		194.15
194.17	07967	FOUNDATION/UNUSED SPACE		578,108	0	578,108		194.17
200.00		Cross Foot Adjustments	6,334	6,334	0	6,334		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	6,334	18,834,557	0	18,834,557		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (HOSPITAL S QUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	983,771					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,657,787				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	777	0	123,503,349			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	96,411	1,633,707	7,764,345	-80,306,446	312,462,419	5.00
7.00	00700	OPERATION OF PLANT	89,670	468,285	841,962	0	15,319,876	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	24,358	620,873	0	952,402	8.00
9.00	00900	HOUSEKEEPING	19,105	8,109	94	0	4,394,117	9.00
10.00	01000	DIETARY	25,036	57,898	95,690	0	2,347,682	10.00
11.00	01100	CAFETERIA	0	0	145,343	0	1,245,779	11.00
13.00	01300	NURSING ADMINISTRATION	37,033	84,589	1,736,144	0	2,824,624	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,834	107,090	1,262,270	0	2,995,859	14.00
15.00	01500	PHARMACY	6,272	23,246	3,971,354	0	5,500,401	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,011	1,394	1,679,406	0	2,436,970	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	341,638	0	681,074	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	173,639	202,018	20,508,770	0	30,168,896	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	154,475	7,432,500	0	12,149,254	31.00
31.02	03102	NICU	12,694	98,786	3,072,895	0	5,288,820	31.02
32.00	03200	CORONARY CARE UNIT	5,644	100,949	1,025,869	0	1,868,347	32.00
40.00	04000	SUBPROVIDER - IPF	11,572	1,398	1,100,119	0	2,130,400	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	28,767	1,896,709	0	2,640,552	41.00
43.00	04300	NURSERY	0	0	951,866	0	1,331,629	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,915	1,257,794	6,521,988	0	52,219,196	50.00
51.00	05100	RECOVERY ROOM	9,368	13,526	1,455,486	0	1,968,096	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	31,384	2,284,391	0	3,356,779	52.00
53.00	05300	ANESTHESIOLOGY	0	85,708	45,423	0	156,468	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,544	1,110,470	4,111,676	0	6,641,351	54.00
54.02	05402	ULTRASOUND	1,870	17,852	558,049	0	777,900	54.02
54.03	05403	NUCLEAR MEDICINE	7,044	4,723	693,328	0	1,902,390	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	5,189	211,256	882,179	0	1,555,742	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,440	13,270	448,710	0	683,516	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	592,974	1,185,284	0	2,514,794	59.00
60.00	06000	LABORATORY	14,404	30,110	1,681,480	0	14,128,984	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	1,159	0	0	1,570,606	63.00
64.00	06400	INTRAVENOUS THERAPY	1,242	211,951	1,962,045	0	3,636,798	64.00
65.00	06500	RESPIRATORY THERAPY	2,880	51,308	2,578,283	0	3,788,748	65.00
66.00	06600	PHYSICAL THERAPY	5,924	5,523	2,565,128	0	3,426,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,270,029	0	1,591,219	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,448	414,219	0	538,765	68.00
69.00	06900	ELECTROCARDIOLOGY	36,704	100,572	937,969	0	1,693,788	69.00
69.02	06902	CARDIAC REHAB	7,680	559	488,159	0	623,248	69.02
69.03	06903	DIABETIC EDUCATION	4,634	714	181,346	0	616,682	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	43,753	590,016	0	1,106,162	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,424,557	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,794,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	19,266,151	73.00
74.00	07400	RENAL DIALYSIS	293	27,456	962,035	0	1,134,361	74.00
76.00	03951	ECT	0	0	125,238	0	158,723	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	139,429	673,038	0	948,645	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,022	1,611	507,079	0	848,259	90.00
90.01	09001	OUTPATIENT PSYCH	13,269	0	45,141	0	155,472	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	107	311,322	0	324,866	90.04
91.00	09100	EMERGENCY	24,054	399,099	6,606,826	0	9,910,790	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	121,766	1,181,285	0	2,524,354	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	70,778	2,580,000	0	5,539,941	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,025	809,429	0	2,428,664	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (HOSPITAL S QUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	852,093	7,551,394	99,104,428	-80,306,446	263,233,548	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,061	72,097	17,117,254	0	30,331,587	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,670	0	0	0	178,212	194.00
194.01	07951	APOTHECARY	182	0	492,408	0	5,806,352	194.01
194.02	07952	OCCUPATIONAL MEDICINE	39,513	0	1,230,468	0	2,583,118	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	13,981	0	44,285	194.04
194.06	07956	MOB	0	0	89	0	422,101	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	0	1,039,771	0	194.08
194.09	07959	CONV CARE	0	34,296	5,288,357	0	9,158,558	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	0	0	11,064	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	0	0	10,449	194.14
194.15	07965	FAMILY PRACTICE	3,473	0	0	0	35,027	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	41,735	0	256,364	0	648,118	194.17
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)	9,921,918	8,912,639	28,318,801		80,306,446	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.085597	1.163866	0.229296		0.257012	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			7,837		2,874,267	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000063		0.009199	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	998,499					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	3,549,830				8.00
9.00	00900	HOUSEKEEPING	19,105	0	970,800			9.00
10.00	01000	DIETARY	25,036	0	25,036	219,700		10.00
11.00	01100	CAFETERIA	0	0	0	0	3,669,734	11.00
13.00	01300	NURSING ADMINISTRATION	38,739	0	38,739	0	44,592	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,834	0	17,834	0	70,518	14.00
15.00	01500	PHARMACY	6,272	0	6,272	0	104,164	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,907	0	8,907	0	94,033	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	14,987	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	173,820	1,329,510	173,820	151,862	807,500	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	356,676	42,385	31,707	270,487	31.00
31.02	03102	NICU	12,694	102,320	12,694	0	94,723	31.02
32.00	03200	CORONARY CARE UNIT	5,644	92,300	5,644	3,393	35,489	32.00
40.00	04000	SUBPROVIDER - IPF	11,572	0	11,572	10,695	38,347	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	157,300	35,314	14,784	62,003	41.00
43.00	04300	NURSERY	0	0	0	0	33,336	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,821	381,490	46,821	59	219,495	50.00
51.00	05100	RECOVERY ROOM	15,282	114,180	15,282	94	42,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	119,630	24,203	3,046	71,780	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,348	60,100	33,348	1,132	123,816	54.00
54.02	05402	ULTRASOUND	3,023	0	3,023	0	18,077	54.02
54.03	05403	NUCLEAR MEDICINE	11,110	5,380	11,110	0	21,201	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	7,772	60,210	7,772	0	27,638	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,993	12,333	8,993	0	13,712	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	44,040	12,827	0	33,730	59.00
60.00	06000	LABORATORY	27,698	0	27,698	0	85,683	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,242	0	1,242	2,504	58,706	64.00
65.00	06500	RESPIRATORY THERAPY	2,880	0	2,880	0	89,511	65.00
66.00	06600	PHYSICAL THERAPY	14,978	16,200	14,978	0	86,902	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	42,550	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	11,808	68.00
69.00	06900	ELECTROCARDIOLOGY	69,171	20,541	69,171	0	36,865	69.00
69.02	06902	CARDIAC REHAB	15,157	22,300	15,157	0	15,905	69.02
69.03	06903	DIABETIC EDUCATION	13,092	0	13,092	0	6,626	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	14,100	7,165	72	27,242	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,132	5,900	1,132	0	27,230	74.00
76.00	03951	ECT	0	0	0	0	4,632	76.00
76.01	03950	MOBILE OUTREACH CLINIC	3,503	0	3,503	0	29,416	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,671	52,800	5,671	0	13,027	90.00
90.01	09001	OUTPATIENT PSYCH	18,715	0	18,715	0	1,370	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	11,330	90.04
91.00	09100	EMERGENCY	24,054	479,710	24,054	331	245,936	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	102,810	11,811	21	38,660	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	124,805	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,286	0	3,286	0	43,095	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	789,470	3,549,830	761,771	219,700	3,245,621	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,744	0	28,744	0	225,339	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,670	0	17,670	0	0	194.00
194.01	07951	APOTHECARY	3,062	0	3,062	0	12,576	194.01
194.02	07952	OCCUPATIONAL MEDICINE	39,513	0	39,513	0	37,445	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	317	0	317	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	493	194.04
194.06	07956	MOB	0	0	0	0	5	194.06
194.07	07957	SENIOR PARTNERS	1,178	0	1,178	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	0	194.08
194.09	07959	CONV CARE	16,529	0	16,529	0	138,102	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	0	194.14
194.15	07965	FAMILY PRACTICE	18,300	0	18,300	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	80,672	0	80,672	0	10,153	194.17
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)	19,257,268	1,362,927	5,891,921	3,585,861	1,565,959	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.286217	0.383941	6.069140	16.321625	0.426723	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,590,377	137,513	272,974	388,408	11,469	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.592768	0.038738	0.281185	1.767902	0.003125	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	39,527					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,219,033				14.00
15.00	01500	PHARMACY	0	0	1,000			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,530,688,903		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100	21.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,515	0	0	59,614,041	100	30.00
31.00	03100	INTENSIVE CARE UNIT	4,552	0	0	24,465,340	0	31.00
31.02	03102	NICU	1,344	0	0	9,021,881	0	31.02
32.00	03200	CORONARY CARE UNIT	944	0	0	3,192,512	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	4,978,413	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,836	0	0	4,455,076	0	41.00
43.00	04300	NURSERY	0	0	0	2,262,770	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,335	0	0	254,243,352	0	50.00
51.00	05100	RECOVERY ROOM	1,448	0	0	29,400,083	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,636	0	0	12,336,250	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,661,385	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,735,001	0	54.00
54.02	05402	ULTRASOUND	0	0	0	17,760,039	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	37,201,063	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	54,150,217	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,185,504	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	924	0	0	79,284,944	0	59.00
60.00	06000	LABORATORY	0	0	0	102,158,590	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,184,416	0	63.00
64.00	06400	INTRAVENOUS THERAPY	912	0	0	19,546,003	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,416,923	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,217,768	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,202,329	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,714,964	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,268	0	0	57,771,227	0	69.00
69.02	06902	CARDIAC REHAB	573	0	0	1,151,040	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	204,756	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,758,452	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,424,557	0	132,598,567	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,794,476	0	102,662,594	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,000	157,297,529	0	73.00
74.00	07400	RENAL DIALYSIS	860	0	0	3,700,694	0	74.00
76.00	03951	ECT	0	0	0	2,863,562	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	656,053	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	3,439,518	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	395,481	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	5,588	0	0	136,345,221	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	928	0	0	28,199,173	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,864	0	0	11,290,556	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	5,965,616	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet B-1 | Date/Time Prepared: 11/21/2016 8:49 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	21.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,527	21,219,033	1,000	1,530,688,903	100	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	0	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
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)	4,551,855	4,248,110	7,117,548	3,329,267	862,513	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	115.158120	0.200203	7,117.548000	0.002175	8,625.130000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	570,777	365,784	153,240	101,757	6,334	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	14.440180	0.017238	153.240000	0.000066	63.340000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/21/2016 8:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	47,119,306		47,119,306	0	47,119,306	30.00
31.00	03100	INTENSIVE CARE UNIT	17,693,732		17,693,732	0	17,693,732	31.00
31.02	03102	NICU	7,224,072		7,224,072	0	7,224,072	31.02
32.00	03200	CORONARY CARE UNIT	2,713,254		2,713,254	0	2,713,254	32.00
40.00	04000	SUBPROVIDER - IPF	3,173,102		3,173,102	0	3,173,102	40.00
41.00	04100	SUBPROVIDER - IRF	4,763,876		4,763,876	0	4,763,876	41.00
43.00	04300	NURSERY	1,693,021		1,693,021	0	1,693,021	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,775,004		67,775,004	0	67,775,004	50.00
51.00	05100	RECOVERY ROOM	3,155,633		3,155,633	0	3,155,633	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,405,009		5,405,009	0	5,405,009	52.00
53.00	05300	ANESTHESIOLOGY	240,352		240,352	0	240,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,446,394		9,446,394	0	9,446,394	54.00
54.02	05402	ULTRASOUND	1,100,821		1,100,821	0	1,100,821	54.02
54.03	05403	NUCLEAR MEDICINE	2,765,050		2,765,050	0	2,765,050	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,305,335		2,305,335	0	2,305,335	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,137,348		1,137,348	0	1,137,348	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,796,512		3,796,512	0	3,796,512	59.00
60.00	06000	LABORATORY	18,721,353		18,721,353	0	18,721,353	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,007,792		2,007,792	0	2,007,792	63.00
64.00	06400	INTRAVENOUS THERAPY	4,816,447		4,816,447	0	4,816,447	64.00
65.00	06500	RESPIRATORY THERAPY	4,898,553	0	4,898,553	0	4,898,553	65.00
66.00	06600	PHYSICAL THERAPY	4,769,694	0	4,769,694	0	4,769,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,042,703	0	2,042,703	0	2,042,703	67.00
68.00	06800	SPEECH PATHOLOGY	690,353	0	690,353	0	690,353	68.00
69.00	06900	ELECTROCARDIOLOGY	4,178,257		4,178,257	0	4,178,257	69.00
69.02	06902	CARDIAC REHAB	1,251,580		1,251,580	0	1,251,580	69.02
69.03	06903	DIABETIC EDUCATION	1,110,401		1,110,401	0	1,110,401	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,609,394		1,609,394	0	1,609,394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,107,578		11,107,578	0	11,107,578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,324,804		20,324,804	0	20,324,804	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,677,453		31,677,453	0	31,677,453	73.00
74.00	07400	RENAL DIALYSIS	1,575,577		1,575,577	0	1,575,577	74.00
76.00	03951	ECT	207,722		207,722	0	207,722	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,295,257		1,295,257	0	1,295,257	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,243,374		1,243,374	0	1,243,374	90.00
90.01	09001	OUTPATIENT PSYCH	671,401		671,401	0	671,401	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARIATRICS	413,195		413,195	0	413,195	90.04
91.00	09100	EMERGENCY	14,302,464		14,302,464	0	14,302,464	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,697,129		3,697,129	0	3,697,129	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,820,363		5,820,363		5,820,363	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	7,256,241		7,256,241	0	7,256,241	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,167,543		3,167,543	0	3,167,543	97.00
98.00	09850	HOME OFFICE	0		0	0	0	98.00
99.00	09900	CMHC	0		0		0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0		0		0	106.00
200.00		Subtotal (see instructions)	330,364,449	0	330,364,449	0	330,364,449	200.00
201.00		Less Observation Beds	5,820,363		5,820,363		5,820,363	201.00
202.00		Total (see instructions)	324,544,086	0	324,544,086	0	324,544,086	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/21/2016 8:49 pm

Title XVIII | Hospital | PPS

		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	50,670,660		50,670,660			30.00
31.00	03100	INTENSIVE CARE UNIT	24,465,340		24,465,340			31.00
31.02	03102	NICU	9,021,881		9,021,881			31.02
32.00	03200	CORONARY CARE UNIT	3,192,512		3,192,512			32.00
40.00	04000	SUBPROVIDER - IPF	4,978,413		4,978,413			40.00
41.00	04100	SUBPROVIDER - IRF	4,455,076		4,455,076			41.00
43.00	04300	NURSERY	2,262,770		2,262,770			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	88,374,441	165,868,911	254,243,352	0.266575	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,696,185	17,703,898	29,400,083	0.107334	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,852,635	483,615	12,336,250	0.438140	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,303,210	8,358,175	19,661,385	0.012225	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,828,544	51,906,457	72,735,001	0.129874	0.000000	54.00
54.02	05402	ULTRASOUND	7,231,430	10,528,609	17,760,039	0.061983	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	8,118,932	29,082,131	37,201,063	0.074327	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	18,783,593	35,366,624	54,150,217	0.042573	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,294,428	13,891,076	18,185,504	0.062541	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,670,860	28,614,084	79,284,944	0.047884	0.000000	59.00
60.00	06000	LABORATORY	38,965,338	63,193,252	102,158,590	0.183258	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,131,202	2,053,214	8,184,416	0.245319	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	6,262,513	13,283,490	19,546,003	0.246416	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,343,204	1,073,719	11,416,923	0.429061	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	11,345,020	6,872,748	18,217,768	0.261815	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,746,676	455,653	11,202,329	0.182346	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,488,355	226,609	3,714,964	0.185830	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,260,368	35,510,859	57,771,227	0.072324	0.000000	69.00
69.02	06902	CARDIAC REHAB	4,860	1,146,180	1,151,040	1.087347	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	724	204,032	204,756	5.423045	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	3,301,248	5,457,204	8,758,452	0.183753	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73,346,594	59,251,973	132,598,567	0.083768	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,230,009	37,432,585	102,662,594	0.197977	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,183,347	74,114,182	157,297,529	0.201386	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,456,518	244,176	3,700,694	0.425752	0.000000	74.00
76.00	03951	ECT	736,615	2,126,947	2,863,562	0.072540	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	656,053	656,053	1.974318	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	25,167	3,414,351	3,439,518	0.361497	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH	348,051	47,430	395,481	1.697682	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	38,407,817	97,937,404	136,345,221	0.104899	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,522,849	16,676,324	28,199,173	0.131108	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,433,650	7,509,731	8,943,381	0.650801	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	17,475	11,273,081	11,290,556	0.642682	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,965,616	5,965,616	0.530967	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0			106.00
200.00		Subtotal (see instructions)	722,758,510	807,930,393	1,530,688,903			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	722,758,510	807,930,393	1,530,688,903			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/21/2016 8:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio
			11.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	
31.00	03100	INTENSIVE CARE UNIT	
31.02	03102	NICU	
32.00	03200	CORONARY CARE UNIT	
40.00	04000	SUBPROVIDER - IPF	
41.00	04100	SUBPROVIDER - IRF	
43.00	04300	NURSERY	
44.00	04400	SKILLED NURSING FACILITY	
45.00	04500	NURSING FACILITY	
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	0.266575
51.00	05100	RECOVERY ROOM	0.107334
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140
53.00	05300	ANESTHESIOLOGY	0.012225
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874
54.02	05402	ULTRASOUND	0.061983
54.03	05403	NUCLEAR MEDICINE	0.074327
56.00	05600	RADIOISOTOPE	0.000000
57.00	05700	CT SCAN	0.042573
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541
59.00	05900	CARDIAC CATHETERIZATION	0.047884
60.00	06000	LABORATORY	0.183258
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319
64.00	06400	INTRAVENOUS THERAPY	0.246416
65.00	06500	RESPIRATORY THERAPY	0.429061
66.00	06600	PHYSICAL THERAPY	0.261815
67.00	06700	OCCUPATIONAL THERAPY	0.182346
68.00	06800	SPEECH PATHOLOGY	0.185830
69.00	06900	ELECTROCARDIOLOGY	0.072324
69.02	06902	CARDIAC REHAB	1.087347
69.03	06903	DIABETIC EDUCATION	5.423045
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386
74.00	07400	RENAL DIALYSIS	0.425752
76.00	03951	ECT	0.072540
76.01	03950	MOBILE OUTREACH CLINIC	1.974318
		OUTPATIENT SERVICE COST CENTERS	
88.00	08800	RURAL HEALTH CLINIC	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	
90.00	09000	CLINIC	0.361497
90.01	09001	OUTPATIENT PSYCH	1.697682
90.02	09002	PEDS CLINIC	0.000000
90.04	09004	BARIATRICS	0.000000
91.00	09100	EMERGENCY	0.104899
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801
		OTHER REIMBURSABLE COST CENTERS	
95.00	09500	AMBULANCE SERVICES	0.642682
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967
98.00	09850	HOME OFFICE	0.000000
99.00	09900	CMHC	
101.00	10100	HOME HEALTH AGENCY	
		SPECIAL PURPOSE COST CENTERS	
106.00	10600	HEART ACQUISITION	
200.00		Subtotal (see instructions)	
201.00		Less Observation Beds	
202.00		Total (see instructions)	

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/21/2016 8:49 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	47,119,306		47,119,306	0	47,119,306	30.00
31.00	03100	INTENSIVE CARE UNIT	17,693,732		17,693,732	0	17,693,732	31.00
31.02	03102	NICU	7,224,072		7,224,072	0	7,224,072	31.02
32.00	03200	CORONARY CARE UNIT	2,713,254		2,713,254	0	2,713,254	32.00
40.00	04000	SUBPROVIDER - IPF	3,173,102		3,173,102	0	3,173,102	40.00
41.00	04100	SUBPROVIDER - IRF	4,763,876		4,763,876	0	4,763,876	41.00
43.00	04300	NURSERY	1,693,021		1,693,021	0	1,693,021	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,775,004		67,775,004	0	67,775,004	50.00
51.00	05100	RECOVERY ROOM	3,155,633		3,155,633	0	3,155,633	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,405,009		5,405,009	0	5,405,009	52.00
53.00	05300	ANESTHESIOLOGY	240,352		240,352	0	240,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,446,394		9,446,394	0	9,446,394	54.00
54.02	05402	ULTRASOUND	1,100,821		1,100,821	0	1,100,821	54.02
54.03	05403	NUCLEAR MEDICINE	2,765,050		2,765,050	0	2,765,050	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,305,335		2,305,335	0	2,305,335	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,137,348		1,137,348	0	1,137,348	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,796,512		3,796,512	0	3,796,512	59.00
60.00	06000	LABORATORY	18,721,353		18,721,353	0	18,721,353	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,007,792		2,007,792	0	2,007,792	63.00
64.00	06400	INTRAVENOUS THERAPY	4,816,447		4,816,447	0	4,816,447	64.00
65.00	06500	RESPIRATORY THERAPY	4,898,553	0	4,898,553	0	4,898,553	65.00
66.00	06600	PHYSICAL THERAPY	4,769,694	0	4,769,694	0	4,769,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,042,703	0	2,042,703	0	2,042,703	67.00
68.00	06800	SPEECH PATHOLOGY	690,353	0	690,353	0	690,353	68.00
69.00	06900	ELECTROCARDIOLOGY	4,178,257		4,178,257	0	4,178,257	69.00
69.02	06902	CARDIAC REHAB	1,251,580		1,251,580	0	1,251,580	69.02
69.03	06903	DIABETIC EDUCATION	1,110,401		1,110,401	0	1,110,401	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,609,394		1,609,394	0	1,609,394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,107,578		11,107,578	0	11,107,578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,324,804		20,324,804	0	20,324,804	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,677,453		31,677,453	0	31,677,453	73.00
74.00	07400	RENAL DIALYSIS	1,575,577		1,575,577	0	1,575,577	74.00
76.00	03951	ECT	207,722		207,722	0	207,722	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,295,257		1,295,257	0	1,295,257	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,243,374		1,243,374	0	1,243,374	90.00
90.01	09001	OUTPATIENT PSYCH	671,401		671,401	0	671,401	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARIATRICS	413,195		413,195	0	413,195	90.04
91.00	09100	EMERGENCY	14,302,464		14,302,464	0	14,302,464	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,697,129		3,697,129	0	3,697,129	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,820,363		5,820,363		5,820,363	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	7,256,241		7,256,241	0	7,256,241	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,167,543		3,167,543	0	3,167,543	97.00
98.00	09850	HOME OFFICE	0		0	0	0	98.00
99.00	09900	CMHC	0		0		0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0		0		0	106.00
200.00		Subtotal (see instructions)	330,364,449	0	330,364,449	0	330,364,449	200.00
201.00		Less Observation Beds	5,820,363		5,820,363		5,820,363	201.00
202.00		Total (see instructions)	324,544,086	0	324,544,086	0	324,544,086	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/21/2016 8:49 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	50,670,660		50,670,660			30.00
31.00	03100	INTENSIVE CARE UNIT	24,465,340		24,465,340			31.00
31.02	03102	NICU	9,021,881		9,021,881			31.02
32.00	03200	CORONARY CARE UNIT	3,192,512		3,192,512			32.00
40.00	04000	SUBPROVIDER - IPF	4,978,413		4,978,413			40.00
41.00	04100	SUBPROVIDER - IRF	4,455,076		4,455,076			41.00
43.00	04300	NURSERY	2,262,770		2,262,770			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	88,374,441	165,868,911	254,243,352	0.266575	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,696,185	17,703,898	29,400,083	0.107334	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,852,635	483,615	12,336,250	0.438140	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,303,210	8,358,175	19,661,385	0.012225	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,828,544	51,906,457	72,735,001	0.129874	0.000000	54.00
54.02	05402	ULTRASOUND	7,231,430	10,528,609	17,760,039	0.061983	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	8,118,932	29,082,131	37,201,063	0.074327	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	18,783,593	35,366,624	54,150,217	0.042573	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,294,428	13,891,076	18,185,504	0.062541	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,670,860	28,614,084	79,284,944	0.047884	0.000000	59.00
60.00	06000	LABORATORY	38,965,338	63,193,252	102,158,590	0.183258	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,131,202	2,053,214	8,184,416	0.245319	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	6,262,513	13,283,490	19,546,003	0.246416	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,343,204	1,073,719	11,416,923	0.429061	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	11,345,020	6,872,748	18,217,768	0.261815	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,746,676	455,653	11,202,329	0.182346	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,488,355	226,609	3,714,964	0.185830	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,260,368	35,510,859	57,771,227	0.072324	0.000000	69.00
69.02	06902	CARDIAC REHAB	4,860	1,146,180	1,151,040	1.087347	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	724	204,032	204,756	5.423045	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	3,301,248	5,457,204	8,758,452	0.183753	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73,346,594	59,251,973	132,598,567	0.083768	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,230,009	37,432,585	102,662,594	0.197977	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,183,347	74,114,182	157,297,529	0.201386	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,456,518	244,176	3,700,694	0.425752	0.000000	74.00
76.00	03951	ECT	736,615	2,126,947	2,863,562	0.072540	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	656,053	656,053	1.974318	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	25,167	3,414,351	3,439,518	0.361497	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH	348,051	47,430	395,481	1.697682	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	38,407,817	97,937,404	136,345,221	0.104899	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,522,849	16,676,324	28,199,173	0.131108	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,433,650	7,509,731	8,943,381	0.650801	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	17,475	11,273,081	11,290,556	0.642682	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,965,616	5,965,616	0.530967	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0			106.00
200.00		Subtotal (see instructions)	722,758,510	807,930,393	1,530,688,903			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	722,758,510	807,930,393	1,530,688,903			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part I Date/Time Prepared: 11/21/2016 8:49 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
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
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
54.02	05402	ULTRASOUND	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	0.000000		54.03
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
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
69.02	06902	CARDIAC REHAB	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	ECT	0.000000		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000		76.01
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PSYCH	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	HOME OFFICE	0.000000		98.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
106.00	10600	HEART ACQUISITION			106.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part II Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,775,004	2,527,610	65,247,394	0	0	50.00
51.00	05100	RECOVERY ROOM	3,155,633	184,630	2,971,003	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,405,009	420,569	4,984,440	0	0	52.00
53.00	05300	ANESTHESIOLOGY	240,352	102,500	137,852	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,446,394	1,643,085	7,803,309	0	0	54.00
54.02	05402	ULTRASOUND	1,100,821	53,721	1,047,100	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	2,765,050	117,633	2,647,417	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,305,335	333,131	1,972,204	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,137,348	105,286	1,032,062	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,796,512	887,143	2,909,369	0	0	59.00
60.00	06000	LABORATORY	18,721,353	369,310	18,352,043	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,007,792	23,752	1,984,040	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,816,447	314,184	4,502,263	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,898,553	130,209	4,768,344	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,769,694	128,026	4,641,668	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,042,703	15,590	2,027,113	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	690,353	17,424	672,929	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,178,257	655,531	3,522,726	0	0	69.00
69.02	06902	CARDIAC REHAB	1,251,580	121,540	1,130,040	0	0	69.02
69.03	06903	DIABETIC EDUCATION	1,110,401	77,821	1,032,580	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,609,394	148,162	1,461,232	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,107,578	205,035	10,902,543	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,324,804	371,470	19,953,334	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,677,453	340,851	31,336,602	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,575,577	60,504	1,515,073	0	0	74.00
76.00	03951	ECT	207,722	1,671	206,051	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,295,257	177,745	1,117,512	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,243,374	32,958	1,210,416	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	671,401	170,360	501,041	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	413,195	3,168	410,027	0	0	90.04
91.00	09100	EMERGENCY	14,302,464	953,386	13,349,078	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,697,129	325,671	3,371,458	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,820,363	380,908	5,439,455	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	7,256,241	161,552	7,094,689	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,167,543	30,272	3,137,271	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
200.00		Subtotal (sum of lines 50 thru 199)	245,984,086	11,592,408	234,391,678	0	0	200.00
201.00		Less Observation Beds	5,820,363	380,908	5,439,455	0	0	201.00
202.00		Total (line 200 minus line 201)	240,163,723	11,211,500	228,952,223	0	0	202.00

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

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet C Part II Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	67,775,004	254,243,352	0.266575		50.00
51.00	05100	RECOVERY ROOM	3,155,633	29,400,083	0.107334		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,405,009	12,336,250	0.438140		52.00
53.00	05300	ANESTHESIOLOGY	240,352	19,661,385	0.012225		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,446,394	72,735,001	0.129874		54.00
54.02	05402	ULTRASOUND	1,100,821	17,760,039	0.061983		54.02
54.03	05403	NUCLEAR MEDICINE	2,765,050	37,201,063	0.074327		54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700	CT SCAN	2,305,335	54,150,217	0.042573		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,137,348	18,185,504	0.062541		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,796,512	79,284,944	0.047884		59.00
60.00	06000	LABORATORY	18,721,353	102,158,590	0.183258		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,007,792	8,184,416	0.245319		63.00
64.00	06400	INTRAVENOUS THERAPY	4,816,447	19,546,003	0.246416		64.00
65.00	06500	RESPIRATORY THERAPY	4,898,553	11,416,923	0.429061		65.00
66.00	06600	PHYSICAL THERAPY	4,769,694	18,217,768	0.261815		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,042,703	11,202,329	0.182346		67.00
68.00	06800	SPEECH PATHOLOGY	690,353	3,714,964	0.185830		68.00
69.00	06900	ELECTROCARDIOLOGY	4,178,257	57,771,227	0.072324		69.00
69.02	06902	CARDIAC REHAB	1,251,580	1,151,040	1.087347		69.02
69.03	06903	DIABETIC EDUCATION	1,110,401	204,756	5.423045		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,609,394	8,758,452	0.183753		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,107,578	132,598,567	0.083768		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,324,804	102,662,594	0.197977		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,677,453	157,297,529	0.201386		73.00
74.00	07400	RENAL DIALYSIS	1,575,577	3,700,694	0.425752		74.00
76.00	03951	ECT	207,722	2,863,562	0.072540		76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,295,257	656,053	1.974318		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000	CLINIC	1,243,374	3,439,518	0.361497		90.00
90.01	09001	OUTPATIENT PSYCH	671,401	395,481	1.697682		90.01
90.02	09002	PEDS CLINIC	0	0	0.000000		90.02
90.04	09004	BARIATRICS	413,195	0	0.000000		90.04
91.00	09100	EMERGENCY	14,302,464	136,345,221	0.104899		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,697,129	28,199,173	0.131108		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,820,363	8,943,381	0.650801		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	7,256,241	11,290,556	0.642682		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	3,167,543	5,965,616	0.530967		97.00
98.00	09850	HOME OFFICE	0	0	0.000000		98.00
99.00	09900	CMHC	0	0	0.000000		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
		SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION	0	0	0.000000		106.00
200.00		Subtotal (sum of lines 50 thru 199)	245,984,086	1,431,642,251			200.00
201.00		Less Observation Beds	5,820,363	0			201.00
202.00		Total (line 200 minus line 201)	240,163,723	1,431,642,251			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part I Date/Time Prepared: 11/21/2016 8:49 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	3,083,690	0	3,083,690	56,588	54.49	30.00
31.00	INTENSIVE CARE UNIT	936,986		936,986	13,828	67.76	31.00
31.02	NICU	339,898		339,898	5,937	57.25	31.02
32.00	CORONARY CARE UNIT	225,771		225,771	1,457	154.96	32.00
40.00	SUBPROVIDER - IPF	179,048	0	179,048	3,398	52.69	40.00
41.00	SUBPROVIDER - IRF	539,460	0	539,460	4,750	113.57	41.00
43.00	NURSERY	12,563		12,563	3,061	4.10	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	5,317,416		5,317,416	89,019		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	21,831	1,189,571	30.00
31.00	INTENSIVE CARE UNIT	6,321	428,311	31.00
31.02	NICU	0	0	31.02
32.00	CORONARY CARE UNIT	666	103,203	32.00
40.00	SUBPROVIDER - IPF	1,087	57,274	40.00
41.00	SUBPROVIDER - IRF	2,313	262,687	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	32,218	2,041,046	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part II Date/Time Prepared: 11/21/2016 8:49 pm

Title XVIII | Hospital | 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	2,527,610	254,243,352	0.009942	39,169,021	389,418	50.00
51.00	05100	RECOVERY ROOM	184,630	29,400,083	0.006280	7,338,864	46,088	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	420,569	12,336,250	0.034092	36,231	1,235	52.00
53.00	05300	ANESTHESIOLOGY	102,500	19,661,385	0.005213	5,788,973	30,178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,643,085	72,735,001	0.022590	5,889,043	133,033	54.00
54.02	05402	ULTRASOUND	53,721	17,760,039	0.003025	3,434,241	10,389	54.02
54.03	05403	NUCLEAR MEDICINE	117,633	37,201,063	0.003162	4,159,837	13,153	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	333,131	54,150,217	0.006152	7,904,067	48,626	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	105,286	18,185,504	0.005790	1,734,750	10,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	887,143	79,284,944	0.011189	23,879,554	267,188	59.00
60.00	06000	LABORATORY	369,310	102,158,590	0.003615	17,184,561	62,122	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,752	8,184,416	0.002902	2,550,166	7,401	63.00
64.00	06400	INTRAVENOUS THERAPY	314,184	19,546,003	0.016074	2,593,277	41,684	64.00
65.00	06500	RESPIRATORY THERAPY	130,209	11,416,923	0.011405	3,848,725	43,895	65.00
66.00	06600	PHYSICAL THERAPY	128,026	18,217,768	0.007028	3,982,270	27,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,590	11,202,329	0.001392	3,438,540	4,786	67.00
68.00	06800	SPEECH PATHOLOGY	17,424	3,714,964	0.004690	916,930	4,300	68.00
69.00	06900	ELECTROCARDIOLOGY	655,531	57,771,227	0.011347	10,871,555	123,360	69.00
69.02	06902	CARDIAC REHAB	121,540	1,151,040	0.105591	2,288	242	69.02
69.03	06903	DIABETIC EDUCATION	77,821	204,756	0.380067	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,162	8,758,452	0.016916	1,386,406	23,452	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205,035	132,598,567	0.001546	30,311,051	46,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	371,470	102,662,594	0.003618	28,222,805	102,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,851	157,297,529	0.002167	31,141,318	67,483	73.00
74.00	07400	RENAL DIALYSIS	60,504	3,700,694	0.016349	2,318,597	37,907	74.00
76.00	03951	ECT	1,671	2,863,562	0.000584	2,152	1	76.00
76.01	03950	MOBILE OUTREACH CLINIC	177,745	656,053	0.270931	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	32,958	3,439,518	0.009582	4,509	43	90.00
90.01	09001	OUTPATIENT PSYCH	170,360	395,481	0.430767	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	3,168	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	953,386	136,345,221	0.006992	14,720,780	102,928	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	325,671	28,199,173	0.011549	3,530,911	40,778	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	380,908	8,943,381	0.042591	592,308	25,227	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	30,272	5,965,616	0.005074	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,430,856	1,420,351,695		256,953,730	1,711,919	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part III Date/Time Prepared: 11/21/2016 8:49 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
31.02	03102	NICU	0	0	0		0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
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
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
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	56,588	0.00	21,831	0		30.00
31.00	03100	INTENSIVE CARE UNIT	13,828	0.00	6,321	0		31.00
31.02	03102	NICU	5,937	0.00	0	0		31.02
32.00	03200	CORONARY CARE UNIT	1,457	0.00	666	0		32.00
40.00	04000	SUBPROVIDER - IPF	3,398	0.00	1,087	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,750	0.00	2,313	0		41.00
43.00	04300	NURSERY	3,061	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	89,019		32,218	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/21/2016 8:49 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
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
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/21/2016 8:49 pm

Title XVIII | Hospital | 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	254,243,352	0.000000	0.000000	39,169,021	50.00
51.00	05100	RECOVERY ROOM	0	29,400,083	0.000000	0.000000	7,338,864	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,336,250	0.000000	0.000000	36,231	52.00
53.00	05300	ANESTHESIOLOGY	0	19,661,385	0.000000	0.000000	5,788,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,735,001	0.000000	0.000000	5,889,043	54.00
54.02	05402	ULTRASOUND	0	17,760,039	0.000000	0.000000	3,434,241	54.02
54.03	05403	NUCLEAR MEDICINE	0	37,201,063	0.000000	0.000000	4,159,837	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	54,150,217	0.000000	0.000000	7,904,067	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,185,504	0.000000	0.000000	1,734,750	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	79,284,944	0.000000	0.000000	23,879,554	59.00
60.00	06000	LABORATORY	0	102,158,590	0.000000	0.000000	17,184,561	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,184,416	0.000000	0.000000	2,550,166	63.00
64.00	06400	INTRAVENOUS THERAPY	0	19,546,003	0.000000	0.000000	2,593,277	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,416,923	0.000000	0.000000	3,848,725	65.00
66.00	06600	PHYSICAL THERAPY	0	18,217,768	0.000000	0.000000	3,982,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,202,329	0.000000	0.000000	3,438,540	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,714,964	0.000000	0.000000	916,930	68.00
69.00	06900	ELECTROCARDIOLOGY	0	57,771,227	0.000000	0.000000	10,871,555	69.00
69.02	06902	CARDIAC REHAB	0	1,151,040	0.000000	0.000000	2,288	69.02
69.03	06903	DIABETIC EDUCATION	0	204,756	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,758,452	0.000000	0.000000	1,386,406	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,598,567	0.000000	0.000000	30,311,051	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	102,662,594	0.000000	0.000000	28,222,805	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	157,297,529	0.000000	0.000000	31,141,318	73.00
74.00	07400	RENAL DIALYSIS	0	3,700,694	0.000000	0.000000	2,318,597	74.00
76.00	03951	ECT	0	2,863,562	0.000000	0.000000	2,152	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	656,053	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	3,439,518	0.000000	0.000000	4,509	90.00
90.01	09001	OUTPATIENT PSYCH	0	395,481	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	136,345,221	0.000000	0.000000	14,720,780	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	28,199,173	0.000000	0.000000	3,530,911	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0.000000	592,308	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,965,616	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,420,351,695			256,953,730	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/21/2016 8:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	41,847,978	0		50.00
51.00	05100	RECOVERY ROOM	0	17,411,361	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	527	0		52.00
53.00	05300	ANESTHESIOLOGY	0	6,820,325	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,050,896	0		54.00
54.02	05402	ULTRASOUND	0	3,117,294	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	10,806,354	0		54.03
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	10,672,473	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,752,515	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,596,416	0		59.00
60.00	06000	LABORATORY	0	7,570,565	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,301,586	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,920,230	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	334,491	0		65.00
66.00	06600	PHYSICAL THERAPY	0	126,028	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	74,819	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	24,590	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,099,859	0		69.00
69.02	06902	CARDIAC REHAB	0	614,391	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,242,778	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,265,689	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,155,219	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,289,514	0		73.00
74.00	07400	RENAL DIALYSIS	0	237,266	0		74.00
76.00	03951	ECT	0	419,174	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	225,780	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0		90.01
90.02	09002	PEDS CLINIC	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0		90.04
91.00	09100	EMERGENCY	0	14,765,201	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	4,080,851	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,137,357	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	HOME OFFICE	0	0	0		98.00
200.00		Total (lines 50-199)	0	220,961,527	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V Date/Time Prepared: 11/21/2016 8:49 pm

Title XVIII | Hospital | 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	0.266575	41,847,978	0	0	11,155,625	50.00
51.00	05100	RECOVERY ROOM	0.107334	17,411,361	0	0	1,868,831	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140	527	0	0	231	52.00
53.00	05300	ANESTHESIOLOGY	0.012225	6,820,325	0	0	83,378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874	7,050,896	0	0	915,728	54.00
54.02	05402	ULTRASOUND	0.061983	3,117,294	0	0	193,219	54.02
54.03	05403	NUCLEAR MEDICINE	0.074327	10,806,354	0	0	803,204	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.042573	10,672,473	0	0	454,359	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541	4,752,515	0	0	297,227	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	12,596,416	0	0	603,167	59.00
60.00	06000	LABORATORY	0.183258	7,570,565	31,992	0	1,387,367	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319	1,301,586	0	0	319,304	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246416	2,920,230	0	0	719,591	64.00
65.00	06500	RESPIRATORY THERAPY	0.429061	334,491	0	0	143,517	65.00
66.00	06600	PHYSICAL THERAPY	0.261815	126,028	0	0	32,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182346	74,819	0	0	13,643	67.00
68.00	06800	SPEECH PATHOLOGY	0.185830	24,590	0	0	4,570	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072324	12,099,859	0	0	875,110	69.00
69.02	06902	CARDIAC REHAB	1.087347	614,391	0	0	668,056	69.02
69.03	06903	DIABETIC EDUCATION	5.423045	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753	1,242,778	0	0	228,364	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768	18,265,689	0	0	1,530,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977	14,155,219	0	0	2,802,408	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386	25,289,514	0	41,652	5,092,954	73.00
74.00	07400	RENAL DIALYSIS	0.425752	237,266	0	0	101,016	74.00
76.00	03951	ECT	0.072540	419,174	0	0	30,407	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.974318	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.361497	225,780	0	0	81,619	90.00
90.01	09001	OUTPATIENT PSYCH	1.697682	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.104899	14,765,201	0	0	1,548,855	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108	4,080,851	0	0	535,032	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801	2,137,357	0	0	1,390,994	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.642682		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		220,961,527	31,992	41,652	33,880,852	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		220,961,527	31,992	41,652	33,880,852	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V Date/Time Prepared: 11/21/2016 8:49 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
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
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0		54.03
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	5,863	0		60.00
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
69.02	06902	CARDIAC REHAB	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,388		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	ECT	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	HOME OFFICE	0	0		98.00
200.00		Subtotal (see instructions)	5,863	8,388		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	5,863	8,388		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part II Date/Time Prepared: 11/21/2016 8:49 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	2,527,610	254,243,352	0.009942	0	0	50.00
51.00	05100	RECOVERY ROOM	184,630	29,400,083	0.006280	48,730	306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	420,569	12,336,250	0.034092	0	0	52.00
53.00	05300	ANESTHESIOLOGY	102,500	19,661,385	0.005213	41,398	216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,643,085	72,735,001	0.022590	17,982	406	54.00
54.02	05402	ULTRASOUND	53,721	17,760,039	0.003025	2,925	9	54.02
54.03	05403	NUCLEAR MEDICINE	117,633	37,201,063	0.003162	15,708	50	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	333,131	54,150,217	0.006152	18,041	111	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	105,286	18,185,504	0.005790	5,414	31	58.00
59.00	05900	CARDIAC CATHETERIZATION	887,143	79,284,944	0.011189	20,633	231	59.00
60.00	06000	LABORATORY	369,310	102,158,590	0.003615	100,052	362	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,752	8,184,416	0.002902	768	2	63.00
64.00	06400	INTRAVENOUS THERAPY	314,184	19,546,003	0.016074	1,200	19	64.00
65.00	06500	RESPIRATORY THERAPY	130,209	11,416,923	0.011405	1,331	15	65.00
66.00	06600	PHYSICAL THERAPY	128,026	18,217,768	0.007028	17,061	120	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,590	11,202,329	0.001392	16,934	24	67.00
68.00	06800	SPEECH PATHOLOGY	17,424	3,714,964	0.004690	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	655,531	57,771,227	0.011347	26,484	301	69.00
69.02	06902	CARDIAC REHAB	121,540	1,151,040	0.105591	0	0	69.02
69.03	06903	DIABETIC EDUCATION	77,821	204,756	0.380067	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,162	8,758,452	0.016916	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205,035	132,598,567	0.001546	34,347	53	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	371,470	102,662,594	0.003618	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,851	157,297,529	0.002167	377,462	818	73.00
74.00	07400	RENAL DIALYSIS	60,504	3,700,694	0.016349	9,296	152	74.00
76.00	03951	ECT	1,671	2,863,562	0.000584	91,460	53	76.00
76.01	03950	MOBILE OUTREACH CLINIC	177,745	656,053	0.270931	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	32,958	3,439,518	0.009582	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	170,360	395,481	0.430767	94,187	40,573	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	3,168	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	953,386	136,345,221	0.006992	28,235	197	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	325,671	28,199,173	0.011549	8,185	95	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	30,272	5,965,616	0.005074	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,049,948	1,420,351,695		977,833	44,144	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:49 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
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
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:49 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	254,243,352	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	29,400,083	0.000000	0.000000	48,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,336,250	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,661,385	0.000000	0.000000	41,398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,735,001	0.000000	0.000000	17,982	54.00
54.02	05402	ULTRASOUND	0	17,760,039	0.000000	0.000000	2,925	54.02
54.03	05403	NUCLEAR MEDICINE	0	37,201,063	0.000000	0.000000	15,708	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	54,150,217	0.000000	0.000000	18,041	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,185,504	0.000000	0.000000	5,414	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	79,284,944	0.000000	0.000000	20,633	59.00
60.00	06000	LABORATORY	0	102,158,590	0.000000	0.000000	100,052	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,184,416	0.000000	0.000000	768	63.00
64.00	06400	INTRAVENOUS THERAPY	0	19,546,003	0.000000	0.000000	1,200	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,416,923	0.000000	0.000000	1,331	65.00
66.00	06600	PHYSICAL THERAPY	0	18,217,768	0.000000	0.000000	17,061	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,202,329	0.000000	0.000000	16,934	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,714,964	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	57,771,227	0.000000	0.000000	26,484	69.00
69.02	06902	CARDIAC REHAB	0	1,151,040	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	204,756	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,758,452	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,598,567	0.000000	0.000000	34,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	102,662,594	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	157,297,529	0.000000	0.000000	377,462	73.00
74.00	07400	RENAL DIALYSIS	0	3,700,694	0.000000	0.000000	9,296	74.00
76.00	03951	ECT	0	2,863,562	0.000000	0.000000	91,460	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	656,053	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	3,439,518	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	395,481	0.000000	0.000000	94,187	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	136,345,221	0.000000	0.000000	28,235	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	28,199,173	0.000000	0.000000	8,185	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,965,616	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,420,351,695			977,833	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:49 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
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
54.02	05402	ULTRASOUND	0	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0		54.03
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	0	0		60.00
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
69.02	06902	CARDIAC REHAB	0	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	ECT	0	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0		90.01
90.02	09002	PEDS CLINIC	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0		90.04
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	HOME OFFICE	0	0	0		98.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part II Date/Time Prepared: 11/21/2016 8:49 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	2,527,610	254,243,352	0.009942	9,037	90	50.00
51.00	05100	RECOVERY ROOM	184,630	29,400,083	0.006280	4,338	27	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	420,569	12,336,250	0.034092	0	0	52.00
53.00	05300	ANESTHESIOLOGY	102,500	19,661,385	0.005213	2,148	11	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,643,085	72,735,001	0.022590	27,826	629	54.00
54.02	05402	ULTRASOUND	53,721	17,760,039	0.003025	45,745	138	54.02
54.03	05403	NUCLEAR MEDICINE	117,633	37,201,063	0.003162	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	333,131	54,150,217	0.006152	11,476	71	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	105,286	18,185,504	0.005790	8,728	51	58.00
59.00	05900	CARDIAC CATHETERIZATION	887,143	79,284,944	0.011189	0	0	59.00
60.00	06000	LABORATORY	369,310	102,158,590	0.003615	189,331	684	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,752	8,184,416	0.002902	6,007	17	63.00
64.00	06400	INTRAVENOUS THERAPY	314,184	19,546,003	0.016074	14,102	227	64.00
65.00	06500	RESPIRATORY THERAPY	130,209	11,416,923	0.011405	24,048	274	65.00
66.00	06600	PHYSICAL THERAPY	128,026	18,217,768	0.007028	1,672,587	11,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,590	11,202,329	0.001392	1,840,032	2,561	67.00
68.00	06800	SPEECH PATHOLOGY	17,424	3,714,964	0.004690	659,099	3,091	68.00
69.00	06900	ELECTROCARDIOLOGY	655,531	57,771,227	0.011347	6,442	73	69.00
69.02	06902	CARDIAC REHAB	121,540	1,151,040	0.105591	0	0	69.02
69.03	06903	DIABETIC EDUCATION	77,821	204,756	0.380067	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,162	8,758,452	0.016916	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205,035	132,598,567	0.001546	242,913	376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	371,470	102,662,594	0.003618	3,455	13	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,851	157,297,529	0.002167	822,425	1,782	73.00
74.00	07400	RENAL DIALYSIS	60,504	3,700,694	0.016349	132,178	2,161	74.00
76.00	03951	ECT	1,671	2,863,562	0.000584	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	177,745	656,053	0.270931	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	32,958	3,439,518	0.009582	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	170,360	395,481	0.430767	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	3,168	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	953,386	136,345,221	0.006992	2,237	16	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	325,671	28,199,173	0.011549	12,776	148	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	30,272	5,965,616	0.005074	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,049,948	1,420,351,695		5,736,930	24,195	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:49 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
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
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:49 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	254,243,352	0.000000	0.000000	9,037	50.00
51.00	05100	RECOVERY ROOM	0	29,400,083	0.000000	0.000000	4,338	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,336,250	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,661,385	0.000000	0.000000	2,148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,735,001	0.000000	0.000000	27,826	54.00
54.02	05402	ULTRASOUND	0	17,760,039	0.000000	0.000000	45,745	54.02
54.03	05403	NUCLEAR MEDICINE	0	37,201,063	0.000000	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	54,150,217	0.000000	0.000000	11,476	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,185,504	0.000000	0.000000	8,728	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	79,284,944	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	102,158,590	0.000000	0.000000	189,331	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,184,416	0.000000	0.000000	6,007	63.00
64.00	06400	INTRAVENOUS THERAPY	0	19,546,003	0.000000	0.000000	14,102	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,416,923	0.000000	0.000000	24,048	65.00
66.00	06600	PHYSICAL THERAPY	0	18,217,768	0.000000	0.000000	1,672,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,202,329	0.000000	0.000000	1,840,032	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,714,964	0.000000	0.000000	659,099	68.00
69.00	06900	ELECTROCARDIOLOGY	0	57,771,227	0.000000	0.000000	6,442	69.00
69.02	06902	CARDIAC REHAB	0	1,151,040	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	204,756	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,758,452	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,598,567	0.000000	0.000000	242,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	102,662,594	0.000000	0.000000	3,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	157,297,529	0.000000	0.000000	822,425	73.00
74.00	07400	RENAL DIALYSIS	0	3,700,694	0.000000	0.000000	132,178	74.00
76.00	03951	ECT	0	2,863,562	0.000000	0.000000	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	656,053	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	3,439,518	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	395,481	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	136,345,221	0.000000	0.000000	2,237	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	28,199,173	0.000000	0.000000	12,776	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,965,616	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,420,351,695			5,736,930	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:49 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
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
54.02	05402	ULTRASOUND	0	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0		54.03
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	0	0		60.00
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
69.02	06902	CARDIAC REHAB	0	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	ECT	0	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0		90.01
90.02	09002	PEDS CLINIC	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0		90.04
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	HOME OFFICE	0	0	0		98.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V | Date/Time Prepared: 11/21/2016 8:49 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	0.266575	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.107334	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012225	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874	0	0	0	0	54.00
54.02	05402	ULTRASOUND	0.061983	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.074327	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.042573	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	0	0	0	0	59.00
60.00	06000	LABORATORY	0.183258	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246416	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.429061	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.261815	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182346	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.185830	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072324	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	1.087347	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	5.423045	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.425752	0	0	0	0	74.00
76.00	03951	ECT	0.072540	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.974318	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.361497	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.697682	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.104899	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.642682		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V | Date/Time Prepared: 11/21/2016 8:49 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
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
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0		54.03
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
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
69.02	06902	CARDIAC REHAB	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	ECT	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	HOME OFFICE	0	0		98.00
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 ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part I Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Hospital | Cost

	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	3,083,690	0	3,083,690	56,588	54.49	30.00
31.00	INTENSIVE CARE UNIT	936,986		936,986	13,828	67.76	31.00
31.02	NICU	339,898		339,898	5,937	57.25	31.02
32.00	CORONARY CARE UNIT	225,771		225,771	1,457	154.96	32.00
40.00	SUBPROVIDER - IPF	179,048	0	179,048	3,398	52.69	40.00
41.00	SUBPROVIDER - IRF	539,460	0	539,460	4,750	113.57	41.00
43.00	NURSERY	12,563		12,563	3,061	4.10	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	5,317,416		5,317,416	89,019		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	5,266	286,944	30.00
31.00	INTENSIVE CARE UNIT	111	7,521	31.00
31.02	NICU	3,626	207,589	31.02
32.00	CORONARY CARE UNIT	88	13,636	32.00
40.00	SUBPROVIDER - IPF	1,238	65,230	40.00
41.00	SUBPROVIDER - IRF	282	32,027	41.00
43.00	NURSERY	736	3,018	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	11,347	615,965	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part II Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Hospital | Cost

		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	2,527,610	254,243,352	0.009942	1,888,322	18,774	50.00
51.00	05100	RECOVERY ROOM	184,630	29,400,083	0.006280	177,152	1,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	420,569	12,336,250	0.034092	1,004,161	34,234	52.00
53.00	05300	ANESTHESIOLOGY	102,500	19,661,385	0.005213	158,355	826	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,643,085	72,735,001	0.022590	374,466	8,459	54.00
54.02	05402	ULTRASOUND	53,721	17,760,039	0.003025	228,791	692	54.02
54.03	05403	NUCLEAR MEDICINE	117,633	37,201,063	0.003162	135,307	428	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	333,131	54,150,217	0.006152	410,057	2,523	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	105,286	18,185,504	0.005790	127,998	741	58.00
59.00	05900	CARDIAC CATHETERIZATION	887,143	79,284,944	0.011189	586,916	6,567	59.00
60.00	06000	LABORATORY	369,310	102,158,590	0.003615	1,156,793	4,182	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,752	8,184,416	0.002902	196,086	569	63.00
64.00	06400	INTRAVENOUS THERAPY	314,184	19,546,003	0.016074	582,189	9,358	64.00
65.00	06500	RESPIRATORY THERAPY	130,209	11,416,923	0.011405	877,068	10,003	65.00
66.00	06600	PHYSICAL THERAPY	128,026	18,217,768	0.007028	176,255	1,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,590	11,202,329	0.001392	241,997	337	67.00
68.00	06800	SPEECH PATHOLOGY	17,424	3,714,964	0.004690	159,071	746	68.00
69.00	06900	ELECTROCARDIOLOGY	655,531	57,771,227	0.011347	441,608	5,011	69.00
69.02	06902	CARDIAC REHAB	121,540	1,151,040	0.105591	0	0	69.02
69.03	06903	DIABETIC EDUCATION	77,821	204,756	0.380067	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,162	8,758,452	0.016916	29,715	503	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205,035	132,598,567	0.001546	509,103	787	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	371,470	102,662,594	0.003618	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,851	157,297,529	0.002167	2,194,674	4,756	73.00
74.00	07400	RENAL DIALYSIS	60,504	3,700,694	0.016349	67,390	1,102	74.00
76.00	03951	ECT	1,671	2,863,562	0.000584	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	177,745	656,053	0.270931	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	32,958	3,439,518	0.009582	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	170,360	395,481	0.430767	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	3,168	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	953,386	136,345,221	0.006992	805,922	5,635	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	325,671	28,199,173	0.011549	343,648	3,969	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	380,908	8,943,381	0.042591	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	30,272	5,965,616	0.005074	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,430,856	1,420,351,695		12,873,044	122,554	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part III Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Hospital | Cost

		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
31.02	03102	NICU	0	0	0		0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
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
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
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	56,588	0.00	5,266	0		30.00
31.00	03100	INTENSIVE CARE UNIT	13,828	0.00	111	0		31.00
31.02	03102	NICU	5,937	0.00	3,626	0		31.02
32.00	03200	CORONARY CARE UNIT	1,457	0.00	88	0		32.00
40.00	04000	SUBPROVIDER - IPF	3,398	0.00	1,238	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,750	0.00	282	0		41.00
43.00	04300	NURSERY	3,061	0.00	736	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	89,019		11,347	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Hospital | Cost

		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
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
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Hospital | Cost

		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	254,243,352	0.000000	0.000000	1,888,322	50.00
51.00	05100	RECOVERY ROOM	0	29,400,083	0.000000	0.000000	177,152	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,336,250	0.000000	0.000000	1,004,161	52.00
53.00	05300	ANESTHESIOLOGY	0	19,661,385	0.000000	0.000000	158,355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,735,001	0.000000	0.000000	374,466	54.00
54.02	05402	ULTRASOUND	0	17,760,039	0.000000	0.000000	228,791	54.02
54.03	05403	NUCLEAR MEDICINE	0	37,201,063	0.000000	0.000000	135,307	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	54,150,217	0.000000	0.000000	410,057	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,185,504	0.000000	0.000000	127,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	79,284,944	0.000000	0.000000	586,916	59.00
60.00	06000	LABORATORY	0	102,158,590	0.000000	0.000000	1,156,793	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,184,416	0.000000	0.000000	196,086	63.00
64.00	06400	INTRAVENOUS THERAPY	0	19,546,003	0.000000	0.000000	582,189	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,416,923	0.000000	0.000000	877,068	65.00
66.00	06600	PHYSICAL THERAPY	0	18,217,768	0.000000	0.000000	176,255	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,202,329	0.000000	0.000000	241,997	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,714,964	0.000000	0.000000	159,071	68.00
69.00	06900	ELECTROCARDIOLOGY	0	57,771,227	0.000000	0.000000	441,608	69.00
69.02	06902	CARDIAC REHAB	0	1,151,040	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	204,756	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,758,452	0.000000	0.000000	29,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,598,567	0.000000	0.000000	509,103	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	102,662,594	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	157,297,529	0.000000	0.000000	2,194,674	73.00
74.00	07400	RENAL DIALYSIS	0	3,700,694	0.000000	0.000000	67,390	74.00
76.00	03951	ECT	0	2,863,562	0.000000	0.000000	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	656,053	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	3,439,518	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	395,481	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	136,345,221	0.000000	0.000000	805,922	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	28,199,173	0.000000	0.000000	343,648	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,965,616	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,420,351,695			12,873,044	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Hospital | Cost

		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	3,005,752	0		50.00
51.00	05100	RECOVERY ROOM	0	292,537	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,609	0		52.00
53.00	05300	ANESTHESIOLOGY	0	212,679	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	710,836	0		54.00
54.02	05402	ULTRASOUND	0	329,976	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	406,475	0		54.03
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	784,866	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	338,068	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	292,489	0		59.00
60.00	06000	LABORATORY	0	1,318,233	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	56,427	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	457,429	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	73,024	0		65.00
66.00	06600	PHYSICAL THERAPY	0	39,494	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,545	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	6,055	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	759,571	0		69.00
69.02	06902	CARDIAC REHAB	0	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	69,678	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	113,450	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,283	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	939,377	0		73.00
74.00	07400	RENAL DIALYSIS	0	6,910	0		74.00
76.00	03951	ECT	0	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	9,180	0		90.01
90.02	09002	PEDS CLINIC	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0		90.04
91.00	09100	EMERGENCY	0	3,667,523	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	635,949	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	HOME OFFICE	0	0	0		98.00
200.00		Total (lines 50-199)	0	14,639,415	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V Date/Time Prepared: 11/21/2016 8:49 pm

Title XIX | Hospital | Cost

		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	0.266575	3,005,752	0	0	801,258	50.00
51.00	05100	RECOVERY ROOM	0.107334	292,537	0	0	31,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140	49,609	0	0	21,736	52.00
53.00	05300	ANESTHESIOLOGY	0.012225	212,679	0	0	2,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874	710,836	0	0	92,319	54.00
54.02	05402	ULTRASOUND	0.061983	329,976	0	0	20,453	54.02
54.03	05403	NUCLEAR MEDICINE	0.074327	406,475	0	0	30,212	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.042573	784,866	0	0	33,414	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541	338,068	0	0	21,143	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	292,489	0	0	14,006	59.00
60.00	06000	LABORATORY	0.183258	1,318,233	0	0	241,577	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319	56,427	0	0	13,843	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246416	457,429	0	0	112,718	64.00
65.00	06500	RESPIRATORY THERAPY	0.429061	73,024	0	0	31,332	65.00
66.00	06600	PHYSICAL THERAPY	0.261815	39,494	0	0	10,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182346	7,545	0	0	1,376	67.00
68.00	06800	SPEECH PATHOLOGY	0.185830	6,055	0	0	1,125	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072324	759,571	0	0	54,935	69.00
69.02	06902	CARDIAC REHAB	1.087347	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	5.423045	69,678	0	0	377,867	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753	113,450	0	0	20,847	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768	56,283	0	0	4,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386	939,377	0	0	189,177	73.00
74.00	07400	RENAL DIALYSIS	0.425752	6,910	0	0	2,942	74.00
76.00	03951	ECT	0.072540	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.974318	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.361497	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.697682	9,180	0	0	15,585	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.104899	3,667,523	0	0	384,719	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108	635,949	0	0	83,378	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.642682	486,087	0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		14,639,415	0	0	2,927,415	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		14,639,415	0	0	2,927,415	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part V Date/Time Prepared: 11/21/2016 8:49 pm

Title XIX | Hospital | Cost

		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
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
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0		54.03
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
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
69.02	06902	CARDIAC REHAB	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	ECT	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0		90.01
90.02	09002	PEDS CLINIC	0	0		90.02
90.04	09004	BARIATRICS	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	HOME OFFICE	0	0		98.00
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: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part II Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Subprovider - IPF | Cost

		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	2,527,610	254,243,352	0.009942	2,550	25	50.00
51.00	05100	RECOVERY ROOM	184,630	29,400,083	0.006280	3,885	24	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	420,569	12,336,250	0.034092	0	0	52.00
53.00	05300	ANESTHESIOLOGY	102,500	19,661,385	0.005213	3,880	20	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,643,085	72,735,001	0.022590	12,872	291	54.00
54.02	05402	ULTRASOUND	53,721	17,760,039	0.003025	1,612	5	54.02
54.03	05403	NUCLEAR MEDICINE	117,633	37,201,063	0.003162	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	333,131	54,150,217	0.006152	15,545	96	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	105,286	18,185,504	0.005790	12,552	73	58.00
59.00	05900	CARDIAC CATHETERIZATION	887,143	79,284,944	0.011189	0	0	59.00
60.00	06000	LABORATORY	369,310	102,158,590	0.003615	98,033	354	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,752	8,184,416	0.002902	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	314,184	19,546,003	0.016074	8,738	140	64.00
65.00	06500	RESPIRATORY THERAPY	130,209	11,416,923	0.011405	6,303	72	65.00
66.00	06600	PHYSICAL THERAPY	128,026	18,217,768	0.007028	5,304	37	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,590	11,202,329	0.001392	2,633	4	67.00
68.00	06800	SPEECH PATHOLOGY	17,424	3,714,964	0.004690	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	655,531	57,771,227	0.011347	7,723	88	69.00
69.02	06902	CARDIAC REHAB	121,540	1,151,040	0.105591	0	0	69.02
69.03	06903	DIABETIC EDUCATION	77,821	204,756	0.380067	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,162	8,758,452	0.016916	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205,035	132,598,567	0.001546	1,806	3	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	371,470	102,662,594	0.003618	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,851	157,297,529	0.002167	77,703	168	73.00
74.00	07400	RENAL DIALYSIS	60,504	3,700,694	0.016349	0	0	74.00
76.00	03951	ECT	1,671	2,863,562	0.000584	59,248	35	76.00
76.01	03950	MOBILE OUTREACH CLINIC	177,745	656,053	0.270931	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	32,958	3,439,518	0.009582	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	170,360	395,481	0.430767	153	66	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	3,168	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	953,386	136,345,221	0.006992	215,136	1,504	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	325,671	28,199,173	0.011549	9,908	114	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	30,272	5,965,616	0.005074	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,049,948	1,420,351,695		545,584	3,119	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Subprovider - IPF | Cost

		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
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
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Subprovider - IPF | Cost

		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	254,243,352	0.000000	0.000000	2,550	50.00
51.00	05100	RECOVERY ROOM	0	29,400,083	0.000000	0.000000	3,885	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,336,250	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,661,385	0.000000	0.000000	3,880	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,735,001	0.000000	0.000000	12,872	54.00
54.02	05402	ULTRASOUND	0	17,760,039	0.000000	0.000000	1,612	54.02
54.03	05403	NUCLEAR MEDICINE	0	37,201,063	0.000000	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	54,150,217	0.000000	0.000000	15,545	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,185,504	0.000000	0.000000	12,552	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	79,284,944	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	102,158,590	0.000000	0.000000	98,033	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,184,416	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	19,546,003	0.000000	0.000000	8,738	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,416,923	0.000000	0.000000	6,303	65.00
66.00	06600	PHYSICAL THERAPY	0	18,217,768	0.000000	0.000000	5,304	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,202,329	0.000000	0.000000	2,633	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,714,964	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	57,771,227	0.000000	0.000000	7,723	69.00
69.02	06902	CARDIAC REHAB	0	1,151,040	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	204,756	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,758,452	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,598,567	0.000000	0.000000	1,806	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	102,662,594	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	157,297,529	0.000000	0.000000	77,703	73.00
74.00	07400	RENAL DIALYSIS	0	3,700,694	0.000000	0.000000	0	74.00
76.00	03951	ECT	0	2,863,562	0.000000	0.000000	59,248	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	656,053	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	3,439,518	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	395,481	0.000000	0.000000	153	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	136,345,221	0.000000	0.000000	215,136	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	28,199,173	0.000000	0.000000	9,908	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,965,616	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,420,351,695			545,584	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Subprovider - IPF | Cost

		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
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
54.02	05402	ULTRASOUND	0	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0		54.03
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	0	0		60.00
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
69.02	06902	CARDIAC REHAB	0	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	ECT	0	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0		90.01
90.02	09002	PEDS CLINIC	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0		90.04
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	HOME OFFICE	0	0	0		98.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part II Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Subprovider - IRF | Cost

		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	2,527,610	254,243,352	0.009942	0	0	50.00
51.00	05100	RECOVERY ROOM	184,630	29,400,083	0.006280	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	420,569	12,336,250	0.034092	0	0	52.00
53.00	05300	ANESTHESIOLOGY	102,500	19,661,385	0.005213	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,643,085	72,735,001	0.022590	0	0	54.00
54.02	05402	ULTRASOUND	53,721	17,760,039	0.003025	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	117,633	37,201,063	0.003162	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	333,131	54,150,217	0.006152	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	105,286	18,185,504	0.005790	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	887,143	79,284,944	0.011189	0	0	59.00
60.00	06000	LABORATORY	369,310	102,158,590	0.003615	378	1	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,752	8,184,416	0.002902	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	314,184	19,546,003	0.016074	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	130,209	11,416,923	0.011405	0	0	65.00
66.00	06600	PHYSICAL THERAPY	128,026	18,217,768	0.007028	19,395	136	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,590	11,202,329	0.001392	9,359	13	67.00
68.00	06800	SPEECH PATHOLOGY	17,424	3,714,964	0.004690	9,856	46	68.00
69.00	06900	ELECTROCARDIOLOGY	655,531	57,771,227	0.011347	0	0	69.00
69.02	06902	CARDIAC REHAB	121,540	1,151,040	0.105591	0	0	69.02
69.03	06903	DIABETIC EDUCATION	77,821	204,756	0.380067	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,162	8,758,452	0.016916	968	16	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205,035	132,598,567	0.001546	3	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	371,470	102,662,594	0.003618	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,851	157,297,529	0.002167	1,891	4	73.00
74.00	07400	RENAL DIALYSIS	60,504	3,700,694	0.016349	0	0	74.00
76.00	03951	ECT	1,671	2,863,562	0.000584	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	177,745	656,053	0.270931	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	32,958	3,439,518	0.009582	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	170,360	395,481	0.430767	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	3,168	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	953,386	136,345,221	0.006992	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	325,671	28,199,173	0.011549	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	30,272	5,965,616	0.005074	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,049,948	1,420,351,695		41,850	216	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Subprovider - IRF | Cost

		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
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
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	54.03
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
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
69.02	06902	CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Subprovider - IRF | Cost

		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	254,243,352	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	29,400,083	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,336,250	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,661,385	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,735,001	0.000000	0.000000	0	54.00
54.02	05402	ULTRASOUND	0	17,760,039	0.000000	0.000000	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	37,201,063	0.000000	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	54,150,217	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,185,504	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	79,284,944	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	102,158,590	0.000000	0.000000	378	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,184,416	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	19,546,003	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,416,923	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,217,768	0.000000	0.000000	19,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,202,329	0.000000	0.000000	9,359	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,714,964	0.000000	0.000000	9,856	68.00
69.00	06900	ELECTROCARDIOLOGY	0	57,771,227	0.000000	0.000000	0	69.00
69.02	06902	CARDIAC REHAB	0	1,151,040	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	204,756	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,758,452	0.000000	0.000000	968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,598,567	0.000000	0.000000	3	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	102,662,594	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	157,297,529	0.000000	0.000000	1,891	73.00
74.00	07400	RENAL DIALYSIS	0	3,700,694	0.000000	0.000000	0	74.00
76.00	03951	ECT	0	2,863,562	0.000000	0.000000	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	656,053	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	3,439,518	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	395,481	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	136,345,221	0.000000	0.000000	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	28,199,173	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,943,381	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	5,965,616	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,420,351,695			41,850	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D Part IV | Date/Time Prepared: 11/21/2016 8:50 pm

Title XIX | Subprovider - IRF | Cost

		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
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
54.02	05402	ULTRASOUND	0	0	0		54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0		54.03
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	0	0		60.00
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
69.02	06902	CARDIAC REHAB	0	0	0		69.02
69.03	06903	DIABETIC EDUCATION	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	ECT	0	0	0		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0		90.01
90.02	09002	PEDS CLINIC	0	0	0		90.02
90.04	09004	BARIATRICS	0	0	0		90.04
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	HOME OFFICE	0	0	0		98.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:49 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)	56,588	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	56,588	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)	49,598	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)	21,831	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)	47,119,306	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)	47,119,306	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)	47,119,306	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)	832.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	18,178,019	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)	18,178,019	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:49 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	17,693,732	13,828	1,279.56	6,321	8,088,099	43.00
43.02	NICU	7,224,072	5,937	1,216.79	0	0	43.02
44.00	CORONARY CARE UNIT	2,713,254	1,457	1,862.22	666	1,240,239	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)	40,919,394	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	68,425,751	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,721,085	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,711,919	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,433,004	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	64,992,747	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)	6,990	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	832.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,820,363	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:49 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	3,083,690	47,119,306	0.065444	5,820,363	380,908	90.00
91.00	Nursing School cost	0	47,119,306	0.000000	5,820,363	0	91.00
92.00	Allied health cost	0	47,119,306	0.000000	5,820,363	0	92.00
93.00	All other Medical Education	0	47,119,306	0.000000	5,820,363	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 8:49 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)	3,398	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,398	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)	3,398	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)	1,087	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,173,102	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,173,102	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,173,102	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)	933.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,015,051	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)	1,015,051	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:49 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
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	293,796	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,308,847	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)	57,274	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	44,144	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	101,418	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,207,429	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: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:49 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	179,048	3,173,102	0.056427	0	0	90.00
91.00	Nursing School cost	0	3,173,102	0.000000	0	0	91.00
92.00	Allied health cost	0	3,173,102	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,173,102	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 8:49 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)	4,750	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,750	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,750	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,313	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)	4,763,876	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,763,876	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)	4,763,876	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,002.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,319,754	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)	2,319,754	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:49 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
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,201,566	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,521,320	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)	262,687	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	24,195	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	286,882	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,234,438	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: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:49 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	539,460	4,763,876	0.113240	0	0	90.00
91.00	Nursing School cost	0	4,763,876	0.000000	0	0	91.00
92.00	Allied health cost	0	4,763,876	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,763,876	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 8:49 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)	56,588	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	56,588	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)	49,598	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,266	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)	3,061	15.00
16.00	Nursery days (title V or XIX only)	736	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)	47,119,306	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)	47,119,306	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)	47,119,306	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)	832.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,384,840	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)	4,384,840	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:49 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)	1,693,021	3,061	553.09	736	407,074	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	17,693,732	13,828	1,279.56	111	142,031	43.00
43.02	NICU	7,224,072	5,937	1,216.79	3,626	4,412,081	43.02
44.00	CORONARY CARE UNIT	2,713,254	1,457	1,862.22	88	163,875	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)	2,670,744	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	12,180,645	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)	6,990	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	832.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,820,363	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:49 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	3,083,690	47,119,306	0.065444	5,820,363	380,908	90.00
91.00	Nursing School cost	0	47,119,306	0.000000	5,820,363	0	91.00
92.00	Allied health cost	0	47,119,306	0.000000	5,820,363	0	92.00
93.00	All other Medical Education	0	47,119,306	0.000000	5,820,363	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 8:50 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)	3,398	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,398	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)	3,398	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)	1,238	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)	3,061	15.00
16.00	Nursery days (title V or XIX only)	736	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,173,102	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,173,102	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,173,102	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)	933.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,156,057	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)	1,156,057	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:50 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
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	73,837	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,229,894	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: 150100 Component CCN: 15S100	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 8:50 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	179,048	3,173,102	0.056427	0	0	90.00
91.00	Nursing School cost	0	3,173,102	0.000000	0	0	91.00
92.00	Allied health cost	0	3,173,102	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,173,102	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/21/2016 8:50 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)	4,750	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,750	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,750	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)	282	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)	3,061	15.00
16.00	Nursery days (title V or XIX only)	736	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)	4,763,876	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,763,876	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)	4,763,876	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,002.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	282,823	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	282,823	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:50 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
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	9,245	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	292,068	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: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-1 | Date/Time Prepared: 11/21/2016 8:50 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	539,460	4,763,876	0.113240	0	0	90.00
91.00	Nursing School cost	0	4,763,876	0.000000	0	0	91.00
92.00	Allied health cost	0	4,763,876	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,763,876	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-3 | Date/Time Prepared: 11/21/2016 8:49 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		21,190,232		30.00
31.00	03100	INTENSIVE CARE UNIT		11,239,038		31.00
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		1,441,005		32.00
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	0.266575	39,169,021	10,441,482	50.00
51.00	05100	RECOVERY ROOM	0.107334	7,338,864	787,710	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140	36,231	15,874	52.00
53.00	05300	ANESTHESIOLOGY	0.012225	5,788,973	70,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874	5,889,043	764,834	54.00
54.02	05402	ULTRASOUND	0.061983	3,434,241	212,865	54.02
54.03	05403	NUCLEAR MEDICINE	0.074327	4,159,837	309,188	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.042573	7,904,067	336,500	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541	1,734,750	108,493	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	23,879,554	1,143,449	59.00
60.00	06000	LABORATORY	0.183258	17,184,561	3,149,208	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319	2,550,166	625,604	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246416	2,593,277	639,025	64.00
65.00	06500	RESPIRATORY THERAPY	0.429061	3,848,725	1,651,338	65.00
66.00	06600	PHYSICAL THERAPY	0.261815	3,982,270	1,042,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182346	3,438,540	627,004	67.00
68.00	06800	SPEECH PATHOLOGY	0.185830	916,930	170,393	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072324	10,871,555	786,274	69.00
69.02	06902	CARDIAC REHAB	1.087347	2,288	2,488	69.02
69.03	06903	DIABETIC EDUCATION	5.423045	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753	1,386,406	254,756	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768	30,311,051	2,539,096	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977	28,222,805	5,587,466	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386	31,141,318	6,271,425	73.00
74.00	07400	RENAL DIALYSIS	0.425752	2,318,597	987,147	74.00
76.00	03951	ECT	0.072540	2,152	156	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.974318	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.361497	4,509	1,630	90.00
90.01	09001	OUTPATIENT PSYCH	1.697682	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.104899	14,720,780	1,544,195	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108	3,530,911	462,931	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801	592,308	385,475	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		256,953,730	40,919,394	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)		256,953,730		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-3 | Date/Time Prepared: 11/21/2016 8:49 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
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		1,687,184		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	0.266575	0	0	50.00
51.00	05100	RECOVERY ROOM	0.107334	48,730	5,230	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012225	41,398	506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874	17,982	2,335	54.00
54.02	05402	ULTRASOUND	0.061983	2,925	181	54.02
54.03	05403	NUCLEAR MEDICINE	0.074327	15,708	1,168	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.042573	18,041	768	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541	5,414	339	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	20,633	988	59.00
60.00	06000	LABORATORY	0.183258	100,052	18,335	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319	768	188	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246416	1,200	296	64.00
65.00	06500	RESPIRATORY THERAPY	0.429061	1,331	571	65.00
66.00	06600	PHYSICAL THERAPY	0.261815	17,061	4,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182346	16,934	3,088	67.00
68.00	06800	SPEECH PATHOLOGY	0.185830	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072324	26,484	1,915	69.00
69.02	06902	CARDIAC REHAB	1.087347	0	0	69.02
69.03	06903	DIABETIC EDUCATION	5.423045	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768	34,347	2,877	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386	377,462	76,016	73.00
74.00	07400	RENAL DIALYSIS	0.425752	9,296	3,958	74.00
76.00	03951	ECT	0.072540	91,460	6,635	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.974318	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.361497	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.697682	94,187	159,900	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.104899	28,235	2,962	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108	8,185	1,073	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		977,833	293,796	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)		977,833		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-3 | Date/Time Prepared: 11/21/2016 8:49 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
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		2,143,357		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.266575	9,037	2,409	50.00
51.00	05100	RECOVERY ROOM	0.107334	4,338	466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012225	2,148	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874	27,826	3,614	54.00
54.02	05402	ULTRASOUND	0.061983	45,745	2,835	54.02
54.03	05403	NUCLEAR MEDICINE	0.074327	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.042573	11,476	489	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541	8,728	546	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	0	0	59.00
60.00	06000	LABORATORY	0.183258	189,331	34,696	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319	6,007	1,474	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246416	14,102	3,475	64.00
65.00	06500	RESPIRATORY THERAPY	0.429061	24,048	10,318	65.00
66.00	06600	PHYSICAL THERAPY	0.261815	1,672,587	437,908	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182346	1,840,032	335,522	67.00
68.00	06800	SPEECH PATHOLOGY	0.185830	659,099	122,480	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072324	6,442	466	69.00
69.02	06902	CARDIAC REHAB	1.087347	0	0	69.02
69.03	06903	DIABETIC EDUCATION	5.423045	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768	242,913	20,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977	3,455	684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386	822,425	165,625	73.00
74.00	07400	RENAL DIALYSIS	0.425752	132,178	56,275	74.00
76.00	03951	ECT	0.072540	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.974318	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.361497	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.697682	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.104899	2,237	235	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108	12,776	1,675	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		5,736,930	1,201,566	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		5,736,930		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-3 | Date/Time Prepared: 11/21/2016 8:49 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		540,197		30.00
31.00	03100	INTENSIVE CARE UNIT		779,719		31.00
31.02	03102	NICU		1,949,333		31.02
32.00	03200	CORONARY CARE UNIT		52,579		32.00
40.00	04000	SUBPROVIDER - IPF		5,108		40.00
41.00	04100	SUBPROVIDER - IRF		68,524		41.00
43.00	04300	NURSERY		926,250		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.266575	1,888,322	503,379	50.00
51.00	05100	RECOVERY ROOM	0.107334	177,152	19,014	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140	1,004,161	439,963	52.00
53.00	05300	ANESTHESIOLOGY	0.012225	158,355	1,936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874	374,466	48,633	54.00
54.02	05402	ULTRASOUND	0.061983	228,791	14,181	54.02
54.03	05403	NUCLEAR MEDICINE	0.074327	135,307	10,057	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.042573	410,057	17,457	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541	127,998	8,005	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	586,916	28,104	59.00
60.00	06000	LABORATORY	0.183258	1,156,793	211,992	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319	196,086	48,104	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246416	582,189	143,461	64.00
65.00	06500	RESPIRATORY THERAPY	0.429061	877,068	376,316	65.00
66.00	06600	PHYSICAL THERAPY	0.261815	176,255	46,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182346	241,997	44,127	67.00
68.00	06800	SPEECH PATHOLOGY	0.185830	159,071	29,560	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072324	441,608	31,939	69.00
69.02	06902	CARDIAC REHAB	1.087347	0	0	69.02
69.03	06903	DIABETIC EDUCATION	5.423045	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753	29,715	5,460	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768	509,103	42,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386	2,194,674	441,977	73.00
74.00	07400	RENAL DIALYSIS	0.425752	67,390	28,691	74.00
76.00	03951	ECT	0.072540	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.974318	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.361497	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.697682	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.104899	805,922	84,540	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108	343,648	45,055	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		12,873,044	2,670,744	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		12,873,044		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-3 | Date/Time Prepared: 11/21/2016 8:49 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
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		276,555		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	0.266575	2,550	680	50.00
51.00	05100	RECOVERY ROOM	0.107334	3,885	417	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012225	3,880	47	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874	12,872	1,672	54.00
54.02	05402	ULTRASOUND	0.061983	1,612	100	54.02
54.03	05403	NUCLEAR MEDICINE	0.074327	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.042573	15,545	662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541	12,552	785	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	0	0	59.00
60.00	06000	LABORATORY	0.183258	98,033	17,965	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246416	8,738	2,153	64.00
65.00	06500	RESPIRATORY THERAPY	0.429061	6,303	2,704	65.00
66.00	06600	PHYSICAL THERAPY	0.261815	5,304	1,389	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182346	2,633	480	67.00
68.00	06800	SPEECH PATHOLOGY	0.185830	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072324	7,723	559	69.00
69.02	06902	CARDIAC REHAB	1.087347	0	0	69.02
69.03	06903	DIABETIC EDUCATION	5.423045	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768	1,806	151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386	77,703	15,648	73.00
74.00	07400	RENAL DIALYSIS	0.425752	0	0	74.00
76.00	03951	ECT	0.072540	59,248	4,298	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.974318	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.361497	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.697682	153	260	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.104899	215,136	22,568	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108	9,908	1,299	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		545,584	73,837	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)		545,584		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet D-3 | Date/Time Prepared: 11/21/2016 8:49 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
31.02	03102	NICU		0		31.02
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		13,890		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.266575	0	0	50.00
51.00	05100	RECOVERY ROOM	0.107334	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438140	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012225	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129874	0	0	54.00
54.02	05402	ULTRASOUND	0.061983	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.074327	0	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.042573	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062541	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	0	0	59.00
60.00	06000	LABORATORY	0.183258	378	69	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.245319	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246416	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.429061	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.261815	19,395	5,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182346	9,359	1,707	67.00
68.00	06800	SPEECH PATHOLOGY	0.185830	9,856	1,832	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072324	0	0	69.00
69.02	06902	CARDIAC REHAB	1.087347	0	0	69.02
69.03	06903	DIABETIC EDUCATION	5.423045	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183753	968	178	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.083768	3	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.197977	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201386	1,891	381	73.00
74.00	07400	RENAL DIALYSIS	0.425752	0	0	74.00
76.00	03951	ECT	0.072540	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.974318	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.361497	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.697682	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.104899	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.131108	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.650801	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.530967	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		41,850	9,245	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)		41,850		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/21/2016 8:49 pm
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		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)	13,536,294	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	43,594,160	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)	1,310,740	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	12,973,021	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	385.90	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)	16.42	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)	5.20	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.	6.56	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)	4.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	6.00	11.00
12.00	Current year allowable FTE (see instructions)	6.00	12.00
13.00	Total allowable FTE count for the prior year.	6.00	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.	5.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	5.67	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	5.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.014693	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.016190	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.014693	21.00
22.00	IME payment adjustment (see instructions)	456,987	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	103,771	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)	-4.66	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)	456,987	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	103,771	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)	23.98	31.00
32.00	Sum of lines 30 and 31	28.87	32.00
33.00	Allowable disproportionate share percentage (see instructions)	13.03	33.00
34.00	Disproportionate share adjustment (see instructions)	1,861,025	34.00

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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)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,729,641	3,136,511	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	940,075	2,348,099	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,288,174		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)	64,047,380		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)	64,151,151	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,865,695	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	171,953	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	3,777	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see 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)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	69,192,576	59.00
60.00	Primary payer payments	19,489	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	69,173,087	61.00
62.00	Deductibles billed to program beneficiaries	5,721,535	62.00
63.00	Coinsurance billed to program beneficiaries	222,131	63.00
64.00	Allowable bad debts (see instructions)	329,730	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	214,325	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	254,437	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	63,443,746	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)	-283,285	70.93
70.94	HRR adjustment amount (see instructions)	-694,925	70.94
70.95	Recovery of accelerated depreciation	0	70.95

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		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)		517,016	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		61,948,520	71.00
71.01	Sequestration adjustment (see instructions)		1,238,970	71.01
72.00	Interim payments		59,958,078	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)		751,472	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		497,166	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: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/21/2016 8:50 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	13,536,294	0	13,536,294		13,536,294	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	43,594,160	0		43,594,160	43,594,160	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	1,310,740	0	330,530	980,210	1,310,740	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	12,973,021	0	2,820,873	10,152,148	12,973,021	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.014693	0.014693	0.014693	0.014693		5.00
6.00	IME payment adjustment (see instructions)	22.00	456,987	0	108,277	348,710	456,987	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	103,771	0	0	103,771	103,771	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	456,987	0	108,277	348,710	456,987	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	103,771	0	0	103,771	103,771	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1303	0.1303	0.1303	0.1303		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,861,025	0	440,945	1,420,080	1,861,025	11.00
11.01	Uncompensated care payments	36.00	3,288,174	0	940,075	2,348,099	3,923,220	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	64,047,380	0	15,356,121	48,691,259	64,047,380	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	64,151,151	0	15,356,121	48,795,030	64,151,151	15.00
16.00	Payment for inpatient program capital	50.00	4,865,695	0	1,148,159	3,717,536	4,865,695	16.00
17.00	Special add-on payments for new technologies	54.00	3,777	0	1,705	2,071	3,776	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/21/2016 8:50 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	
19.00	SUBTOTAL			0	16,505,985	52,514,637	69,020,622	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	4,535,603	0	1,069,079	3,466,523	4,535,602	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	20,764	0	6,168	14,596	20,764	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	0.0080	0.0080	0.0080	0.0080		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	36,285	0	8,553	27,732	36,285	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0602	0.0602	0.0602	0.0602		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	273,043	0	64,359	208,684	273,043	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,865,695	0	1,148,159	3,717,536	4,865,695	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: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/21/2016 8:50 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	13,536,294	13,536,294		13,536,294	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	43,594,160		43,594,160	43,594,160	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	1,310,740	330,530	980,210	1,310,740	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	12,973,021	2,820,873	10,152,148	12,973,021	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.014693	0.014693	0.014693		5.00
6.00	IME payment adjustment (see instructions)	22.00	456,987	108,277	348,710	456,987	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	103,771	22,564	81,207	103,771	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	456,987	108,277	348,710	456,987	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	103,771	22,564	81,207	103,771	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1303	0.1303	0.1303		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,861,025	440,945	1,420,080	1,861,025	11.00
11.01	Uncompensated care payments	36.00	3,288,174	940,075	2,348,099	3,288,174	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	64,047,380	15,356,121	48,691,259	64,047,380	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	64,151,151	15,378,685	48,772,466	64,151,151	15.00
16.00	Payment for inpatient program capital	50.00	4,865,695	1,148,159	3,717,536	4,865,695	16.00
17.00	Special add-on payments for new technologies	54.00	3,777	1,705	2,072	3,777	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	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			16,528,549	52,492,074	69,020,623	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/21/2016 8:50 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	4,535,603	1,069,079	3,466,524	4,535,603	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	20,764	6,168	14,596	20,764	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	0.0080	0.0080	0.0080		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	36,285	8,553	27,732	36,285	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0602	0.0602	0.0602		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	273,043	64,359	208,684	273,043	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,865,695	1,148,159	3,717,536	4,865,695	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-283,285	-33,408	-249,877	-283,285	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	-694,925	-154,332	-540,593	-694,925	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	517,016	517,016	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/21/2016 8:49 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	14,251	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	33,880,852	2.00
3.00	PPS payments	32,824,705	3.00
4.00	Outlier payment (see instructions)	421,784	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)	14,251	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	73,644	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)	73,644	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)	73,644	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	59,393	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)	14,251	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)	33,246,489	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	5,040	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	6,214,596	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)	27,041,104	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	79,577	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)	27,120,681	30.00
31.00	Primary payer payments	2,819	31.00
32.00	Subtotal (line 30 minus line 31)	27,117,862	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)	780,797	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	507,518	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	646,593	36.00
37.00	Subtotal (see instructions)	27,625,380	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-275	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)	27,625,655	40.00
40.01	Sequestration adjustment (see instructions)	552,513	40.01
41.00	Interim payments	26,943,834	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	129,308	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: 150100 Component CCN: 15S100	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/21/2016 8:49 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)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	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)	0	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)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	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)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	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: 150100 Component CCN: 15T100	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/21/2016 8:49 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)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	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)	0	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)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	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)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	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: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet E-1 Part I Date/Time Prepared: 11/21/2016 8:49 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		59,958,078		26,943,834	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)		59,958,078		26,943,834	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		751,472		129,308	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		60,709,550		27,073,142	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: 150100 | Component CCN: 15S100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet E-1 Part I | Date/Time Prepared: 11/21/2016 8:49 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		859,015		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		859,015		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		4,207		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		863,222		0	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150100 | Component CCN: 15T100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet E-1 Part I | Date/Time Prepared: 11/21/2016 8:49 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		3,135,847		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,135,847		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		48,024		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,183,871		0	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/21/2016 8:50 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	16,542	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	28,818	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	7,258	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	70,820	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,530,688,903	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	35,067,947	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)	1,323,737	8.00
9.00	Sequestration adjustment amount (see instructions)	26,475	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,297,262	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,342,772	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)	-45,510	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/21/2016 8:49 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)	809,364	1.00
2.00	Net IPF PPS Outlier Payments	146,611	2.00
3.00	Net IPF PPS ECT Payments	24,017	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)	9.284153	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)	979,992	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)	979,992	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	979,992	18.00
19.00	Deductibles	91,952	19.00
20.00	Subtotal (line 18 minus line 19)	888,040	20.00
21.00	Coinsurance	11,480	21.00
22.00	Subtotal (line 20 minus line 21)	876,560	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	6,583	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	4,279	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,323	25.00
26.00	Subtotal (sum of lines 22 and 24)	880,839	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	880,839	31.00
31.01	Sequestration adjustment (see instructions)	17,617	31.01
32.00	Interim payments	859,015	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)	4,207	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	146,611	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: 150100 Component CCN: 15T100	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/21/2016 8:49 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	3,085,647	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0104	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	167,859	3.00
4.00	Outlier Payments	43,976	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)	12.978142	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)	3,297,482	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)	3,297,482	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	3,297,482	19.00
20.00	Deductibles	41,916	20.00
21.00	Subtotal (line 19 minus line 20)	3,255,566	21.00
22.00	Coinsurance	13,517	22.00
23.00	Subtotal (line 21 minus line 22)	3,242,049	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	10,460	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	6,799	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,432	26.00
27.00	Subtotal (sum of lines 23 and 25)	3,248,848	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)	3,248,848	32.00
32.01	Sequestration adjustment (see instructions)	64,977	32.01
33.00	Interim payments	3,135,847	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)	48,024	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	10,800	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	43,976	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: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2016 8:50 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	12,180,645		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)	12,180,645	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)	12,180,645	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	4,321,710		8.00
9.00	Ancillary service charges	12,873,044	14,639,415	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)	17,194,754	14,639,415	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)	17,194,754	14,639,415	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	5,014,109	14,639,415	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)	12,180,645	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)	12,180,645	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)	12,180,645	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)	12,180,645	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	12,180,645	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)	12,180,645	0	40.00
41.00	Interim payments	12,180,645	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2016 8:50 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	1,229,894		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)	1,229,894	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)	1,229,894	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	276,555		8.00
9.00	Ancillary service charges	545,584	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)	822,139	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)	822,139	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)	407,755	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)	822,139	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)	822,139	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	407,755	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	822,139	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)	822,139	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	822,139	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)	822,139	0	40.00
41.00	Interim payments	822,139	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2016 8:50 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	292,068		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)	292,068	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)	292,068	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	13,890		8.00
9.00	Ancillary service charges	41,850	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)	55,740	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)	55,740	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)	236,328	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)	55,740	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)	55,740	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	236,328	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	55,740	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)	55,740	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	55,740	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)	55,740	0	40.00
41.00	Interim payments	55,740	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet E-4 | Date/Time Prepared: 11/21/2016 8:49 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.	18.00	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)	7.29	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	10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)	0.00	6.00
7.00	Enter the lesser of line 5 or line 6	0.00	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	0.00	0.00	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	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00		10.00
11.00	Total weighted FTE count	0.00	6.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	5.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	4.50		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	5.17		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	5.17		17.00
18.00	Per resident amount	106,209.45	100,570.99		18.00
19.00	Approved amount for resident costs	0	519,952	519,952	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)	519,952	25.00

		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	32,218	7,668		26.00
27.00	Total Inpatient Days (see instructions)	80,211	80,211		27.00
28.00	Ratio of inpatient days to total inpatient days	0.401666	0.095598		28.00
29.00	Program direct GME amount	208,847	49,706		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		7,023		30.00
31.00	Net Program direct GME amount			251,530	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/21/2016 8:49 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)	3,700,694	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)	73,255,918	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)	19,489	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	73,236,429	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	33,895,103	42.00
43.00	Primary payer payments (see instructions)	2,819	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	33,892,284	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	107,128,713	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.683630	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.316370	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	251,530	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	171,953	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	79,577	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet G | Date/Time Prepared: 11/21/2016 8:49 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	11,241,992	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	245,685,171	0	0	0	4.00
5.00	Other receivable	10,844,469	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-168,232,112	0	0	0	6.00
7.00	Inventory	7,942,925	0	0	0	7.00
8.00	Prepaid expenses	1,390,662	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	98,686	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	108,971,793	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	8,348,761	0	0	0	13.00
14.00	Accumulated depreciation	-6,465,686	0	0	0	14.00
15.00	Buildings	170,478,067	0	0	0	15.00
16.00	Accumulated depreciation	-138,871,312	0	0	0	16.00
17.00	Leasehold improvements	12,371,416	0	0	0	17.00
18.00	Accumulated depreciation	-7,380,146	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	2,055,185	0	0	0	21.00
22.00	Accumulated depreciation	-987,028	0	0	0	22.00
23.00	Major movable equipment	141,178,861	0	0	0	23.00
24.00	Accumulated depreciation	-115,603,247	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)	72,861,663	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	654,418,614	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	26,908,988	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	681,327,602	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	863,161,058	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	12,224,742	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,050,868	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,729,859	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	11,217,843	0	0	0	43.00
44.00	Other current liabilities	160,178,510	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	194,401,822	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	334,384	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	20,657,937	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	20,992,321	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	215,394,143	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	647,766,915				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)	647,766,915	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	863,161,058	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet G-1 | Date/Time Prepared: 11/21/2016 8:49 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		572,959,795		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		66,154,350				2.00
3.00	Total (sum of line 1 and line 2)		639,114,145		0		3.00
4.00	RESTRICTED CONTRIBUTIONS OF PROPERTY	1,272,968		0		0	4.00
5.00	OTHER	184,715		0		0	5.00
6.00	TRANSFER TO / FROM AFFILIATES	21,968,404		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		23,426,087		0		10.00
11.00	Subtotal (line 3 plus line 10)		662,540,232		0		11.00
12.00	OTHER	14,773,317		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)		14,773,317		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		647,766,915		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	RESTRICTED CONTRIBUTIONS OF PROPERTY		0		4.00
5.00	OTHER		0		5.00
6.00	TRANSFER TO / FROM AFFILIATES		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	OTHER		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: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet G-2 Parts I & II | Date/Time Prepared: 11/21/2016 8:49 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	67,102,907		67,102,907	1.00
2.00	SUBPROVIDER - IPF	5,326,464		5,326,464	2.00
3.00	SUBPROVIDER - IRF	4,524,964		4,524,964	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	76,954,335		76,954,335	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	26,014,233		26,014,233	11.00
11.02	NICU	9,102,835		9,102,835	11.02
12.00	CORONARY CARE UNIT	3,255,495		3,255,495	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)	38,372,563		38,372,563	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	115,326,898		115,326,898	17.00
18.00	Ancillary services	570,125,945	654,859,150	1,224,985,095	18.00
19.00	Outpatient services	52,045,756	122,377,156	174,422,912	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		0	0	22.00
23.00	AMBULANCE SERVICES	17,475	11,273,081	11,290,556	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER OPERATING REVENUE	64,700	19,049	83,749	27.00
27.01	PHYSICIAN'S PRIVATE OFFICES	18,890,109	11,330,013	30,220,122	27.01
27.02	DME	0	5,510,235	5,510,235	27.02
27.03	APOTHECARY	0	124,076	124,076	27.03
27.04	CONV CARE	0	14,893,002	14,893,002	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	756,470,883	820,385,762	1,576,856,645	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		434,438,414		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00		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)		434,438,414		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet G-3 Date/Time Prepared: 11/21/2016 8:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,576,856,645	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,081,078,550	2.00
3.00	Net patient revenues (line 1 minus line 2)	495,778,095	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	434,438,414	4.00
5.00	Net income from service to patients (line 3 minus line 4)	61,339,681	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	231,685	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	1,684	16.00
17.00	Revenue from sale of drugs to other than patients	5,945	17.00
18.00	Revenue from sale of medical records and abstracts	6,911	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	734,773	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	19,993,092	24.00
24.01		0	24.01
25.00	Total other income (sum of lines 6-24)	20,974,090	25.00
26.00	Total (line 5 plus line 25)	82,313,771	26.00
27.00	NONOPERATING GAINS/LOSSES	16,159,421	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	16,159,421	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	66,154,350	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 150100 | Period: From 07/01/2015 To 06/30/2016 | Worksheet I-5 | Date/Time Prepared: 11/21/2016 8:50 pm

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

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150100	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/21/2016 8:49 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,535,603	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	20,764	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)	200.28	3.00
4.00	Number of interns & residents (see instructions)	5.67	4.00
5.00	Indirect medical education percentage (see instructions)	0.80	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)	36,285	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	4.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	23.98	8.00
9.00	Sum of lines 7 and 8	28.87	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.02	10.00
11.00	Disproportionate share adjustment (see instructions)	273,043	11.00
12.00	Total prospective capital payments (see instructions)	4,865,695	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00