

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 4/6/2017 10:36 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 4/6/2017 Time: 10:36 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SSM SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,289,903	-178,490	0	0	1.00
2.00 Subprovider - IPF	0	16,331	1,220		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	2,306,234	-177,270	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 26-0105		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 4/6/2017 9:20 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 3635 VISTA AVE			PO Box:							1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: SAINT LOUIS			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		SSM SAINT LOUIS UNIVERSITY HOSPITAL		260105	41180	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		SSM SAINT LOUIS UNIVERSITY PSYCH		26S105	41180	4	07/01/1984	N	P	0	4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											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 - FOHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00		
21.00	Type of Control (see instructions)						1		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			11,628	4,096	4,535	4,541	1,005	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0	25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 4/6/2017 9:20 am		
		Urban/Rural S		Date of Geogr				
		1.00		2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1					26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0					35.00	
		Beginning:		Ending:				
		1.00		2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0					37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N					37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
		Y/N		Y/N				
		1.00		2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		Y			40.00	
		V		XVII		XIX		
		1.00		2.00		3.00		
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y		N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		N		46.00
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		N		48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y						56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N						57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N						58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N						59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y						60.00
		Y/N		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		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)					Y	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)			10.98	202.30	0.051482	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)	INTERNAL MEDICINE	1400		2.61	56.20	0.044380	65.00
65.01		GERIATRIC MEDICINE	1408		0.41	1.75	0.189815	65.01
65.02		INTERNAL MEDICINE PEDIATRICS	1450		0.64	5.67	0.101426	65.02

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	9.52	221.50	0.041209		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)	FAMILY MEDICINE GENERAL	1350	0.00	0.55	0.000000 67.00	
67.01		INTERNAL MEDICINE GENERAL	1400	16.46	70.52	0.189239 67.01	
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.04	0.11	0.266667 67.02	
67.03		PSYCHIATRY GERIATRIC	2202	0.11	0.95	0.103774 67.03	
				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)				Y	N	0 71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						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

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		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	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00	
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	2,513,916	0		118.01		
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N			120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y				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.	07/06/1977				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 4/6/2017 9:20 am	
		1.00	2.00				
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.	03/15/1995				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.	07/01/1999				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	
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		269020		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: SSM HEALTH CARE CORPORATION	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 4/6/2017 9:20 am
				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)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		9.99	169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/02/2016	12/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 4/6/2017 9:20 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/03/2017	Y	04/03/2017		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: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 4/6/2017 9:20 am		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					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.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					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.					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.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					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.	ERIC		LAMOND		41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-3162		ERIC.LAMOND@SSMHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 4/6/2017 9:20 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER OF GOVERNMENT REIMBURSEMENT		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: 26-0105

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

Worksheet S-3
Part I
Date/Time Prepared:
4/6/2017 9:20 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	224	81,984	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)		224	81,984	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	65	23,790	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		289	105,774	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	40	14,640		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		329				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: 26-0105

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

Worksheet S-3
Part I
Date/Time Prepared:
4/6/2017 9:20 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,316	10,764	70,329			1.00
2.00 HMO and other (see instructions)	9,909	12,478				2.00
3.00 HMO IPF Subprovider	934	555				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	23,316	10,764	70,329			7.00
8.00 INTENSIVE CARE UNIT	5,661	2,563	19,570			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	28,977	13,327	89,899	293.63	1,710.03	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,989	2,806	11,016	4.83	54.51	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				298.46	1,764.54	27.00
28.00 Observation Bed Days		0	4,099			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

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

Worksheet S-3
Part I
Date/Time Prepared:
4/6/2017 9:20 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,885	2,445	15,427	1.00
2.00 HMO and other (see instructions)			1,685	1,033		2.00
3.00 HMO IPF Subprovider				85		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,885	2,445	15,427	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	407	348	1,502	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	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: 26-0105

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

Worksheet S-3
Part II
Date/Time Prepared:
4/6/2017 9:20 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	118,986,391	0	118,986,391	3,646,520.00	32.63
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		33,283,205	0	33,283,205	616,720.00	53.97
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		9,545,904	-995,619	8,550,285	228,249.00	37.46
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		38,557,913	0	38,557,913	699,767.00	55.10
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		868,253	0	868,253	6,026.00	144.08
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		24,128,414	0	24,128,414	122,980.00	196.20
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,390,032	0	22,390,032		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,645,861	0	1,645,861		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	798,751	0	798,751	27,679.00	28.86
27.00	Administrative & General	5.00	12,775,567	-41,072	12,734,495	405,293.00	31.42

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

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

Worksheet S-3
Part II
Date/Time Prepared:
4/6/2017 9:20 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	132,390	0	132,390	2,168.00	61.07	28.00
29.00	Maintenance & Repairs	426,410	0	426,410	11,261.00	37.87	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	59,646	0	59,646	3,872.00	15.40	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	2,936,762	0	2,936,762	198,848.00	14.77	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	2,534,861	0	2,534,861	207,085.00	12.24	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,151,306	0	2,151,306	91,185.00	23.59	38.00
39.00	Central Services and Supply	875,005	0	875,005	45,786.00	19.11	39.00
40.00	Pharmacy	5,162,914	-197,094	4,965,820	116,309.00	42.70	40.00
41.00	Medical Records & Medical Records Library	2,161,905	0	2,161,905	81,179.00	26.63	41.00
42.00	Social Service	21,357	0	21,357	259.00	82.46	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

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

Worksheet S-3
Part III
Date/Time Prepared:
4/6/2017 9:20 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	91,307,199	0	91,307,199	3,437,901.00	26.56	1.00
2.00	Excluded area salaries (see instructions)	9,545,904	-995,619	8,550,285	228,249.00	37.46	2.00
3.00	Subtotal salaries (line 1 minus line 2)	81,761,295	995,619	82,756,914	3,209,652.00	25.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,426,166	0	39,426,166	705,793.00	55.86	4.00
5.00	Subtotal wage-related costs (see inst.)	22,390,032	0	22,390,032	0.00	27.06	5.00
6.00	Total (sum of lines 3 thru 5)	143,577,493	995,619	144,573,112	3,915,445.00	36.92	6.00
7.00	Total overhead cost (see instructions)	30,036,874	-238,166	29,798,708	1,190,924.00	25.02	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 4/6/2017 9:20 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,590,525	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	20,630,522	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	726	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,409	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	45	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,366	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,277,186	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	32,405	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	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	501,711	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,035,895	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 4/6/2017 9:20 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	38,557,913	24,035,895	1.00
2.00	Hospital	38,557,913	22,390,034	2.00
3.00	Subprovider - IPF	0	796,214	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	849,647	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 4/6/2017 9:20 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.200422	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		64,965,636	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		30,293,960	5.00	
6.00	Medicaid charges		431,260,957	6.00	
7.00	Medicaid cost (line 1 times line 6)		86,434,184	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)		34,680,793	1,997,162	36,677,955
21.00	Cost of patients approved for charity care (line 1 times line 20)		6,950,794	400,275	7,351,069
22.00	Partial payment by patients approved for charity care		8,297	307,551	315,848
23.00	Cost of charity care (line 21 minus line 22)		6,942,497	92,724	7,035,221
			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)		72,890,417		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,284,960		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		71,605,457		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		14,351,309		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		21,386,530		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,386,530		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		10,645,230	10,645,230	0	10,645,230	1.00
2.00	00200		13,903,630	13,903,630	3,560,627	17,464,257	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	798,751	16,047,094	16,845,845	-4,756	16,841,089	4.00
5.00	00500	12,775,567	86,749,864	99,525,431	-712,222	98,813,209	5.00
6.00	00600	426,410	886,791	1,313,201	-6,059	1,307,142	6.00
7.00	00700	0	14,080,208	14,080,208	205,314	14,285,522	7.00
8.00	00800	59,646	1,483,317	1,542,963	-2,765	1,540,198	8.00
9.00	00900	0	4,050,983	4,050,983	-13,359	4,037,624	9.00
10.00	01000	0	5,553,342	5,553,342	-4,142,807	1,410,535	10.00
11.00	01100	0	0	0	3,342,316	3,342,316	11.00
13.00	01300	2,151,306	757,861	2,909,167	-6,348	2,902,819	13.00
14.00	01400	875,005	3,528,689	4,403,694	-2,358,902	2,044,792	14.00
15.00	01500	5,162,914	27,905,209	33,068,123	-27,008,944	6,059,179	15.00
16.00	01600	2,161,905	401,557	2,563,462	-728	2,562,734	16.00
17.00	01700	21,357	5,426	26,783	0	26,783	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	68,203	47,626,758	47,694,961	0	47,694,961	22.00
23.00	02300	0	0	0	246,866	246,866	23.00
23.01	02301	0	0	0	46,423	46,423	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	27,753,401	12,417,447	40,170,848	-5,355,414	34,815,434	30.00
31.00	03100	13,406,401	6,284,593	19,690,994	-1,737,262	17,953,732	31.00
40.00	04000	3,969,137	1,006,329	4,975,466	-37,081	4,938,385	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,363,231	29,172,284	36,535,515	-21,439,780	15,095,735	50.00
51.00	05100	1,642,300	370,748	2,013,048	-65,096	1,947,952	51.00
53.00	05300	2,355,876	9,092,261	11,448,137	-701,075	10,747,062	53.00
54.00	05400	4,242,172	7,575,836	11,818,008	-3,716,702	8,101,306	54.00
55.00	05500	695,603	1,416,972	2,112,575	-24,195	2,088,380	55.00
56.00	05600	446,038	1,678,374	2,124,412	-107,992	2,016,420	56.00
57.00	05700	1,310,512	1,418,469	2,728,981	-187,440	2,541,541	57.00
58.00	05800	710,540	405,385	1,115,925	-53,545	1,062,380	58.00
59.00	05900	1,011,730	8,979,515	9,991,245	-6,488,192	3,503,053	59.00
60.00	06000	5,448,509	13,523,620	18,972,129	-2,436,155	16,535,974	60.00
62.00	06200	0	3,703,075	3,703,075	1,731,835	5,434,910	62.00
64.00	06400	40,332	3,597,605	3,637,937	-64,469	3,573,468	64.00
65.00	06500	2,813,231	1,548,412	4,361,643	-498,711	3,862,932	65.00
66.00	06600	2,034,512	395,350	2,429,862	-21,774	2,408,088	66.00
67.00	06700	1,011,752	95,257	1,107,009	0	1,107,009	67.00
68.00	06800	171,726	16,708	188,434	0	188,434	68.00
69.00	06900	1,758,384	723,178	2,481,562	-91,816	2,389,746	69.00
70.00	07000	198,558	374,155	572,713	-24,343	548,370	70.00
71.00	07100	0	0	0	19,218,446	19,218,446	71.00
72.00	07200	0	0	0	19,624,463	19,624,463	72.00
73.00	07300	0	0	0	25,453,476	25,453,476	73.00
74.00	07400	0	1,844,394	1,844,394	-36,088	1,808,306	74.00
76.00	03330	1,456,061	2,628,538	4,084,599	-1,673,114	2,411,485	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,981,706	3,609,096	6,590,802	4,604,196	11,194,998	90.00
91.00	09100	6,086,848	14,418,329	20,505,177	-941,992	19,563,185	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	2,875,151	4,234,719	7,109,870	-2,324,307	4,785,563	105.00
107.00	10700	0	1,216,261	1,216,261	3,421,039	4,637,300	107.00
109.00	10900	0	97,929	97,929	29,495	127,424	109.00
113.00	11300		0	0	0	0	113.00
118.00		116,284,775	365,470,798	481,755,573	-798,937	480,956,636	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	81,631	307,378	389,009	0	389,009	190.00
192.00	19200	1,224,920	2,243,974	3,468,894	0	3,468,894	192.00
194.00	07950	1,395,065	1,318,597	2,713,662	798,937	3,512,599	194.00
200.00		118,986,391	369,340,747	488,327,138	0	488,327,138	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A
Date/Time Prepared:
4/6/2017 9:20 am

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	0	10,645,230	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-79,419	17,384,838	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-55,472	16,785,617	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,695,249	93,117,960	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,307,142	6.00
7.00	00700	OPERATION OF PLANT	-3,026,419	11,259,103	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,540,198	8.00
9.00	00900	HOUSEKEEPING	0	4,037,624	9.00
10.00	01000	DIETARY	0	1,410,535	10.00
11.00	01100	CAFETERIA	0	3,342,316	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,902,819	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,044,792	14.00
15.00	01500	PHARMACY	-80,317	5,978,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,562,734	16.00
17.00	01700	SOCIAL SERVICE	0	26,783	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	47,694,961	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	246,866	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	46,423	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-114,493	34,700,941	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,937	17,950,795	31.00
40.00	04000	SUBPROVIDER - I PF	-194,833	4,743,552	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,298	15,092,437	50.00
51.00	05100	RECOVERY ROOM	0	1,947,952	51.00
53.00	05300	ANESTHESIOLOGY	-9,995,406	751,656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-154	8,101,152	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-687,322	1,401,058	55.00
56.00	05600	RADIOISOTOPE	-59	2,016,361	56.00
57.00	05700	CT SCAN	0	2,541,541	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,062,380	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,503,053	59.00
60.00	06000	LABORATORY	-26,016	16,509,958	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,434,910	62.00
64.00	06400	INTRAVENOUS THERAPY	0	3,573,468	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,862,932	65.00
66.00	06600	PHYSICAL THERAPY	-1,500	2,406,588	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,107,009	67.00
68.00	06800	SPEECH PATHOLOGY	0	188,434	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,002	2,388,744	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	548,370	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	19,218,446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,624,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,453,476	73.00
74.00	07400	RENAL DIALYSIS	0	1,808,306	74.00
76.00	03330	ENDOSCOPY	0	2,411,485	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,559,705	6,635,293	90.00
91.00	09100	EMERGENCY	-9,355,105	10,208,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-152,844	4,632,719	105.00
107.00	10700	LIVER ACQUISITION	0	4,637,300	107.00
109.00	10900	PANCREAS ACQUISITION	0	127,424	109.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-34,031,550	446,925,086	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	389,009	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,468,894	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	3,512,599	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-34,031,550	454,295,588	200.00

RECLASSIFICATIONS

Provider CCN: 26-0105

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
E - DIETARY RECLASS - OTHER COSTS					
1.00	CAFETERIA	11.00	0	3,342,316	1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	798,937	2.00
	O		0	4,141,253	
G - CLINICAL PASTORAL EDUCATION					
1.00	PARAMED ED-CLINICAL PASTORAL ED	23.01	41,072	5,351	1.00
	TOTALS		41,072	5,351	
H - PHARMACY RESIDENCY					
1.00	PARAMED ED-PHARMACY RESIDENCY	23.00	197,094	49,772	1.00
	O		197,094	49,772	
K - NUCLEAR MEDICINE					
1.00	CT_SCAN	57.00	87,839	7,545	1.00
	O		87,839	7,545	
N - PARKING LOT					
1.00	OPERATION OF PLANT	7.00	0	230,972	1.00
	O		0	230,972	
O - RECLASS OF DIRECTORSHIP FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	29,288	1.00
2.00	OPERATING ROOM	50.00	0	15,600	2.00
3.00	LABORATORY	60.00	0	80,925	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	9,038	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	7,800	5.00
6.00	EMERGENCY	91.00	0	6,450	6.00
	O		0	149,101	
P - HLA RECLASS					
1.00	CLINIC	90.00	0	311,990	1.00
2.00	KIDNEY ACQUISITION	105.00	0	1,587,234	2.00
	O		0	1,899,224	
Q - POST-TRANSPLANT - DEPT 4840 RECLASS					
1.00	CLINIC	90.00	632,712	2,017,063	1.00
	O		632,712	2,017,063	
R - PRE-TRANSPLANT - DEPT 4840 RECLASS					
1.00	LIVER ACQUISITION	107.00	394,204	1,719,355	1.00
2.00	PANCREAS ACQUISITION	109.00	1,984	8,653	2.00
3.00	KIDNEY ACQUISITION	105.00	0	3,874,374	3.00
	O		396,188	5,602,382	
S - POST-TRANSPLANT RECLASS - DEPT 2066					
1.00	CLINIC	90.00	601,073	1,084,533	1.00
	O		601,073	1,084,533	
T - PRE-TRANSPLANT RECLASS - DEPT 2066					
1.00	LIVER ACQUISITION	107.00	466,237	841,243	1.00
2.00	PANCREAS ACQUISITION	109.00	6,725	12,133	2.00
	O		472,962	853,376	
W - RECLASS OF RENTAL/LEASE EQUIP					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,363,559	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00

RECLASSIFICATIONS

Provider CCN: 26-0105

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

Worksheet A-6
Date/Time Prepared:
4/6/2017 9:20 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
				3,363,559	
X - CHARGEABLE SUPPLIES & IMPL DEVICES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	19,218,446	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,821,531	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
				39,039,977	
Y - CHARGEABLE DRUGS PER G/L					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,733,244	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,052,870	2.00
				25,786,114	
Z - CHARGEABLE IV SOLUTIONS PER G/L					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,400,606	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
				1,400,606	

Provider CCN: 26-0105

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

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
FF - RECLASS OF IMPLANTABLE DEVICES EQUIP						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	197,068	1.00	
	0		0	197,068		
500.00	Grand Total: Increases		2,428,940	85,827,896	500.00	

RECLASSIFICATIONS

Provider CCN: 26-0105

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

Worksheet A-6
Date/Time Prepared:
4/6/2017 9:20 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
E - DIETARY RECLASS - OTHER COSTS							
1.00	DIETARY	10.00	0	4,141,253	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	4,141,253			
G - CLINICAL PASTORAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	41,072	5,351	0		1.00
	TOTALS		41,072	5,351			
H - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	197,094	49,772	0		1.00
	0		197,094	49,772			
K - NUCLEAR MEDICINE							
1.00	RADIOISOTOPE	56.00	87,839	7,545	0		1.00
	0		87,839	7,545			
N - PARKING LOT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	230,972	0		1.00
	0		0	230,972			
O - RECLASS OF DIRECTORSHIP FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	149,101	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	0		0	149,101			
P - HLA RECLASS							
1.00	LABORATORY	60.00	0	1,899,224	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	1,899,224			
Q - POST-TRANSPLANT - DEPT 4840 RECLASS							
1.00	KIDNEY ACQUISITION	105.00	632,712	2,017,063	0		1.00
	0		632,712	2,017,063			
R - PRE-TRANSPLANT - DEPT 4840 RECLASS							
1.00	KIDNEY ACQUISITION	105.00	396,188	1,728,008	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,874,374	0		2.00
3.00		0.00	0	0	0		3.00
	0		396,188	5,602,382			
S - POST-TRANSPLANT RECLASS - DEPT 2066							
1.00	KIDNEY ACQUISITION	105.00	601,073	1,084,533	0		1.00
	0		601,073	1,084,533			
T - PRE-TRANSPLANT RECLASS - DEPT 2066							
1.00	KIDNEY ACQUISITION	105.00	472,962	853,376	0		1.00
2.00		0.00	0	0	0		2.00
	0		472,962	853,376			
W - RECLASS OF RENTAL/LEASE EQUIP							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	439	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	255,261	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	335	0		3.00
4.00	OPERATION OF PLANT	7.00	0	11,549	0		4.00
5.00	HOUSEKEEPING	9.00	0	2,822	0		5.00
6.00	DIETARY	10.00	0	728	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	4,246	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,617,234	0		8.00
9.00	PHARMACY	15.00	0	288,994	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	698	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	62,400	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	1,639	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	1,035	0		13.00
14.00	OPERATING ROOM	50.00	0	130,953	0		14.00
15.00	RECOVERY ROOM	51.00	0	1,526	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	5,644	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,676	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	584	0		18.00
19.00	RADIOISOTOPE	56.00	0	384	0		19.00
20.00	CT SCAN	57.00	0	336	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	7,731	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	175,617	0		22.00
23.00	LABORATORY	60.00	0	6,170	0		23.00
24.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	63	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	195,495	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	1,507	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	41,438	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	375	0		28.00

RECLASSIFICATIONS

Provider CCN: 26-0105

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	ENDOSCOPY	76.00	0	487,561	0	29.00	
30.00	CLINIC	90.00	0	568	0	30.00	
31.00	EMERGENCY	91.00	0	56,551	0	31.00	
	0		0	3,363,559			
X - CHARGEABLE SUPPLIES & IMPL DEVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,306	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	30,416	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	5,724	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	14,109	0	4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	2,765	0	5.00	
6.00	HOUSEKEEPING	9.00	0	10,537	0	6.00	
7.00	DIETARY	10.00	0	826	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	2,100	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	712,872	0	9.00	
10.00	PHARMACY	15.00	0	203,017	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	30	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	1,292,095	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	1,613,183	0	13.00	
14.00	SUBPROVIDER - IPF	40.00	0	35,503	0	14.00	
15.00	OPERATING ROOM	50.00	0	21,233,607	0	15.00	
16.00	RECOVERY ROOM	51.00	0	55,433	0	16.00	
17.00	ANESTHESIOLOGY	53.00	0	550,686	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,691,127	0	18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,611	0	19.00	
21.00	CT SCAN	57.00	0	279,003	0	21.00	
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	34,640	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	6,303,437	0	23.00	
24.00	LABORATORY	60.00	0	562,598	0	24.00	
25.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,346	0	25.00	
26.00	INTRAVENOUS THERAPY	64.00	0	29,596	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	301,288	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	20,128	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	54,699	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,968	0	30.00	
31.00	RENAL DIALYSIS	74.00	0	32,644	0	31.00	
32.00	ENDOSCOPY	76.00	0	1,155,439	0	32.00	
33.00	CLINIC	90.00	0	32,601	0	33.00	
34.00	EMERGENCY	91.00	0	726,643	0	34.00	
	0		0	39,039,977			
Y - CHARGEABLE DRUGS PER G/L							
1.00	PHARMACY	15.00	0	25,786,114	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		0	25,786,114			
Z - CHARGEABLE IV SOLUTIONS PER G/L							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	49	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	2	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	28,796	0	4.00	
5.00	PHARMACY	15.00	0	483,953	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	155,833	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	131,478	0	7.00	
8.00	SUBPROVIDER - IPF	40.00	0	543	0	8.00	
9.00	OPERATING ROOM	50.00	0	90,820	0	9.00	
10.00	RECOVERY ROOM	51.00	0	8,137	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0	144,745	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,899	0	12.00	
13.00	RADIOISOTOPE	56.00	0	12,224	0	13.00	
14.00	CT SCAN	57.00	0	3,485	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,174	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	9,138	0	16.00	
17.00	LABORATORY	60.00	0	49,088	0	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	34,873	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	1,928	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	139	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	3,479	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	3,444	0	22.00	
23.00	ENDOSCOPY	76.00	0	30,114	0	23.00	
24.00	CLINIC	90.00	0	10,006	0	24.00	
25.00	EMERGENCY	91.00	0	165,248	0	25.00	
	0		0	1,400,606			

RECLASSIFICATIONS

Provider CCN: 26-0105

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

Worksheet A-6

Date/Time Prepared:
4/6/2017 9:20 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
FF - RECLASS OF IMPLANTABLE DEVICES EQUIP							
1.00	IMPL. DEV. CHARGED TO	72.00	0	197,068	9		1.00
	PATIENTS						
	0		0	197,068			
500.00	Grand Total: Decreases		2,428,940	85,827,896			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

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

Worksheet A-7
Part I
Date/Time Prepared:
4/6/2017 9:20 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,580,000	0	0	0	1.00
2.00	Land Improvements	148,910	0	0	0	2.00
3.00	Buildings and Fixtures	52,896,237	0	0	103,138	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	579,540	0	0	0	5.00
6.00	Movable Equipment	27,956,920	0	0	657,980	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	91,161,607	0	0	761,118	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	91,161,607	0	0	761,118	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,580,000	0			1.00
2.00	Land Improvements	148,910	0			2.00
3.00	Buildings and Fixtures	52,793,099	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	579,540	0			5.00
6.00	Movable Equipment	27,298,940	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	90,400,489	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	90,400,489	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

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

Worksheet A-7
Part II
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	10,645,230	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,903,630	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,548,860	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	10,645,230				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,903,630				2.00
3.00	Total (sum of lines 1-2)	0	24,548,860				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

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

Worksheet A-7
Part III
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	65,522,009	0	65,522,009	0.701517	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,878,480	0	27,878,480	0.298483	0	2.00
3.00	Total (sum of lines 1-2)	93,400,489	0	93,400,489	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,645,230	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,384,838	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	28,030,068	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	10,645,230	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	17,384,838	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	28,030,068	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			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)	A	-20,186		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-44,866		OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)	B	-273,343		ADMINISTRATIVE & GENERAL	5.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-21,379,512				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-30,569		ADMINISTRATIVE & GENERAL	5.00	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	NONPHYSICIAN ANESTHETISTS	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 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 M. O. B. RENT	B	-2,981,553	OPERATION OF PLANT	7.00	0	33.01
33.03 CONTRACT PHARMACY	B	-80,186	PHARMACY	15.00	9	33.03
33.04 OTHER EDUCATIONAL REVENUE	B	-92,224	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.09 OTHER EDUCATIONAL REVENUE	B	-1,500	PHYSICAL THERAPY	66.00	0	33.09
33.16 LITIGATIONS & INVESTIGATIONS	A	-1,064,067	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.32 TELEPHONE SERVICES	A	-1,239	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.32
33.36 NON-ALLOWABLE PATIENT TV DEPR.	A	-78,180	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.36
34.00 NURSE PRACTITIONERS	A	-26,971	EMERGENCY	91.00	0	34.00
34.01 NURSE PRACTITIONERS	A	-712,093	CLINIC	90.00	0	34.01
34.02 NURSE PRACTITIONERS	A	-152,844	KIDNEY ACQUISITION	105.00	0	34.02
34.03 CRNA	A	-2,923,369	ANESTHESIOLOGY	53.00	0	34.03
34.05 NON-ALLOWABLE PATIENT ASSISTANCE	A	-487,869	ADMINISTRATIVE & GENERAL	5.00	9	34.05
34.06 LOBBYING EXPENSE ASSOCIATION FEES	A	-44,777	ADMINISTRATIVE & GENERAL	5.00	0	34.06
34.07 PATIENT TRANSPORTATION	A	-105,033	ADULTS & PEDIATRICS	30.00	0	34.07
34.08 PATIENT TRANSPORTATION	A	-10,690	ADMINISTRATIVE & GENERAL	5.00	0	34.08
34.09 PATIENT TRANSPORTATION	A	-131	PHARMACY	15.00	0	34.09
34.10 PATIENT TRANSPORTATION	A	-18	OPERATING ROOM	50.00	0	34.10
34.11 PATIENT TRANSPORTATION	A	-59	RADIOISOTOPE	56.00	0	34.11
34.13 FRA RELATED EXPENSES	A	-2,552,098	ADMINISTRATIVE & GENERAL	5.00	0	34.13
34.17 ADMIN NON PATIENT CARE	A	-92,120	ADMINISTRATIVE & GENERAL	5.00	0	34.17
34.19 CHAI FETZ ARENA EXPENSES	B	-186,785	ADMINISTRATIVE & GENERAL	5.00	0	34.19
34.20 ADVERTISING EXPENSE	B	-55,472	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.20
34.21 ADVERTISING EXPENSE	B	-38,629	ADMINISTRATIVE & GENERAL	5.00	0	34.21
34.22 CASH DISCOUNTS ON PURCHASES	B	-312,661	ADMINISTRATIVE & GENERAL	5.00	0	34.22
34.23 COST RECOVERY ITEMS	B	-18,752	ADMINISTRATIVE & GENERAL	5.00	0	34.23
34.25 COST RECOVERY ITEMS	B	-154	RADIOLOGY-DIAGNOSTIC	54.00	0	34.25
34.26 MISCELLANEOUS REVENUE	B	-263,600	ADMINISTRATIVE & GENERAL	5.00	0	34.26
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-34,031,550				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
4/6/2017 9:20 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	14,259,097	14,259,097 1.00
2.00	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	22,205	22,205 2.00
3.00	72.00	IMPL. DEV. CHARGED TO PATIENT	HOME OFFICE	6,438	6,438 3.00
4.00	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	9,442	9,442 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			14,297,182	14,297,182 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. 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	100.00	SSM HEALTH	0.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(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: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
4/6/2017 9:20 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0	0		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	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0105

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

Worksheet A-8-2

Date/Time Prepared:
4/6/2017 9:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00	EMERGENCY	7,199,071	7,199,071	0	0	0	1.00
2.00	90.00	CLINIC	1,889,135	1,867,041	0	0	0	2.00
3.00	90.00	CLINIC	1,958,477	1,958,477	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	7,072,037	7,072,037	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	194,833	194,833	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	866,542	866,542	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	687,322	687,322	0	0	0	8.00
9.00	91.00	EMERGENCY	1,260,443	1,260,443	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	29,288	0	29,288	211,500	195	10.00
11.00	31.00	INTENSIVE CARE UNIT	9,038	0	9,038	211,500	60	11.00
12.00	50.00	OPERATING ROOM	15,600	0	15,600	246,400	104	12.00
13.00	60.00	LABORATORY	80,925	0	80,925	211,500	540	13.00
14.00	69.00	ELECTROCARDIOLOGY	7,800	0	7,800	271,900	52	14.00
15.00	91.00	EMERGENCY	6,450	0	6,450	211,500	43	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	717,428	0	717,428	211,500	5,021	16.00
200.00			21,994,389	21,105,766	866,529		6,015	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	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	90.00	CLINIC	0	0	0	0	0	2.00
3.00	90.00	CLINIC	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	19,828	991	0	0	0	10.00
11.00	31.00	INTENSIVE CARE UNIT	6,101	305	0	0	0	11.00
12.00	50.00	OPERATING ROOM	12,320	616	0	0	0	12.00
13.00	60.00	LABORATORY	54,909	2,745	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	6,798	340	0	0	0	14.00
15.00	91.00	EMERGENCY	4,372	219	0	0	0	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	510,549	25,527	0	0	0	16.00
200.00			614,877	30,743	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	91.00	EMERGENCY	0	0	0	7,199,071	1.00
2.00	90.00	CLINIC	0	0	0	1,889,135	2.00
3.00	90.00	CLINIC	0	0	0	1,958,477	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	7,072,037	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	194,833	5.00
6.00	0.00		0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	866,542	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	687,322	8.00
9.00	91.00	EMERGENCY	0	0	0	1,260,443	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	19,828	9,460	9,460	10.00
11.00	31.00	INTENSIVE CARE UNIT	0	6,101	2,937	2,937	11.00
12.00	50.00	OPERATING ROOM	0	12,320	3,280	3,280	12.00
13.00	60.00	LABORATORY	0	54,909	26,016	26,016	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	6,798	1,002	1,002	14.00
15.00	91.00	EMERGENCY	0	4,372	2,078	2,078	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	0	510,549	206,879	206,879	16.00
200.00			0	614,877	251,652	21,379,512	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
4/6/2017 9:20 am

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	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,645,230	10,645,230			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	17,384,838		17,384,838		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,785,617	95,178	191,165	17,071,960	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	93,117,960	959,161	1,926,479	1,839,472	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,307,142	28,879	58,004	61,594	6.00
7.00 00700	OPERATION OF PLANT	11,259,103	1,552,415	3,118,034	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,540,198	29,403	59,057	8,616	8.00
9.00 00900	HOUSEKEEPING	4,037,624	122,636	246,314	0	9.00
10.00 01000	DIETARY	1,410,535	186,134	373,850	0	10.00
11.00 01100	CAFETERIA	3,342,316	56,102	112,682	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,902,819	16,875	33,893	310,752	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,044,792	203,395	408,519	126,393	14.00
15.00 01500	PHARMACY	5,978,862	81,601	163,895	717,303	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,562,734	89,686	180,135	312,283	16.00
17.00 01700	SOCIAL SERVICE	26,783	6,292	12,637	3,085	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	47,694,961	0	0	9,852	47,704,813
23.00 02300	PARAMED ED-PHARMACY RESIDENCY	246,866	3,243	6,513	28,470	285,092
23.01 02301	PARAMED ED-CLINICAL PASTORAL ED	46,423	4,857	9,755	5,933	66,968
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	34,700,941	1,323,260	2,657,773	4,008,916	42,690,890
31.00 03100	INTENSIVE CARE UNIT	17,950,795	457,014	917,914	1,936,528	21,262,251
40.00 04000	SUBPROVIDER - IPF	4,743,552	254,820	511,806	573,334	6,083,512
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,092,437	660,795	1,327,210	1,063,604	18,144,046
51.00 05100	RECOVERY ROOM	1,947,952	130,887	262,887	237,227	2,578,953
53.00 05300	ANESTHESIOLOGY	751,656	90,956	182,685	340,302	1,365,599
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,101,152	275,999	554,346	612,773	9,544,270
55.00 05500	RADIOLOGY-THERAPEUTIC	1,401,058	93,771	188,338	100,478	1,783,645
56.00 05600	RADIOISOTOPE	2,016,361	71,018	142,640	51,741	2,281,760
57.00 05700	CT SCAN	2,541,541	51,011	102,455	201,989	2,896,996
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,062,380	78,689	158,048	102,636	1,401,753
59.00 05900	CARDIAC CATHETERIZATION	3,503,053	123,326	247,700	146,142	4,020,221
60.00 06000	LABORATORY	16,509,958	284,568	571,556	787,026	18,153,108
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,434,910	41,725	83,805	0	5,560,440
64.00 06400	INTRAVENOUS THERAPY	3,573,468	3,905	7,843	5,826	3,591,042
65.00 06500	RESPIRATORY THERAPY	3,862,932	62,022	124,571	406,366	4,455,891
66.00 06600	PHYSICAL THERAPY	2,406,588	104,450	209,788	293,881	3,014,707
67.00 06700	OCCUPATIONAL THERAPY	1,107,009	22,780	45,754	146,146	1,321,689
68.00 06800	SPEECH PATHOLOGY	188,434	0	0	24,805	213,239
69.00 06900	ELECTROCARDIOLOGY	2,388,744	66,740	134,048	253,995	2,843,527
70.00 07000	ELECTROENCEPHALOGRAPHY	548,370	0	0	28,681	577,051
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	19,218,446	0	0	0	19,218,446
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,624,463	0	0	0	19,624,463
73.00 07300	DRUGS CHARGED TO PATIENTS	25,453,476	0	0	0	25,453,476
74.00 07400	RENAL DIALYSIS	1,808,306	50,431	101,292	0	1,960,029
76.00 03330	ENDOSCOPY	2,411,485	81,132	162,953	210,325	2,865,895
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	6,635,293	462,726	1,013,275	608,919	8,720,213
91.00 09100	EMERGENCY	10,208,080	260,711	523,640	879,233	11,871,664
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	4,632,719	27,623	89,319	111,545	4,861,206
107.00 10700	LIVER ACQUISITION	4,637,300	20,559	106,363	124,289	4,888,511
109.00 10900	PANCREAS ACQUISITION	127,424	97	1,136	1,258	129,915
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	446,925,086	8,536,872	17,330,077	16,681,718	444,371,725
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	389,009	27,265	54,761	11,791	482,826
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,468,894	0	0	176,937	3,645,831
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	3,512,599	2,081,093	0	201,514	5,795,206
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	454,295,588	10,645,230	17,384,838	17,071,960	454,295,588

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	97,843,072					5.00
6.00	00600	MAINTENANCE & REPAIRS	399,554	1,855,173				6.00
7.00	00700	OPERATION OF PLANT	4,372,519	301,192	20,603,263			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	449,417	5,705	75,635	2,168,031		8.00
9.00	00900	HOUSEKEEPING	1,209,565	23,793	315,459	0	5,955,391	9.00
10.00	01000	DIETARY	540,890	36,113	478,796	0	141,074	10.00
11.00	01100	CAFETERIA	963,765	10,885	144,313	0	42,521	11.00
13.00	01300	NURSING ADMINISTRATION	896,032	3,274	43,407	0	12,790	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	763,936	39,462	523,197	0	154,157	14.00
15.00	01500	PHARMACY	1,905,423	15,832	209,903	0	61,847	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	863,230	17,400	230,702	0	67,975	16.00
17.00	01700	SOCIAL SERVICE	13,394	1,221	16,185	0	4,769	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	13,094,609	0	0	0	0	22.00
23.00	02300	PARAMED-ED-PHARMACY RESIDENCY	78,255	629	8,341	0	2,458	23.00
23.01	02301	PARAMED-ED-CLINICAL PASTORAL ED	18,382	942	12,493	0	3,681	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,718,265	256,732	3,403,850	1,510,929	1,002,923	30.00
31.00	03100	INTENSIVE CARE UNIT	5,836,297	88,668	1,175,587	420,437	346,379	31.00
40.00	04000	SUBPROVIDER - IPF	1,669,869	49,439	655,478	236,665	193,133	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,980,377	128,204	1,699,778	0	500,829	50.00
51.00	05100	RECOVERY ROOM	707,899	25,394	336,683	0	99,202	51.00
53.00	05300	ANESTHESIOLOGY	374,845	17,647	233,967	0	68,937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,619,816	53,548	709,959	0	209,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	489,594	18,193	241,208	0	71,070	55.00
56.00	05600	RADIOISOTOPE	626,323	13,779	182,681	0	53,826	56.00
57.00	05700	CT SCAN	795,199	9,897	131,216	0	38,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	384,769	15,267	202,415	0	59,640	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,103,514	23,927	317,233	0	93,471	59.00
60.00	06000	LABORATORY	4,982,865	55,210	732,000	0	215,679	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,526,291	8,095	107,330	0	31,624	62.00
64.00	06400	INTRAVENOUS THERAPY	985,709	758	10,044	0	2,960	64.00
65.00	06500	RESPIRATORY THERAPY	1,223,102	12,033	159,539	0	47,007	65.00
66.00	06600	PHYSICAL THERAPY	827,510	20,265	268,679	0	79,165	66.00
67.00	06700	OCCUPATIONAL THERAPY	362,792	4,420	58,598	0	17,266	67.00
68.00	06800	SPEECH PATHOLOGY	58,532	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	780,523	12,949	171,678	0	50,584	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	158,395	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,275,290	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,386,738	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,986,750	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	538,010	9,784	129,726	0	38,223	74.00
76.00	03330	ENDOSCOPY	786,662	15,741	208,697	0	61,491	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,393,620	89,776	1,190,281	0	350,709	90.00
91.00	09100	EMERGENCY	3,258,665	50,582	670,633	0	197,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,334,357	5,359	71,056	0	20,936	105.00
107.00	10700	LIVER ACQUISITION	1,341,852	3,989	52,884	0	15,582	107.00
109.00	10900	PANCREAS ACQUISITION	35,660	19	248	0	73	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,119,061	1,446,123	15,179,879	2,168,031	4,357,426	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	132,531	5,290	70,133	0	20,664	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,000,748	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,590,732	403,760	5,353,251	0	1,577,301	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	97,843,072	1,855,173	20,603,263	2,168,031	5,955,391	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 4/6/2017 9:20 am
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,167,392					10.00
11.00	01100	0	4,672,584				11.00
13.00	01300	0	95,765	4,315,607			13.00
14.00	01400	0	38,951	0	4,302,802		14.00
15.00	01500	0	221,053	0	4,338	9,360,057	15.00
16.00	01600	0	96,237	0	0	0	16.00
17.00	01700	0	951	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	3,036	0	0	0	22.00
23.00	02300	0	8,774	0	0	0	23.00
23.01	02301	0	1,828	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,207,398	1,235,418	1,557,094	38,995	71	30.00
31.00	03100	614,238	596,786	1,181,453	13,735	0	31.00
40.00	04000	345,756	176,686	345,332	1,099	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	327,774	221,556	8,874	0	50.00
51.00	05100	0	73,107	169,772	562	0	51.00
53.00	05300	0	104,872	0	2,921	0	53.00
54.00	05400	0	188,840	54,036	3,308	4	54.00
55.00	05500	0	30,965	28,319	1,045	5	55.00
56.00	05600	0	15,945	0	198	13	56.00
57.00	05700	0	62,248	0	1,223	0	57.00
58.00	05800	0	31,630	0	170	0	58.00
59.00	05900	0	45,037	33,398	2,124	0	59.00
60.00	06000	0	242,540	0	10,964	829	60.00
62.00	06200	0	0	0	32	628,634	62.00
64.00	06400	0	1,795	0	65	0	64.00
65.00	06500	0	125,231	0	871	459	65.00
66.00	06600	0	90,566	0	273	20	66.00
67.00	06700	0	45,038	0	0	0	67.00
68.00	06800	0	7,644	0	0	0	68.00
69.00	06900	0	78,274	33,423	464	5,995	69.00
70.00	07000	0	8,839	0	1,267	238	70.00
71.00	07100	0	0	0	2,066,982	0	71.00
72.00	07200	0	0	0	2,131,859	0	72.00
73.00	07300	0	0	0	0	8,723,781	73.00
74.00	07400	0	0	0	461	8	74.00
76.00	03330	0	64,817	126,957	5,672	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	187,653	99,344	873	0	90.00
91.00	09100	0	270,956	371,624	4,296	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	34,375	93,299	39	0	105.00
107.00	10700	0	38,303	0	75	0	107.00
109.00	10900	0	388	0	1	0	109.00
113.00	11300	0	0	0	0	0	113.00
118.00		3,167,392	4,552,322	4,315,607	4,302,786	9,360,057	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	3,634	0	0	0	190.00
192.00	19200	0	54,527	0	14	0	192.00
194.00	07950	0	62,101	0	2	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		3,167,392	4,672,584	4,315,607	4,302,802	9,360,057	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
		16.00	17.00	19.00	20.00	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
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,420,382				16.00
17.00	01700	SOCIAL SERVICE	0	85,317			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0			22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	0			23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	249,644	59,459	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	167,023	16,545	0	0	31.00
40.00	04000	SUBPROVIDER - I/PF	48,892	9,313	0	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	305,875	0	0	0	50.00
51.00	05100	RECOVERY ROOM	29,763	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	56,886	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	236,264	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,279	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,326	0	0	0	56.00
57.00	05700	CT SCAN	343,417	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	84,102	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	96,332	0	0	0	59.00
60.00	06000	LABORATORY	577,049	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	57,486	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	124,812	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	66,856	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	32,045	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,355	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,177	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	61,356	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,040	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	309,172	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	223,451	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	802,204	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,466	0	0	0	74.00
76.00	03330	ENDOSCOPY	42,917	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	103,549	0	0	0	90.00
91.00	09100	EMERGENCY	280,513	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	21,241	0	0	0	105.00
107.00	10700	LIVER ACQUISITION	9,519	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	371	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,420,382	85,317	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,420,382	85,317	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

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

Worksheet B
Part I
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-OTHER PRGM COSTS A						
		22.00	23.00	23.01	24.00	25.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00	
20.00	02000	NURSING SCHOOL					20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES A					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	60,802,458				22.00	
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		383,549			23.00	
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED			104,294		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,862,838	334,177	72,684	97,201,367	-30,862,838	30.00
31.00	03100	INTENSIVE CARE UNIT	3,596,613	14,743	20,225	35,350,980	-3,596,613	31.00
40.00	04000	SUBPROVIDER - IPF	3,838,617	14,743	11,385	13,679,919	-3,838,617	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,042,878	1,638	0	34,361,829	-8,042,878	50.00
51.00	05100	RECOVERY ROOM	0	1,638	0	4,022,973	0	51.00
53.00	05300	ANESTHESIOLOGY	5,861,656	0	0	8,087,330	-5,861,656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,618,912	4,402	0	17,242,544	-3,618,912	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,703,323	0	55.00
56.00	05600	RADIOISOTOPE	0	448	0	3,180,299	0	56.00
57.00	05700	CT SCAN	0	597	0	4,279,455	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,179,746	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,735,257	0	59.00
60.00	06000	LABORATORY	1,965,798	6,245	0	26,942,287	-1,965,798	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,919,932	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,717,185	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,071	0	6,092,060	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,386	0	4,334,616	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	712	0	1,832,870	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	284,592	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,109	0	4,039,882	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	749,830	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	26,869,890	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,366,511	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	41,966,211	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,689,707	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	4,178,849	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	114,880	0	0	13,250,898	-114,880	90.00
91.00	09100	EMERGENCY	2,900,266	640	0	19,877,437	-2,900,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	6,441,868	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	0	6,350,715	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	166,675	0	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,802,458	383,549	104,294	434,097,037	-60,802,458	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	715,078	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,701,120	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	14,782,353	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	60,802,458	383,549	104,294	454,295,588	-60,802,458	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 4/6/2017 9:20 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300 PARAMED ED-PHARMACY RESIDENCY		23.00
23.01	02301 PARAMED ED-CLINICAL PASTORAL ED		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	66,338,529	30.00
31.00	03100 INTENSIVE CARE UNIT	31,754,367	31.00
40.00	04000 SUBPROVIDER - IPF	9,841,302	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	26,318,951	50.00
51.00	05100 RECOVERY ROOM	4,022,973	51.00
53.00	05300 ANESTHESIOLOGY	2,225,674	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,623,632	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,703,323	55.00
56.00	05600 RADIOISOTOPE	3,180,299	56.00
57.00	05700 CT SCAN	4,279,455	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,179,746	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,735,257	59.00
60.00	06000 LABORATORY	24,976,489	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,919,932	62.00
64.00	06400 INTRAVENOUS THERAPY	4,717,185	64.00
65.00	06500 RESPIRATORY THERAPY	6,092,060	65.00
66.00	06600 PHYSICAL THERAPY	4,334,616	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,832,870	67.00
68.00	06800 SPEECH PATHOLOGY	284,592	68.00
69.00	06900 ELECTROCARDIOLOGY	4,039,882	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	749,830	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	26,869,890	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,366,511	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,966,211	73.00
74.00	07400 RENAL DIALYSIS	2,689,707	74.00
76.00	03330 ENDOSCOPY	4,178,849	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	13,136,018	90.00
91.00	09100 EMERGENCY	16,977,171	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	6,441,868	105.00
107.00	10700 LIVER ACQUISITION	6,350,715	107.00
109.00	10900 PANCREAS ACQUISITION	166,675	109.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	373,294,579	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	715,078	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,701,120	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	14,782,353	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	393,493,130	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

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

Worksheet B
Part II
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,518	95,178	191,165	287,861	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	274,183	959,161	1,926,479	3,159,823	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	28,879	58,004	86,883	6.00
7.00 00700	OPERATION OF PLANT	0	1,552,415	3,118,034	4,670,449	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	29,403	59,057	88,460	8.00
9.00 00900	HOUSEKEEPING	0	122,636	246,314	368,950	9.00
10.00 01000	DIETARY	0	186,134	373,850	559,984	10.00
11.00 01100	CAFETERIA	0	56,102	112,682	168,784	11.00
13.00 01300	NURSING ADMINISTRATION	0	16,875	33,893	50,768	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	203,395	408,519	611,914	14.00
15.00 01500	PHARMACY	0	81,601	163,895	245,496	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	89,686	180,135	269,821	16.00
17.00 01700	SOCIAL SERVICE	0	6,292	12,637	18,929	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00 02300	PARAMED ED-PHARMACY RESIDENCY	0	3,243	6,513	9,756	23.00
23.01 02301	PARAMED ED-CLINICAL PASTORAL ED	0	4,857	9,755	14,612	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,323,260	2,657,773	3,981,033	30.00
31.00 03100	INTENSIVE CARE UNIT	0	457,014	917,914	1,374,928	31.00
40.00 04000	SUBPROVIDER - IPF	0	254,820	511,806	766,626	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,585	660,795	1,327,210	1,991,590	50.00
51.00 05100	RECOVERY ROOM	0	130,887	262,887	393,774	51.00
53.00 05300	ANESTHESIOLOGY	0	90,956	182,685	273,641	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	275,999	554,346	830,345	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	93,771	188,338	282,109	55.00
56.00 05600	RADIOISOTOPE	0	71,018	142,640	213,658	56.00
57.00 05700	CT SCAN	0	51,011	102,455	153,466	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	78,689	158,048	236,737	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	123,326	247,700	371,026	59.00
60.00 06000	LABORATORY	0	284,568	571,556	856,124	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	41,725	83,805	125,530	62.00
64.00 06400	INTRAVENOUS THERAPY	0	3,905	7,843	11,748	64.00
65.00 06500	RESPIRATORY THERAPY	0	62,022	124,571	186,593	65.00
66.00 06600	PHYSICAL THERAPY	0	104,450	209,788	314,238	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	22,780	45,754	68,534	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	66,740	134,048	200,788	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	50,431	101,292	151,723	74.00
76.00 03330	ENDOSCOPY	0	81,132	162,953	244,085	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	69,412	462,726	1,013,275	1,545,413	90.00
91.00 09100	EMERGENCY	0	260,711	523,640	784,351	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	27,976	27,623	89,319	144,918	105.00
107.00 10700	LIVER ACQUISITION	53,842	20,559	106,363	180,764	107.00
109.00 10900	PANCREAS ACQUISITION	780	97	1,136	2,013	109.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	431,296	8,536,872	17,330,077	26,298,245	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	27,265	54,761	82,026	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	378	0	0	378	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	2,081,093	0	2,081,093	194.00
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)	431,674	10,645,230	17,384,838	28,461,742	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0105		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 4/6/2017 9:20 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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	3,190,844				5.00
6.00	00600	MAINTENANCE & REPAIRS	13,031	100,953			6.00
7.00	00700	OPERATION OF PLANT	142,601	16,390	4,829,440		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,657	310	17,729	121,301	8.00
9.00	00900	HOUSEKEEPING	39,448	1,295	73,944	0	483,637
10.00	01000	DIETARY	17,640	1,965	112,231	0	11,457
11.00	01100	CAFETERIA	31,431	592	33,827	0	3,453
13.00	01300	NURSING ADMINISTRATION	29,222	178	10,175	0	1,039
14.00	01400	CENTRAL SERVICES & SUPPLY	24,914	2,147	122,638	0	12,519
15.00	01500	PHARMACY	62,142	862	49,202	0	5,023
16.00	01600	MEDICAL RECORDS & LIBRARY	28,153	947	54,077	0	5,520
17.00	01700	SOCIAL SERVICE	437	66	3,794	0	387
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	426,935	0	0	0	0
23.00	02300	PARAMED-ED-PHARMACY RESIDENCY	2,552	34	1,955	0	200
23.01	02301	PARAMED-ED-CLINICAL PASTORAL ED	599	51	2,928	0	299
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	382,169	13,971	797,868	84,537	81,447
31.00	03100	INTENSIVE CARE UNIT	190,340	4,825	275,560	23,523	28,129
40.00	04000	SUBPROVIDER - I/PF	54,460	2,690	153,645	13,241	15,684
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	162,425	6,976	398,431	0	40,672
51.00	05100	RECOVERY ROOM	23,087	1,382	78,919	0	8,056
53.00	05300	ANESTHESIOLOGY	12,225	960	54,842	0	5,598
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,440	2,914	166,416	0	16,988
55.00	05500	RADIOLOGY-THERAPEUTIC	15,967	990	56,540	0	5,772
56.00	05600	RADIOISOTOPE	20,426	750	42,821	0	4,371
57.00	05700	CT SCAN	25,934	539	30,757	0	3,140
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,548	831	47,446	0	4,843
59.00	05900	CARDIAC CATHETERIZATION	35,989	1,302	74,360	0	7,591
60.00	06000	LABORATORY	162,507	3,004	171,582	0	17,515
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,777	441	25,158	0	2,568
64.00	06400	INTRAVENOUS THERAPY	32,147	41	2,354	0	240
65.00	06500	RESPIRATORY THERAPY	39,889	655	37,396	0	3,817
66.00	06600	PHYSICAL THERAPY	26,988	1,103	62,979	0	6,429
67.00	06700	OCCUPATIONAL THERAPY	11,832	241	13,736	0	1,402
68.00	06800	SPEECH PATHOLOGY	1,909	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	25,455	705	40,242	0	4,108
70.00	07000	ELECTROENCEPHALOGRAPHY	5,166	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	172,044	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	175,678	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	227,860	0	0	0	0
74.00	07400	RENAL DIALYSIS	17,546	532	30,408	0	3,104
76.00	03330	ENDOSCOPY	25,655	857	48,919	0	4,994
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	78,063	4,885	279,004	0	28,481
91.00	09100	EMERGENCY	106,275	2,753	157,198	0	16,047
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	43,518	292	16,656	0	1,700
107.00	10700	LIVER ACQUISITION	43,762	217	12,396	0	1,265
109.00	10900	PANCREAS ACQUISITION	1,163	1	58	0	6
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,102,006	78,694	3,558,191	121,301	353,864
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	4,322	288	16,439	0	1,678
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,637	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	51,879	21,971	1,254,810	0	128,095
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,190,844	100,953	4,829,440	121,301	483,637

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 4/6/2017 9:20 am
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	703,277					10.00
11.00	01100	0	238,087				11.00
13.00	01300	0	4,879	101,502			13.00
14.00	01400	0	1,985	0	778,249		14.00
15.00	01500	0	11,262	0	785	386,869	15.00
16.00	01600	0	4,903	0	0	0	16.00
17.00	01700	0	48	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	155	0	0	0	22.00
23.00	02300	0	447	0	0	0	23.00
23.01	02301	0	93	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	490,123	62,969	36,627	7,053	0	30.00
31.00	03100	136,383	30,406	27,785	2,484	0	31.00
40.00	04000	76,771	9,002	8,122	199	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	16,700	5,211	1,605	0	50.00
51.00	05100	0	3,725	3,993	102	0	51.00
53.00	05300	0	5,343	0	528	0	53.00
54.00	05400	0	9,621	1,271	598	0	54.00
55.00	05500	0	1,578	666	189	0	55.00
56.00	05600	0	812	0	36	1	56.00
57.00	05700	0	3,171	0	221	0	57.00
58.00	05800	0	1,612	0	31	0	58.00
59.00	05900	0	2,295	785	384	0	59.00
60.00	06000	0	12,357	0	1,983	34	60.00
62.00	06200	0	0	0	6	25,983	62.00
64.00	06400	0	91	0	12	0	64.00
65.00	06500	0	6,380	0	158	19	65.00
66.00	06600	0	4,614	0	49	1	66.00
67.00	06700	0	2,295	0	0	0	67.00
68.00	06800	0	389	0	0	0	68.00
69.00	06900	0	3,988	786	84	248	69.00
70.00	07000	0	450	0	229	10	70.00
71.00	07100	0	0	0	373,856	0	71.00
72.00	07200	0	0	0	385,589	0	72.00
73.00	07300	0	0	0	0	360,570	73.00
74.00	07400	0	0	0	83	0	74.00
76.00	03330	0	3,302	2,986	1,026	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	9,561	2,336	158	0	90.00
91.00	09100	0	13,805	8,740	777	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	1,751	2,194	7	0	105.00
107.00	10700	0	1,951	0	14	0	107.00
109.00	10900	0	20	0	0	0	109.00
113.00	11300	0	0	0	0	0	113.00
118.00		703,277	231,960	101,502	778,246	386,869	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	185	0	0	0	190.00
192.00	19200	0	2,778	0	3	0	192.00
194.00	07950	0	3,164	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		703,277	238,087	101,502	778,249	386,869	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

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

Worksheet B
Part II
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	
	16.00	17.00	19.00	20.00	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
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	368,687					16.00
17.00 01700 SOCIAL SERVICE	0	23,713				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
23.00 02300 PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01 02301 PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	20,874	16,525				30.00
31.00 03100 INTENSIVE CARE UNIT	13,965	4,599				31.00
40.00 04000 SUBPROVIDER - I/PF	4,088	2,589				40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	25,575	0				50.00
51.00 05100 RECOVERY ROOM	2,489	0				51.00
53.00 05300 ANESTHESIOLOGY	4,756	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,755	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3,284	0				55.00
56.00 05600 RADIOISOTOPE	445	0				56.00
57.00 05700 CT SCAN	28,714	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	7,032	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	8,055	0				59.00
60.00 06000 LABORATORY	48,249	0				60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,807	0				62.00
64.00 06400 INTRAVENOUS THERAPY	10,436	0				64.00
65.00 06500 RESPIRATORY THERAPY	5,590	0				65.00
66.00 06600 PHYSICAL THERAPY	2,679	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	1,869	0				67.00
68.00 06800 SPEECH PATHOLOGY	433	0				68.00
69.00 06900 ELECTROCARDIOLOGY	5,130	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	338	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	25,851	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	18,683	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	66,160	0				73.00
74.00 07400 RENAL DIALYSIS	1,126	0				74.00
76.00 03330 ENDOSCOPY	3,588	0				76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	8,658	0				90.00
91.00 09100 EMERGENCY	23,455	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	1,776	0				105.00
107.00 10700 LIVER ACQUISITION	796	0				107.00
109.00 10900 PANCREAS ACQUISITION	31	0				109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	368,687	23,713	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0				190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0				194.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	368,687	23,713	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

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

Worksheet B
Part II
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS A					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	427,256				22.00
23.00 02300	PARAMED ED-PHARMACY RESIDENCY		15,424			23.00
23.01 02301	PARAMED ED-CLINICAL PASTORAL ED			18,682		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			6,042,761		0 30.00
31.00 03100	INTENSIVE CARE UNIT			2,145,585		0 31.00
40.00 04000	SUBPROVIDER - I/PF			1,116,786		0 40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			2,667,122		0 50.00
51.00 05100	RECOVERY ROOM			519,528		0 51.00
53.00 05300	ANESTHESIOLOGY			363,632		0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			1,143,682		0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			368,789		0 55.00
56.00 05600	RADIOISOTOPE			284,193		0 56.00
57.00 05700	CT SCAN			249,348		0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			312,811		0 58.00
59.00 05900	CARDIAC CATHETERIZATION			504,252		0 59.00
60.00 06000	LABORATORY			1,286,628		0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			234,270		0 62.00
64.00 06400	INTRAVENOUS THERAPY			57,167		0 64.00
65.00 06500	RESPIRATORY THERAPY			287,350		0 65.00
66.00 06600	PHYSICAL THERAPY			424,036		0 66.00
67.00 06700	OCCUPATIONAL THERAPY			102,374		0 67.00
68.00 06800	SPEECH PATHOLOGY			3,149		0 68.00
69.00 06900	ELECTROCARDIOLOGY			285,817		0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			6,677		0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT			571,751		0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			579,950		0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			654,590		0 73.00
74.00 07400	RENAL DIALYSIS			204,522		0 74.00
76.00 03330	ENDOSCOPY			338,959		0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC			1,966,828		0 90.00
91.00 09100	EMERGENCY			1,128,229		0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					0 92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION			214,693		0 105.00
107.00 10700	LIVER ACQUISITION			243,261		0 107.00
109.00 10900	PANCREAS ACQUISITION			3,313		0 109.00
113.00 11300	INTEREST EXPENSE					0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	24,312,053	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN			105,137		0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES			38,780		0 192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS			3,544,410		0 194.00
200.00	Cross Foot Adjustments	427,256	15,424	18,682	461,362	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	427,256	15,424	18,682	28,461,742	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 4/6/2017 9:20 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300 PARAMED ED-PHARMACY RESIDENCY		23.00
23.01	02301 PARAMED ED-CLINICAL PASTORAL ED		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	6,042,761	30.00
31.00	03100 INTENSIVE CARE UNIT	2,145,585	31.00
40.00	04000 SUBPROVIDER - IPF	1,116,786	40.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,667,122	50.00
51.00	05100 RECOVERY ROOM	519,528	51.00
53.00	05300 ANESTHESIOLOGY	363,632	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,143,682	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	368,789	55.00
56.00	05600 RADIOISOTOPE	284,193	56.00
57.00	05700 CT SCAN	249,348	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	312,811	58.00
59.00	05900 CARDIAC CATHETERIZATION	504,252	59.00
60.00	06000 LABORATORY	1,286,628	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	234,270	62.00
64.00	06400 INTRAVENOUS THERAPY	57,167	64.00
65.00	06500 RESPIRATORY THERAPY	287,350	65.00
66.00	06600 PHYSICAL THERAPY	424,036	66.00
67.00	06700 OCCUPATIONAL THERAPY	102,374	67.00
68.00	06800 SPEECH PATHOLOGY	3,149	68.00
69.00	06900 ELECTROCARDIOLOGY	285,817	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6,677	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	571,751	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	579,950	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	654,590	73.00
74.00	07400 RENAL DIALYSIS	204,522	74.00
76.00	03330 ENDOSCOPY	338,959	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1,966,828	90.00
91.00	09100 EMERGENCY	1,128,229	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	214,693	105.00
107.00	10700 LIVER ACQUISITION	243,261	107.00
109.00	10900 PANCREAS ACQUISITION	3,313	109.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,312,053	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	105,137	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	38,780	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	3,544,410	194.00
200.00	Cross Foot Adjustments	461,362	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	28,461,742	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	771,511					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		627,314				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,898	6,898	118,187,640			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	69,515	69,515	12,734,495	-97,843,072	356,452,516	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,093	2,093	426,410	0	1,455,619	6.00
7.00 00700	OPERATION OF PLANT	112,511	112,511	0	0	15,929,552	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,131	2,131	59,646	0	1,637,274	8.00
9.00 00900	HOUSEKEEPING	8,888	8,888	0	0	4,406,574	9.00
10.00 01000	DIETARY	13,490	13,490	0	0	1,970,519	10.00
11.00 01100	CAFETERIA	4,066	4,066	0	0	3,511,100	11.00
13.00 01300	NURSING ADMINISTRATION	1,223	1,223	2,151,306	0	3,264,339	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,741	14,741	875,005	0	2,783,099	14.00
15.00 01500	PHARMACY	5,914	5,914	4,965,820	0	6,941,661	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,500	6,500	2,161,905	0	3,144,838	16.00
17.00 01700	SOCIAL SERVICE	456	456	21,357	0	48,797	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	68,203	0	47,704,813	22.00
23.00 02300	PARAMED ED-PHARMACY RESIDENCY	235	235	197,094	0	285,092	23.00
23.01 02301	PARAMED ED-CLINICAL PASTORAL ED	352	352	41,072	0	66,968	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	95,903	95,903	27,753,401	0	42,690,890	30.00
31.00 03100	INTENSIVE CARE UNIT	33,122	33,122	13,406,401	0	21,262,251	31.00
40.00 04000	SUBPROVIDER - I/PF	18,468	18,468	3,969,137	0	6,083,512	40.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	47,891	47,891	7,363,231	0	18,144,046	50.00
51.00 05100	RECOVERY ROOM	9,486	9,486	1,642,300	0	2,578,953	51.00
53.00 05300	ANESTHESIOLOGY	6,592	6,592	2,355,876	0	1,365,599	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,003	20,003	4,242,172	0	9,544,270	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	6,796	6,796	695,603	0	1,783,645	55.00
56.00 05600	RADIOISOTOPE	5,147	5,147	358,199	0	2,281,760	56.00
57.00 05700	CT SCAN	3,697	3,697	1,398,351	0	2,896,996	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,703	5,703	710,540	0	1,401,753	58.00
59.00 05900	CARDIAC CATHETERIZATION	8,938	8,938	1,011,730	0	4,020,221	59.00
60.00 06000	LABORATORY	20,624	20,624	5,448,509	0	18,153,108	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,024	3,024	0	0	5,560,440	62.00
64.00 06400	INTRAVENOUS THERAPY	283	283	40,332	0	3,591,042	64.00
65.00 06500	RESPIRATORY THERAPY	4,495	4,495	2,813,231	0	4,455,891	65.00
66.00 06600	PHYSICAL THERAPY	7,570	7,570	2,034,512	0	3,014,707	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,651	1,651	1,011,752	0	1,321,689	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	171,726	0	213,239	68.00
69.00 06900	ELECTROCARDIOLOGY	4,837	4,837	1,758,384	0	2,843,527	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	198,558	0	577,051	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	19,218,446	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	19,624,463	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	25,453,476	73.00
74.00 07400	RENAL DIALYSIS	3,655	3,655	0	0	1,960,029	74.00
76.00 03330	ENDOSCOPY	5,880	5,880	1,456,061	0	2,865,895	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	33,536	36,563	4,215,491	0	8,720,213	90.00
91.00 09100	EMERGENCY	18,895	18,895	6,086,848	0	11,871,664	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	2,002	3,223	772,216	0	4,861,206	105.00
107.00 10700	LIVER ACQUISITION	1,490	3,838	860,441	0	4,888,511	107.00
109.00 10900	PANCREAS ACQUISITION	7	41	8,709	0	129,915	109.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	618,708	625,338	115,486,024	-97,843,072	346,528,653	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	1,976	1,976	81,631	0	482,826	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,224,920	0	3,645,831	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	150,827	0	1,395,065	0	5,795,206	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,645,230	17,384,838	17,071,960		97,843,072	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.797898	27.713136	0.144448		0.274491	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
204.00	Cost to be allocated (per Wkst. B, Part II)			287,861		3,190,844	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002436		0.008952	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	693,005					6.00
7.00	00700	112,511	580,494				7.00
8.00	00800	2,131	2,131	100,915			8.00
9.00	00900	8,888	8,888	0	569,475		9.00
10.00	01000	13,490	13,490	0	13,490	100,915	10.00
11.00	01100	4,066	4,066	0	4,066	0	11.00
13.00	01300	1,223	1,223	0	1,223	0	13.00
14.00	01400	14,741	14,741	0	14,741	0	14.00
15.00	01500	5,914	5,914	0	5,914	0	15.00
16.00	01600	6,500	6,500	0	6,500	0	16.00
17.00	01700	456	456	0	456	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	235	235	0	235	0	23.00
23.01	02301	352	352	0	352	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	95,903	95,903	70,329	95,903	70,329	30.00
31.00	03100	33,122	33,122	19,570	33,122	19,570	31.00
40.00	04000	18,468	18,468	11,016	18,468	11,016	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	47,891	47,891	0	47,891	0	50.00
51.00	05100	9,486	9,486	0	9,486	0	51.00
53.00	05300	6,592	6,592	0	6,592	0	53.00
54.00	05400	20,003	20,003	0	20,003	0	54.00
55.00	05500	6,796	6,796	0	6,796	0	55.00
56.00	05600	5,147	5,147	0	5,147	0	56.00
57.00	05700	3,697	3,697	0	3,697	0	57.00
58.00	05800	5,703	5,703	0	5,703	0	58.00
59.00	05900	8,938	8,938	0	8,938	0	59.00
60.00	06000	20,624	20,624	0	20,624	0	60.00
62.00	06200	3,024	3,024	0	3,024	0	62.00
64.00	06400	283	283	0	283	0	64.00
65.00	06500	4,495	4,495	0	4,495	0	65.00
66.00	06600	7,570	7,570	0	7,570	0	66.00
67.00	06700	1,651	1,651	0	1,651	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	4,837	4,837	0	4,837	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	3,655	3,655	0	3,655	0	74.00
76.00	03330	5,880	5,880	0	5,880	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	33,536	33,536	0	33,536	0	90.00
91.00	09100	18,895	18,895	0	18,895	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	2,002	2,002	0	2,002	0	105.00
107.00	10700	1,490	1,490	0	1,490	0	107.00
109.00	10900	7	7	0	7	0	109.00
113.00	11300						113.00
118.00		540,202	427,691	100,915	416,672	100,915	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,976	1,976	0	1,976	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	150,827	150,827	0	150,827	0	194.00
200.00							200.00
201.00							201.00
202.00		1,855,173	20,603,263	2,168,031	5,955,391	3,167,392	202.00
203.00		2.676998	35.492637	21.483734	10.457686	31.386731	203.00
204.00		100,953	4,829,440	121,301	483,637	703,277	204.00
205.00		0.145674	8.319535	1.202012	0.849268	6.969004	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	104,967,089					11.00
13.00	01300	2,151,306	30,269,581				13.00
14.00	01400	875,005	0	40,006,605			14.00
15.00	01500	4,965,820	0	40,338	25,807,182		15.00
16.00	01600	2,161,905	0	4	0	1,857,004,151	16.00
17.00	01700	21,357	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	68,203	0	0	0	0	22.00
23.00	02300	197,094	0	0	0	0	23.00
23.01	02301	41,072	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	27,753,401	10,921,369	362,567	195	104,892,513	30.00
31.00	03100	13,406,401	8,286,711	127,704	0	70,177,856	31.00
40.00	04000	3,969,137	2,422,162	10,217	0	20,542,829	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,363,231	1,553,993	82,511	0	128,518,901	50.00
51.00	05100	1,642,300	1,190,780	5,228	0	12,505,379	51.00
53.00	05300	2,355,876	0	27,163	0	23,901,831	53.00
54.00	05400	4,242,172	379,012	30,755	10	99,270,638	54.00
55.00	05500	695,603	198,630	9,719	13	16,503,713	55.00
56.00	05600	358,199	0	1,843	36	2,237,630	56.00
57.00	05700	1,398,351	0	11,371	0	144,292,833	57.00
58.00	05800	710,540	0	1,582	0	35,337,148	58.00
59.00	05900	1,011,730	234,251	19,753	0	40,475,722	59.00
60.00	06000	5,448,509	0	101,944	2,287	242,457,480	60.00
62.00	06200	0	0	293	1,733,244	24,153,691	62.00
64.00	06400	40,332	0	604	0	52,442,226	64.00
65.00	06500	2,813,231	0	8,097	1,266	28,090,609	65.00
66.00	06600	2,034,512	0	2,536	55	13,464,256	66.00
67.00	06700	1,011,752	0	0	0	9,392,965	67.00
68.00	06800	171,726	0	0	0	2,175,071	68.00
69.00	06900	1,758,384	234,426	4,318	16,530	25,779,768	69.00
70.00	07000	198,558	0	11,784	655	1,697,287	70.00
71.00	07100	0	0	19,218,446	0	129,904,360	71.00
72.00	07200	0	0	19,821,531	0	93,886,787	72.00
73.00	07300	0	0	0	24,052,870	336,761,994	73.00
74.00	07400	0	0	4,285	21	5,657,851	74.00
76.00	03330	1,456,061	890,478	52,734	0	18,032,147	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	4,215,491	696,799	8,116	0	43,507,975	90.00
91.00	09100	6,086,848	2,606,572	39,947	0	117,862,623	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	772,216	654,398	362	0	8,924,722	105.00
107.00	10700	860,441	0	697	0	3,999,635	107.00
109.00	10900	8,709	0	10	0	155,711	109.00
113.00	11300						113.00
118.00		102,265,473	30,269,581	40,006,459	25,807,182	1,857,004,151	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	81,631	0	0	0	0	190.00
192.00	19200	1,224,920	0	131	0	0	192.00
194.00	07950	1,395,065	0	15	0	0	194.00
200.00							200.00
201.00							201.00
202.00		4,672,584	4,315,607	4,302,802	9,360,057	4,420,382	202.00
203.00		0.044515	0.142572	0.107552	0.362692	0.002380	203.00
204.00		238,087	101,502	778,249	386,869	368,687	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002268	0.003353	0.019453	0.014991	0.000199	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
19.00 01900	100,915					17.00
20.00 02000				0		19.00
21.00 02100					0	20.00
22.00 02200						21.00
23.00 02300						22.00
23.01 02301						23.00
					610,778	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	70,329		0	0	0	30.00
31.00 03100	19,570		0	0	0	31.00
40.00 04000	11,016		0	0	0	30.00
						31.00
						40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0	0	0	0	80,793	50.00
51.00 05100	0	0	0	0	0	51.00
53.00 05300	0	0	0	0	58,882	53.00
54.00 05400	0	0	0	0	36,353	54.00
55.00 05500	0	0	0	0	0	55.00
56.00 05600	0	0	0	0	0	56.00
57.00 05700	0	0	0	0	0	57.00
58.00 05800	0	0	0	0	0	58.00
59.00 05900	0	0	0	0	0	59.00
60.00 06000	0	0	0	0	19,747	60.00
62.00 06200	0	0	0	0	0	62.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	0	0	0	0	65.00
66.00 06600	0	0	0	0	0	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	0	0	0	0	0	69.00
70.00 07000	0	0	0	0	0	70.00
71.00 07100	0	0	0	0	0	71.00
72.00 07200	0	0	0	0	0	72.00
73.00 07300	0	0	0	0	0	73.00
74.00 07400	0	0	0	0	0	74.00
76.00 03330	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0	0	0	0	1,154	90.00
91.00 09100	0	0	0	0	29,134	91.00
92.00 09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	0	0	0	0	0	105.00
107.00 10700	0	0	0	0	0	107.00
109.00 10900	0	0	0	0	0	109.00
113.00 11300	0	0	0	0	0	113.00
118.00	100,915	0	0	0	610,778	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	0	0	0	190.00
192.00 19200	0	0	0	0	0	192.00
194.00 07950	0	0	0	0	0	194.00
200.00						200.00
201.00						201.00
202.00	85,317	0	0	0	60,802,458	202.00
203.00	0.845434	0.000000	0.000000	0.000000	99.549195	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	
					17.00	19.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	23,713	0	0	0	427,256	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.234980	0.000000	0.000000	0.000000	0.699527	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (PATIENT DAYS)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
19.00	01900			19.00
20.00	02000			20.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300	89,910		23.00
23.01	02301		100,915	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	78,336	70,329	30.00
31.00	03100	3,456	19,570	31.00
40.00	04000	3,456	11,016	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	384	0	50.00
51.00	05100	384	0	51.00
53.00	05300	0	0	53.00
54.00	05400	1,032	0	54.00
55.00	05500	0	0	55.00
56.00	05600	105	0	56.00
57.00	05700	140	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	1,464	0	60.00
62.00	06200	0	0	62.00
64.00	06400	0	0	64.00
65.00	06500	251	0	65.00
66.00	06600	325	0	66.00
67.00	06700	167	0	67.00
68.00	06800	0	0	68.00
69.00	06900	260	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
76.00	03330	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	0	0	90.00
91.00	09100	150	0	91.00
92.00	09200			92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	0	0	105.00
107.00	10700	0	0	107.00
109.00	10900	0	0	109.00
113.00	11300			113.00
118.00		89,910	100,915	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	0	190.00
192.00	19200	0	0	192.00
194.00	07950	0	0	194.00
200.00				200.00
201.00				201.00
202.00		383,549	104,294	202.00
203.00		4.265921	1.033484	203.00
204.00		15,424	18,682	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (PATIENT DAYS)	
		23.00	23.01	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.171549	0.185126	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

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

Worksheet C
Part I
Date/Time Prepared:
4/6/2017 9:20 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	66,338,529	66,338,529	9,460	66,347,989	30.00	
31.00	03100 INTENSIVE CARE UNIT	31,754,367	31,754,367	2,937	31,757,304	31.00	
40.00	04000 SUBPROVIDER - IPF	9,841,302	9,841,302	0	9,841,302	40.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	26,318,951	26,318,951	3,280	26,322,231	50.00	
51.00	05100 RECOVERY ROOM	4,022,973	4,022,973	0	4,022,973	51.00	
53.00	05300 ANESTHESIOLOGY	2,225,674	2,225,674	0	2,225,674	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,623,632	13,623,632	0	13,623,632	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	2,703,323	2,703,323	0	2,703,323	55.00	
56.00	05600 RADIOISOTOPE	3,180,299	3,180,299	0	3,180,299	56.00	
57.00	05700 CT SCAN	4,279,455	4,279,455	0	4,279,455	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,179,746	2,179,746	0	2,179,746	58.00	
59.00	05900 CARDIAC CATHETERIZATION	5,735,257	5,735,257	0	5,735,257	59.00	
60.00	06000 LABORATORY	24,976,489	24,976,489	26,016	25,002,505	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,919,932	7,919,932	0	7,919,932	62.00	
64.00	06400 INTRAVENOUS THERAPY	4,717,185	4,717,185	0	4,717,185	64.00	
65.00	06500 RESPIRATORY THERAPY	6,092,060	6,092,060	0	6,092,060	65.00	
66.00	06600 PHYSICAL THERAPY	4,334,616	4,334,616	0	4,334,616	66.00	
67.00	06700 OCCUPATIONAL THERAPY	1,832,870	1,832,870	0	1,832,870	67.00	
68.00	06800 SPEECH PATHOLOGY	284,592	284,592	0	284,592	68.00	
69.00	06900 ELECTROCARDIOLOGY	4,039,882	4,039,882	1,002	4,040,884	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	749,830	749,830	0	749,830	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	26,869,890	26,869,890	0	26,869,890	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,366,511	27,366,511	0	27,366,511	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	41,966,211	41,966,211	0	41,966,211	73.00	
74.00	07400 RENAL DIALYSIS	2,689,707	2,689,707	0	2,689,707	74.00	
76.00	03330 ENDOSCOPY	4,178,849	4,178,849	0	4,178,849	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	13,136,018	13,136,018	0	13,136,018	90.00	
91.00	09100 EMERGENCY	16,977,171	16,977,171	2,078	16,979,249	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	3,654,013	3,654,013		3,654,013	92.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	6,441,868	6,441,868		6,441,868	105.00	
107.00	10700 LIVER ACQUISITION	6,350,715	6,350,715		6,350,715	107.00	
109.00	10900 PANCREAS ACQUISITION	166,675	166,675		166,675	109.00	
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	376,948,592	376,948,592	44,773	376,993,365	200.00	
201.00	Less Observation Beds	3,654,013	3,654,013		3,654,013	201.00	
202.00	Total (see instructions)	373,294,579	373,294,579	44,773	373,339,352	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	104,892,513		104,892,513	30.00
31.00	03100	INTENSIVE CARE UNIT	70,177,856		70,177,856	31.00
40.00	04000	SUBPROVIDER - IPF	20,542,829		20,542,829	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	74,233,161	54,285,740	128,518,901	50.00
51.00	05100	RECOVERY ROOM	7,432,509	5,072,870	12,505,379	51.00
53.00	05300	ANESTHESIOLOGY	14,860,791	9,041,040	23,901,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,153,811	56,116,827	99,270,638	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	786,438	15,717,275	16,503,713	55.00
56.00	05600	RADIOISOTOPE	1,330,958	906,672	2,237,630	56.00
57.00	05700	CT SCAN	73,826,045	70,466,788	144,292,833	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,894,179	24,442,969	35,337,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,676,708	19,799,014	40,475,722	59.00
60.00	06000	LABORATORY	152,269,641	90,187,839	242,457,480	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,656,322	3,497,369	24,153,691	62.00
64.00	06400	INTRAVENOUS THERAPY	36,397,279	16,044,947	52,442,226	64.00
65.00	06500	RESPIRATORY THERAPY	26,355,498	1,735,111	28,090,609	65.00
66.00	06600	PHYSICAL THERAPY	10,413,980	3,050,276	13,464,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,299,738	1,093,227	9,392,965	67.00
68.00	06800	SPEECH PATHOLOGY	2,003,898	171,173	2,175,071	68.00
69.00	06900	ELECTROCARDIOLOGY	19,909,017	5,870,751	25,779,768	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,156,743	540,544	1,697,287	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	91,769,295	38,135,065	129,904,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,571,933	32,314,854	93,886,787	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,746,794	89,015,200	336,761,994	73.00
74.00	07400	RENAL DIALYSIS	5,378,108	279,743	5,657,851	74.00
76.00	03330	ENDOSCOPY	5,671,568	12,360,579	18,032,147	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	319,266	43,188,709	43,507,975	90.00
91.00	09100	EMERGENCY	43,191,992	74,670,631	117,862,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,863,478	3,673,689	5,537,167	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,176,955	4,747,767	8,924,722	105.00
107.00	10700	LIVER ACQUISITION	2,455,431	1,544,204	3,999,635	107.00
109.00	10900	PANCREAS ACQUISITION	133,439	22,272	155,711	109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	1,184,548,173	677,993,145	1,862,541,318	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	1,184,548,173	677,993,145	1,862,541,318	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.204812		50.00
51.00	05100 RECOVERY ROOM	0.321699		51.00
53.00	05300 ANESTHESIOLOGY	0.093117		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137237		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.163801		55.00
56.00	05600 RADIOISOTOPE	1.421280		56.00
57.00	05700 CT SCAN	0.029658		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.061684		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141696		59.00
60.00	06000 LABORATORY	0.103121		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327897		62.00
64.00	06400 INTRAVENOUS THERAPY	0.089950		64.00
65.00	06500 RESPIRATORY THERAPY	0.216872		65.00
66.00	06600 PHYSICAL THERAPY	0.321935		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195132		67.00
68.00	06800 SPEECH PATHOLOGY	0.130843		68.00
69.00	06900 ELECTROCARDIOLOGY	0.156746		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.441782		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.206844		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.291484		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.124617		73.00
74.00	07400 RENAL DIALYSIS	0.475394		74.00
76.00	03330 ENDOSCOPY	0.231744		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.301922		90.00
91.00	09100 EMERGENCY	0.144060		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.659907		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

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

Worksheet C
Part I
Date/Time Prepared:
4/6/2017 9:20 am

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	66,338,529		66,338,529	9,460	66,347,989	30.00
31.00	03100 INTENSIVE CARE UNIT	31,754,367		31,754,367	2,937	31,757,304	31.00
40.00	04000 SUBPROVIDER - IPF	9,841,302		9,841,302	0	9,841,302	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	26,318,951		26,318,951	3,280	26,322,231	50.00
51.00	05100 RECOVERY ROOM	4,022,973		4,022,973	0	4,022,973	51.00
53.00	05300 ANESTHESIOLOGY	2,225,674		2,225,674	0	2,225,674	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,623,632		13,623,632	0	13,623,632	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,703,323		2,703,323	0	2,703,323	55.00
56.00	05600 RADIOISOTOPE	3,180,299		3,180,299	0	3,180,299	56.00
57.00	05700 CT SCAN	4,279,455		4,279,455	0	4,279,455	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,179,746		2,179,746	0	2,179,746	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,735,257		5,735,257	0	5,735,257	59.00
60.00	06000 LABORATORY	24,976,489		24,976,489	26,016	25,002,505	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,919,932		7,919,932	0	7,919,932	62.00
64.00	06400 INTRAVENOUS THERAPY	4,717,185		4,717,185	0	4,717,185	64.00
65.00	06500 RESPIRATORY THERAPY	6,092,060	0	6,092,060	0	6,092,060	65.00
66.00	06600 PHYSICAL THERAPY	4,334,616	0	4,334,616	0	4,334,616	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,832,870	0	1,832,870	0	1,832,870	67.00
68.00	06800 SPEECH PATHOLOGY	284,592	0	284,592	0	284,592	68.00
69.00	06900 ELECTROCARDIOLOGY	4,039,882		4,039,882	1,002	4,040,884	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	749,830		749,830	0	749,830	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	26,869,890		26,869,890	0	26,869,890	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,366,511		27,366,511	0	27,366,511	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,966,211		41,966,211	0	41,966,211	73.00
74.00	07400 RENAL DIALYSIS	2,689,707		2,689,707	0	2,689,707	74.00
76.00	03330 ENDOSCOPY	4,178,849		4,178,849	0	4,178,849	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	13,136,018		13,136,018	0	13,136,018	90.00
91.00	09100 EMERGENCY	16,977,171		16,977,171	2,078	16,979,249	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	3,654,013		3,654,013		3,654,013	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	6,441,868		6,441,868		6,441,868	105.00
107.00	10700 LIVER ACQUISITION	6,350,715		6,350,715		6,350,715	107.00
109.00	10900 PANCREAS ACQUISITION	166,675		166,675		166,675	109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	376,948,592	0	376,948,592	44,773	376,993,365	200.00
201.00	Less Observation Beds	3,654,013		3,654,013		3,654,013	201.00
202.00	Total (see instructions)	373,294,579	0	373,294,579	44,773	373,339,352	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 4/6/2017 9:20 am
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	104,892,513		104,892,513		30.00
31.00	03100	INTENSIVE CARE UNIT	70,177,856		70,177,856		31.00
40.00	04000	SUBPROVIDER - IPF	20,542,829		20,542,829		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	74,233,161	54,285,740	128,518,901	0.204787	50.00
51.00	05100	RECOVERY ROOM	7,432,509	5,072,870	12,505,379	0.321699	51.00
53.00	05300	ANESTHESIOLOGY	14,860,791	9,041,040	23,901,831	0.093117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,153,811	56,116,827	99,270,638	0.137237	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	786,438	15,717,275	16,503,713	0.163801	55.00
56.00	05600	RADIOISOTOPE	1,330,958	906,672	2,237,630	1.421280	56.00
57.00	05700	CT SCAN	73,826,045	70,466,788	144,292,833	0.029658	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,894,179	24,442,969	35,337,148	0.061684	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,676,708	19,799,014	40,475,722	0.141696	59.00
60.00	06000	LABORATORY	152,269,641	90,187,839	242,457,480	0.103014	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,656,322	3,497,369	24,153,691	0.327897	62.00
64.00	06400	INTRAVENOUS THERAPY	36,397,279	16,044,947	52,442,226	0.089950	64.00
65.00	06500	RESPIRATORY THERAPY	26,355,498	1,735,111	28,090,609	0.216872	65.00
66.00	06600	PHYSICAL THERAPY	10,413,980	3,050,276	13,464,256	0.321935	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,299,738	1,093,227	9,392,965	0.195132	67.00
68.00	06800	SPEECH PATHOLOGY	2,003,898	171,173	2,175,071	0.130843	68.00
69.00	06900	ELECTROCARDIOLOGY	19,909,017	5,870,751	25,779,768	0.156707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,156,743	540,544	1,697,287	0.441782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	91,769,295	38,135,065	129,904,360	0.206844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,571,933	32,314,854	93,886,787	0.291484	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,746,794	89,015,200	336,761,994	0.124617	73.00
74.00	07400	RENAL DIALYSIS	5,378,108	279,743	5,657,851	0.475394	74.00
76.00	03330	ENDOSCOPY	5,671,568	12,360,579	18,032,147	0.231744	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	319,266	43,188,709	43,507,975	0.301922	90.00
91.00	09100	EMERGENCY	43,191,992	74,670,631	117,862,623	0.144042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,863,478	3,673,689	5,537,167	0.659907	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	4,176,955	4,747,767	8,924,722		105.00
107.00	10700	LIVER ACQUISITION	2,455,431	1,544,204	3,999,635		107.00
109.00	10900	PANCREAS ACQUISITION	133,439	22,272	155,711		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,184,548,173	677,993,145	1,862,541,318		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,184,548,173	677,993,145	1,862,541,318		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 4/6/2017 9:20 am
		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
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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	03330 ENDOSCOPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

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

Worksheet C
Part I
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	66,338,529		66,338,529	9,460	66,347,989	30.00
31.00	03100 INTENSIVE CARE UNIT	31,754,367		31,754,367	2,937	31,757,304	31.00
40.00	04000 SUBPROVIDER - IPF	9,841,302		9,841,302	0	9,841,302	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	26,318,951		26,318,951	3,280	26,322,231	50.00
51.00	05100 RECOVERY ROOM	4,022,973		4,022,973	0	4,022,973	51.00
53.00	05300 ANESTHESIOLOGY	2,225,674		2,225,674	0	2,225,674	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,623,632		13,623,632	0	13,623,632	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,703,323		2,703,323	0	2,703,323	55.00
56.00	05600 RADIOISOTOPE	3,180,299		3,180,299	0	3,180,299	56.00
57.00	05700 CT SCAN	4,279,455		4,279,455	0	4,279,455	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,179,746		2,179,746	0	2,179,746	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,735,257		5,735,257	0	5,735,257	59.00
60.00	06000 LABORATORY	24,976,489		24,976,489	26,016	25,002,505	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,919,932		7,919,932	0	7,919,932	62.00
64.00	06400 INTRAVENOUS THERAPY	4,717,185		4,717,185	0	4,717,185	64.00
65.00	06500 RESPIRATORY THERAPY	6,092,060	0	6,092,060	0	6,092,060	65.00
66.00	06600 PHYSICAL THERAPY	4,334,616	0	4,334,616	0	4,334,616	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,832,870	0	1,832,870	0	1,832,870	67.00
68.00	06800 SPEECH PATHOLOGY	284,592	0	284,592	0	284,592	68.00
69.00	06900 ELECTROCARDIOLOGY	4,039,882		4,039,882	1,002	4,040,884	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	749,830		749,830	0	749,830	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	26,869,890		26,869,890	0	26,869,890	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,366,511		27,366,511	0	27,366,511	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,966,211		41,966,211	0	41,966,211	73.00
74.00	07400 RENAL DIALYSIS	2,689,707		2,689,707	0	2,689,707	74.00
76.00	03330 ENDOSCOPY	4,178,849		4,178,849	0	4,178,849	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	13,136,018		13,136,018	0	13,136,018	90.00
91.00	09100 EMERGENCY	16,977,171		16,977,171	2,078	16,979,249	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	3,654,013		3,654,013		3,654,013	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	6,441,868		6,441,868		6,441,868	105.00
107.00	10700 LIVER ACQUISITION	6,350,715		6,350,715		6,350,715	107.00
109.00	10900 PANCREAS ACQUISITION	166,675		166,675		166,675	109.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	376,948,592	0	376,948,592	44,773	376,993,365	200.00
201.00	Less Observation Beds	3,654,013		3,654,013		3,654,013	201.00
202.00	Total (see instructions)	373,294,579	0	373,294,579	44,773	373,339,352	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

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

Worksheet C
Part I
Date/Time Prepared:
4/6/2017 9:20 am

		Title V			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	104,892,513		104,892,513		30.00
31.00	03100	INTENSIVE CARE UNIT	70,177,856		70,177,856		31.00
40.00	04000	SUBPROVIDER - IPF	20,542,829		20,542,829		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	74,233,161	54,285,740	128,518,901	0.204787	50.00
51.00	05100	RECOVERY ROOM	7,432,509	5,072,870	12,505,379	0.321699	51.00
53.00	05300	ANESTHESIOLOGY	14,860,791	9,041,040	23,901,831	0.093117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,153,811	56,116,827	99,270,638	0.137237	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	786,438	15,717,275	16,503,713	0.163801	55.00
56.00	05600	RADIOISOTOPE	1,330,958	906,672	2,237,630	1.421280	56.00
57.00	05700	CT SCAN	73,826,045	70,466,788	144,292,833	0.029658	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,894,179	24,442,969	35,337,148	0.061684	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,676,708	19,799,014	40,475,722	0.141696	59.00
60.00	06000	LABORATORY	152,269,641	90,187,839	242,457,480	0.103014	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,656,322	3,497,369	24,153,691	0.327897	62.00
64.00	06400	INTRAVENOUS THERAPY	36,397,279	16,044,947	52,442,226	0.089950	64.00
65.00	06500	RESPIRATORY THERAPY	26,355,498	1,735,111	28,090,609	0.216872	65.00
66.00	06600	PHYSICAL THERAPY	10,413,980	3,050,276	13,464,256	0.321935	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,299,738	1,093,227	9,392,965	0.195132	67.00
68.00	06800	SPEECH PATHOLOGY	2,003,898	171,173	2,175,071	0.130843	68.00
69.00	06900	ELECTROCARDIOLOGY	19,909,017	5,870,751	25,779,768	0.156707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,156,743	540,544	1,697,287	0.441782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	91,769,295	38,135,065	129,904,360	0.206844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,571,933	32,314,854	93,886,787	0.291484	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,746,794	89,015,200	336,761,994	0.124617	73.00
74.00	07400	RENAL DIALYSIS	5,378,108	279,743	5,657,851	0.475394	74.00
76.00	03330	ENDOSCOPY	5,671,568	12,360,579	18,032,147	0.231744	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	319,266	43,188,709	43,507,975	0.301922	90.00
91.00	09100	EMERGENCY	43,191,992	74,670,631	117,862,623	0.144042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,863,478	3,673,689	5,537,167	0.659907	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	4,176,955	4,747,767	8,924,722		105.00
107.00	10700	LIVER ACQUISITION	2,455,431	1,544,204	3,999,635		107.00
109.00	10900	PANCREAS ACQUISITION	133,439	22,272	155,711		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,184,548,173	677,993,145	1,862,541,318		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,184,548,173	677,993,145	1,862,541,318		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 4/6/2017 9:20 am
		Title V	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
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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	03330 ENDOSCOPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
107.00	10700 LIVER ACQUISITION			107.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 26-0105		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 4/6/2017 9:20 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,042,761	0	6,042,761	74,428	81.19	30.00
31.00	INTENSIVE CARE UNIT	2,145,585	0	2,145,585	19,570	109.64	31.00
40.00	SUBPROVIDER - IPF	1,116,786	0	1,116,786	11,016	101.38	40.00
200.00	Total (Lines 30-199)	9,305,132		9,305,132	105,014		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	23,316	1,893,026				
31.00	INTENSIVE CARE UNIT	5,661	620,672				
40.00	SUBPROVIDER - IPF	3,989	404,405				
200.00	Total (Lines 30-199)	32,966	2,918,103				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 4/6/2017 9:20 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,667,122	128,518,901	0.020753	30,579,700	634,621	50.00
51.00	05100	RECOVERY ROOM	519,528	12,505,379	0.041544	1,961,638	81,494	51.00
53.00	05300	ANESTHESIOLOGY	363,632	23,901,831	0.015214	4,131,916	62,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,143,682	99,270,638	0.011521	12,606,967	145,245	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	368,789	16,503,713	0.022346	647,016	14,458	55.00
56.00	05600	RADIOISOTOPE	284,193	2,237,630	0.127006	511,537	64,968	56.00
57.00	05700	CT SCAN	249,348	144,292,833	0.001728	21,871,965	37,795	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	312,811	35,337,148	0.008852	3,057,950	27,069	58.00
59.00	05900	CARDIAC CATHETERIZATION	504,252	40,475,722	0.012458	10,222,977	127,358	59.00
60.00	06000	LABORATORY	1,286,628	242,457,480	0.005307	51,014,961	270,736	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	234,270	24,153,691	0.009699	6,050,308	58,682	62.00
64.00	06400	INTRAVENOUS THERAPY	57,167	52,442,226	0.001090	34,147	37	64.00
65.00	06500	RESPIRATORY THERAPY	287,350	28,090,609	0.010229	8,060,307	82,449	65.00
66.00	06600	PHYSICAL THERAPY	424,036	13,464,256	0.031493	3,587,709	112,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	102,374	9,392,965	0.010899	2,942,320	32,068	67.00
68.00	06800	SPEECH PATHOLOGY	3,149	2,175,071	0.001448	787,328	1,140	68.00
69.00	06900	ELECTROCARDIOLOGY	285,817	25,779,768	0.011087	3,436,278	38,098	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,677	1,697,287	0.003934	377,274	1,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	571,751	129,904,360	0.004401	30,117,433	132,547	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	579,950	93,886,787	0.006177	20,343,802	125,664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	654,590	336,761,994	0.001944	83,973,050	163,244	73.00
74.00	07400	RENAL DIALYSIS	204,522	5,657,851	0.036148	2,877,901	104,030	74.00
76.00	03330	ENDOSCOPY	338,959	18,032,147	0.018797	2,130,839	40,053	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,966,828	43,507,975	0.045206	14,859	672	90.00
91.00	09100	EMERGENCY	1,128,229	117,862,623	0.009572	12,634,695	120,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	332,797	5,537,167	0.060102	746,371	44,858	92.00
200.00		Total (lines 50-199)	14,878,451	1,653,848,052		314,721,248	2,525,560	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 26-0105		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 4/6/2017 9:20 am	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	406,861	0	0	406,861	30.00
31.00	03100	INTENSIVE CARE UNIT	0	34,968	0	0	34,968	31.00
40.00	04000	SUBPROVIDER - IPF	0	26,128	0	0	26,128	40.00
200.00		Total (lines 30-199)	0	467,957	0	0	467,957	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	74,428	5.47	23,316	127,539		30.00
31.00	03100	INTENSIVE CARE UNIT	19,570	1.79	5,661	10,133		31.00
40.00	04000	SUBPROVIDER - IPF	11,016	2.37	3,989	9,454		40.00
200.00		Total (lines 30-199)	105,014		32,966	147,126		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0105

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

Worksheet D
Part IV
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,638	0	1,638	50.00
51.00	05100	RECOVERY ROOM	0	0	1,638	0	1,638	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,402	0	4,402	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	448	0	448	56.00
57.00	05700	CT SCAN	0	0	597	0	597	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	6,245	0	6,245	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,071	0	1,071	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,386	0	1,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	712	0	712	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,109	0	1,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	640	0	640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	22,406	0	22,406	92.00
200.00		Total (lines 50-199)	0	0	42,292	0	42,292	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 4/6/2017 9:20 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		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	1,638	128,518,901	0.000013	0.000013	30,579,700	50.00
51.00	05100	RECOVERY ROOM	1,638	12,505,379	0.000131	0.000131	1,961,638	51.00
53.00	05300	ANESTHESIOLOGY	0	23,901,831	0.000000	0.000000	4,131,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,402	99,270,638	0.000044	0.000044	12,606,967	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,503,713	0.000000	0.000000	647,016	55.00
56.00	05600	RADIOISOTOPE	448	2,237,630	0.000200	0.000200	511,537	56.00
57.00	05700	CT SCAN	597	144,292,833	0.000004	0.000004	21,871,965	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,337,148	0.000000	0.000000	3,057,950	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,475,722	0.000000	0.000000	10,222,977	59.00
60.00	06000	LABORATORY	6,245	242,457,480	0.000026	0.000026	51,014,961	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	24,153,691	0.000000	0.000000	6,050,308	62.00
64.00	06400	INTRAVENOUS THERAPY	0	52,442,226	0.000000	0.000000	34,147	64.00
65.00	06500	RESPIRATORY THERAPY	1,071	28,090,609	0.000038	0.000038	8,060,307	65.00
66.00	06600	PHYSICAL THERAPY	1,386	13,464,256	0.000103	0.000103	3,587,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	712	9,392,965	0.000076	0.000076	2,942,320	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,175,071	0.000000	0.000000	787,328	68.00
69.00	06900	ELECTROCARDIOLOGY	1,109	25,779,768	0.000043	0.000043	3,436,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,697,287	0.000000	0.000000	377,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	129,904,360	0.000000	0.000000	30,117,433	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	93,886,787	0.000000	0.000000	20,343,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	336,761,994	0.000000	0.000000	83,973,050	73.00
74.00	07400	RENAL DIALYSIS	0	5,657,851	0.000000	0.000000	2,877,901	74.00
76.00	03330	ENDOSCOPY	0	18,032,147	0.000000	0.000000	2,130,839	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	43,507,975	0.000000	0.000000	14,859	90.00
91.00	09100	EMERGENCY	640	117,862,623	0.000005	0.000005	12,634,695	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	22,406	5,537,167	0.004046	0.004046	746,371	92.00
200.00		Total (lines 50-199)	42,292	1,653,848,052			314,721,248	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 4/6/2017 9:20 am
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	398	16,351,538	213	50.00
51.00	05100 RECOVERY ROOM	257	2,495,566	327	51.00
53.00	05300 ANESTHESIOLOGY	0	2,884,398	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	555	7,057,470	311	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,718,411	0	55.00
56.00	05600 RADIOISOTOPE	102	622,454	124	56.00
57.00	05700 CT SCAN	87	16,129,365	65	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,083,374	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,233,428	0	59.00
60.00	06000 LABORATORY	1,326	12,033,003	313	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	779,829	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	258,997	0	64.00
65.00	06500 RESPIRATORY THERAPY	306	1,011,491	38	65.00
66.00	06600 PHYSICAL THERAPY	370	84,570	9	66.00
67.00	06700 OCCUPATIONAL THERAPY	224	56,291	4	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,440	0	68.00
69.00	06900 ELECTROCARDIOLOGY	148	1,509,067	65	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	68,536	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	11,819,133	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,279,498	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,554,271	0	73.00
74.00	07400 RENAL DIALYSIS	0	59,177	0	74.00
76.00	03330 ENDOSCOPY	0	3,452,459	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	2,021,116	0	90.00
91.00	09100 EMERGENCY	63	7,956,947	40	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	3,020	873,594	3,535	92.00
200.00	Total (lines 50-199)	6,856	127,396,423	5,044	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.204787	16,351,538	458,200	0	3,348,582	50.00
51.00	05100	RECOVERY ROOM	0.321699	2,495,566	0	0	802,821	51.00
53.00	05300	ANESTHESIOLOGY	0.093117	2,884,398	0	0	268,586	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137237	7,057,470	0	0	968,546	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.163801	5,718,411	0	0	936,681	55.00
56.00	05600	RADIOISOTOPE	1.421280	622,454	0	0	884,681	56.00
57.00	05700	CT SCAN	0.029658	16,129,365	0	0	478,365	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.061684	5,083,374	0	0	313,563	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.141696	6,233,428	0	0	883,252	59.00
60.00	06000	LABORATORY	0.103014	12,033,003	0	0	1,239,568	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327897	779,829	0	0	255,704	62.00
64.00	06400	INTRAVENOUS THERAPY	0.089950	258,997	0	0	23,297	64.00
65.00	06500	RESPIRATORY THERAPY	0.216872	1,011,491	0	0	219,364	65.00
66.00	06600	PHYSICAL THERAPY	0.321935	84,570	0	0	27,226	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195132	56,291	0	0	10,984	67.00
68.00	06800	SPEECH PATHOLOGY	0.130843	2,440	0	0	319	68.00
69.00	06900	ELECTROCARDIOLOGY	0.156707	1,509,067	0	0	236,481	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.441782	68,536	0	0	30,278	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.206844	11,819,133	0	0	2,444,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.291484	8,279,498	0	0	2,413,341	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124617	14,554,271	10,965	447,076	1,813,710	73.00
74.00	07400	RENAL DIALYSIS	0.475394	59,177	0	0	28,132	74.00
76.00	03330	ENDOSCOPY	0.231744	3,452,459	0	0	800,087	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.301922	2,021,116	0	1,675	610,219	90.00
91.00	09100	EMERGENCY	0.144042	7,956,947	0	0	1,146,135	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.659907	873,594	0	0	576,491	92.00
200.00		Subtotal (see instructions)		127,396,423	469,165	448,751	20,761,130	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		127,396,423	469,165	448,751	20,761,130	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	93,833	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,366	55,713	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	506	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
200.00	Subtotal (see instructions)	95,199	56,219	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	95,199	56,219	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 4/6/2017 9:20 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,667,122	128,518,901	0.020753	0	0	50.00
51.00	05100	RECOVERY ROOM	519,528	12,505,379	0.041544	0	0	51.00
53.00	05300	ANESTHESIOLOGY	363,632	23,901,831	0.015214	94,160	1,433	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,143,682	99,270,638	0.011521	103,950	1,198	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	368,789	16,503,713	0.022346	2,269	51	55.00
56.00	05600	RADIOISOTOPE	284,193	2,237,630	0.127006	0	0	56.00
57.00	05700	CT SCAN	249,348	144,292,833	0.001728	234,256	405	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	312,811	35,337,148	0.008852	52,475	465	58.00
59.00	05900	CARDIAC CATHETERIZATION	504,252	40,475,722	0.012458	14,576	182	59.00
60.00	06000	LABORATORY	1,286,628	242,457,480	0.005307	821,548	4,360	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	234,270	24,153,691	0.009699	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	57,167	52,442,226	0.001090	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	287,350	28,090,609	0.010229	26,492	271	65.00
66.00	06600	PHYSICAL THERAPY	424,036	13,464,256	0.031493	83,560	2,632	66.00
67.00	06700	OCCUPATIONAL THERAPY	102,374	9,392,965	0.010899	71,388	778	67.00
68.00	06800	SPEECH PATHOLOGY	3,149	2,175,071	0.001448	5,096	7	68.00
69.00	06900	ELECTROCARDIOLOGY	285,817	25,779,768	0.011087	86,520	959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,677	1,697,287	0.003934	12,306	48	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	571,751	129,904,360	0.004401	23,453	103	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	579,950	93,886,787	0.006177	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	654,590	336,761,994	0.001944	1,809,128	3,517	73.00
74.00	07400	RENAL DIALYSIS	204,522	5,657,851	0.036148	1,361	49	74.00
76.00	03330	ENDOSCOPY	338,959	18,032,147	0.018797	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,966,828	43,507,975	0.045206	162,459	7,344	90.00
91.00	09100	EMERGENCY	1,128,229	117,862,623	0.009572	628,564	6,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	5,537,167	0.000000	1,408	0	92.00
200.00		Total (lines 50-199)	14,545,654	1,653,848,052		4,234,969	29,819	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 4/6/2017 9:20 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,638	0	1,638	50.00
51.00	05100	RECOVERY ROOM	0	0	1,638	0	1,638	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,402	0	4,402	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	448	0	448	56.00
57.00	05700	CT SCAN	0	0	597	0	597	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	6,245	0	6,245	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,071	0	1,071	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,386	0	1,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	712	0	712	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,109	0	1,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	640	0	640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	19,886	0	19,886	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 4/6/2017 9:20 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,638	128,518,901	0.000013	0.000013	0	50.00
51.00	05100 RECOVERY ROOM	1,638	12,505,379	0.000131	0.000131	0	51.00
53.00	05300 ANESTHESIOLOGY	0	23,901,831	0.000000	0.000000	94,160	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,402	99,270,638	0.000044	0.000044	103,950	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	16,503,713	0.000000	0.000000	2,269	55.00
56.00	05600 RADIOISOTOPE	448	2,237,630	0.000200	0.000200	0	56.00
57.00	05700 CT SCAN	597	144,292,833	0.000004	0.000004	234,256	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	35,337,148	0.000000	0.000000	52,475	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,475,722	0.000000	0.000000	14,576	59.00
60.00	06000 LABORATORY	6,245	242,457,480	0.000026	0.000026	821,548	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	24,153,691	0.000000	0.000000	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	52,442,226	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,071	28,090,609	0.000038	0.000038	26,492	65.00
66.00	06600 PHYSICAL THERAPY	1,386	13,464,256	0.000103	0.000103	83,560	66.00
67.00	06700 OCCUPATIONAL THERAPY	712	9,392,965	0.000076	0.000076	71,388	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,175,071	0.000000	0.000000	5,096	68.00
69.00	06900 ELECTROCARDIOLOGY	1,109	25,779,768	0.000043	0.000043	86,520	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,697,287	0.000000	0.000000	12,306	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	129,904,360	0.000000	0.000000	23,453	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	93,886,787	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	336,761,994	0.000000	0.000000	1,809,128	73.00
74.00	07400 RENAL DIALYSIS	0	5,657,851	0.000000	0.000000	1,361	74.00
76.00	03330 ENDOSCOPY	0	18,032,147	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	43,507,975	0.000000	0.000000	162,459	90.00
91.00	09100 EMERGENCY	640	117,862,623	0.000005	0.000005	628,564	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	5,537,167	0.000000	0.000000	1,408	92.00
200.00	Total (lines 50-199)	19,886	1,653,848,052			4,234,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 4/6/2017 9:20 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	1	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	21	129	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1	0	0	65.00
66.00	06600 PHYSICAL THERAPY	9	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	5	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	4	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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	03330 ENDOSCOPY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	1,412	0	90.00
91.00	09100 EMERGENCY	3	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
200.00	Total (lines 50-199)	49	1,541	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 4/6/2017 9:20 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.204787	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.321699	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.093117	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.137237	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.163801	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1.421280	0	0	0	0	56.00
57.00 05700 CT SCAN	0.029658	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.061684	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.141696	0	0	0	0	59.00
60.00 06000 LABORATORY	0.103014	129	0	0	13	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327897	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.089950	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.216872	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.321935	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.195132	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.130843	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.156707	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.441782	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.206844	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.291484	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.124617	0	343	14,210	0	73.00
74.00 07400 RENAL DIALYSIS	0.475394	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.231744	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.301922	1,412	0	0	426	90.00
91.00 09100 EMERGENCY	0.144042	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.659907	0	0	0	0	92.00
200.00 Subtotal (see instructions)		1,541	343	14,210	439	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		1,541	343	14,210	439	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 4/6/2017 9:20 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	43	1,771	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
200.00 Subtotal (see instructions)	43	1,771	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	43	1,771	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 4/6/2017 9:20 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		74,428	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		74,428	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.		29,759	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		40,570	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)		23,316	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)		9,600	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)		66,347,989	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)		66,347,989	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		104,892,513	28.00
29.00	Private room charges (excluding swing-bed charges)		49,308,354	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		55,584,159	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.632533	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,656.92	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,370.08	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		286.84	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		181.44	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		5,399,473	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,948,516	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)		891.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,784,815	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		20,784,815	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 4/6/2017 9:20 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	31,757,304	19,570	1,622.75	5,661	9,186,388	43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					50,464,196	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					80,435,399	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)					2,651,370	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,532,416	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,183,786	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					75,251,613	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)					4,099	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					891.44	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,654,013	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 4/6/2017 9:20 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,042,761	66,347,989	0.091077	3,654,013	332,797	90.00
91.00	Nursing School cost	0	66,347,989	0.000000	3,654,013	0	91.00
92.00	Allied health cost	406,861	66,347,989	0.006132	3,654,013	22,406	92.00
93.00	All other Medical Education	0	66,347,989	0.000000	3,654,013	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,016 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,016 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.			2,493 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			8,523 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,989 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)			990 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)			9,841,302 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)			9,841,302 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			20,542,829 28.00
29.00	Private room charges (excluding swing-bed charges)			5,121,781 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			15,421,048 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.479063 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,054.46 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,809.35 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			245.11 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			117.42 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			292,728 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			9,548,574 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)			893.36 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,563,613 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,563,613 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 4/6/2017 9:20 am		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						558,093	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,121,706	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)						413,859	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						29,868	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						443,727	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,677,979	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: 26-0105 Component CCN: 26-S105		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 4/6/2017 9:20 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,116,786	9,841,302	0.113479	0	0	90.00
91.00	Nursing School cost	0	9,841,302	0.000000	0	0	91.00
92.00	Allied health cost	26,128	9,841,302	0.002655	0	0	92.00
93.00	All other Medical Education	0	9,841,302	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 4/6/2017 9:20 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		34,315,140		30.00
31.00	03100 INTENSIVE CARE UNIT		21,250,840		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.204812	30,579,700	6,263,090	50.00
51.00	05100 RECOVERY ROOM	0.321699	1,961,638	631,057	51.00
53.00	05300 ANESTHESIOLOGY	0.093117	4,131,916	384,752	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137237	12,606,967	1,730,142	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.163801	647,016	105,982	55.00
56.00	05600 RADIOISOTOPE	1.421280	511,537	727,037	56.00
57.00	05700 CT SCAN	0.029658	21,871,965	648,679	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.061684	3,057,950	188,627	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141696	10,222,977	1,448,555	59.00
60.00	06000 LABORATORY	0.103121	51,014,961	5,260,714	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327897	6,050,308	1,983,878	62.00
64.00	06400 INTRAVENOUS THERAPY	0.089950	34,147	3,072	64.00
65.00	06500 RESPIRATORY THERAPY	0.216872	8,060,307	1,748,055	65.00
66.00	06600 PHYSICAL THERAPY	0.321935	3,587,709	1,155,009	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195132	2,942,320	574,141	67.00
68.00	06800 SPEECH PATHOLOGY	0.130843	787,328	103,016	68.00
69.00	06900 ELECTROCARDIOLOGY	0.156746	3,436,278	538,623	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.441782	377,274	166,673	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.206844	30,117,433	6,229,610	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.291484	20,343,802	5,929,893	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.124617	83,973,050	10,464,470	73.00
74.00	07400 RENAL DIALYSIS	0.475394	2,877,901	1,368,137	74.00
76.00	03330 ENDOSCOPY	0.231744	2,130,839	493,809	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.301922	14,859	4,486	90.00
91.00	09100 EMERGENCY	0.144060	12,634,695	1,820,154	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.659907	746,371	492,535	92.00
200.00	Total (sum of lines 50-94 and 96-98)		314,721,248	50,464,196	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)		314,721,248		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 4/6/2017 9:20 am	
		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
40.00	04000 SUBPROVIDER - IPF		7,439,656		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.204812	0	0	50.00
51.00	05100 RECOVERY ROOM	0.321699	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.093117	94,160	8,768	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137237	103,950	14,266	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.163801	2,269	372	55.00
56.00	05600 RADIOISOTOPE	1.421280	0	0	56.00
57.00	05700 CT SCAN	0.029658	234,256	6,948	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.061684	52,475	3,237	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141696	14,576	2,065	59.00
60.00	06000 LABORATORY	0.103121	821,548	84,719	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.327897	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.089950	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.216872	26,492	5,745	65.00
66.00	06600 PHYSICAL THERAPY	0.321935	83,560	26,901	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195132	71,388	13,930	67.00
68.00	06800 SPEECH PATHOLOGY	0.130843	5,096	667	68.00
69.00	06900 ELECTROCARDIOLOGY	0.156746	86,520	13,562	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.441782	12,306	5,437	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.206844	23,453	4,851	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.291484	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.124617	1,809,128	225,448	73.00
74.00	07400 RENAL DIALYSIS	0.475394	1,361	647	74.00
76.00	03330 ENDOSCOPY	0.231744	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.301922	162,459	49,050	90.00
91.00	09100 EMERGENCY	0.144060	628,564	90,551	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.659907	1,408	929	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,234,969	558,093	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		4,234,969		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0105

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 4/6/2017 9:20 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	17,314	891.44	11	9,806	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,622.75	12	19,473	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		17,314		23	29,279	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.204787	162,647	33,308	8.00
9.00	RECOVERY ROOM		51.00	0.321699	11,985	3,856	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.093117	22,151	2,063	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.137237	411,129	56,422	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.163801	0	0	13.00
14.00	RADIOISOTOPE		56.00	1.421280	151,391	215,169	14.00
15.00	CT SCAN		57.00	0.029658	646,135	19,163	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.061684	54,649	3,371	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.141696	192,229	27,238	17.00
18.00	LABORATORY		60.00	0.103014	4,686,622	482,788	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.327897	556	182	20.00
21.00	BLOOD STORING PROCESSING & TRA		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.089950	42,938	3,862	22.00
23.00	RESPIRATORY THERAPY		65.00	0.216872	22,554	4,891	23.00
24.00	PHYSICAL THERAPY		66.00	0.321935	2,182	702	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.195132	2,227	435	25.00
26.00	SPEECH PATHOLOGY		68.00	0.130843	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.156707	592,127	92,790	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.441782	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT		71.00	0.206844	193,744	40,075	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.291484	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.124617	533,140	66,438	31.00
32.00	RENAL DIALYSIS		74.00	0.475394	5,499	2,614	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.231744	7,581	1,757	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.301922	0	0	37.00
38.00	EMERGENCY		91.00	0.144042	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT		92.00	0.659907	1,077	711	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				7,742,563	1,057,835	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	11	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	12	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				23	0	48.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0105

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

Worksheet D-4

Date/Time Prepared: 4/6/2017 9:20 am

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	1,077	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		1,077		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,087,114		7,759,877		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	6,441,868		3,640,960		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	7,528,982		11,400,837		61.00	
62.00	Total Usable Organs (see instructions)		56			62.00	
63.00	Medicare Usable Organs (see instructions)		43			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.767857			64.00	
65.00	Medicare Cost/Charges (see instructions)	5,781,182		8,754,212		65.00	
66.00	Revenue for Organs Sold	38,301		0		66.00	
67.00	Subtotal (Line 65 minus line 66)	5,742,881		8,754,212		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,742,881	0	8,754,212	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		5	6		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	45		73.00	
74.00	Total (sum of lines 70 thru 73)		5	51		74.00	
75.00	Organs Transplanted		5	45	3,296,735	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	6	85,951	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		5	51		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0105

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 4/6/2017 9:20 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	891.44	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,622.75	1	1,623	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		1	1,623	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.204787	7,532	1,542	8.00	
9.00	RECOVERY ROOM	51.00	0.321699	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.093117	2,706	252	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.137237	108,896	14,945	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.163801	0	0	13.00	
14.00	RADIOISOTOPE	56.00	1.421280	4,971	7,065	14.00	
15.00	CT SCAN	57.00	0.029658	304,484	9,030	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.061684	104,556	6,449	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.141696	117,212	16,608	17.00	
18.00	LABORATORY	60.00	0.103014	886,701	91,343	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.327897	4,307	1,412	20.00	
21.00	BLOOD STORING PROCESSING & TRA	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.089950	7,304	657	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.216872	25,403	5,509	23.00	
24.00	PHYSICAL THERAPY	66.00	0.321935	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.195132	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.130843	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.156707	226,996	35,572	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.441782	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.206844	58,144	12,027	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.291484	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.124617	285,860	35,623	31.00	
32.00	RENAL DIALYSIS	74.00	0.475394	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	ENDOSCOPY	76.00	0.231744	8,913	2,066	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.301922	0	0	37.00	
38.00	EMERGENCY	91.00	0.144042	710	102	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.659907	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			2,154,695	240,202	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0105

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

Worksheet D-4

Date/Time Prepared: 4/6/2017 9:20 am

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	710	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		710		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	241,825		2,154,695			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	6,350,715		4,271,022			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	6,592,540		6,425,717			61.00
62.00	Total Usable Organs (see instructions)		31				62.00
63.00	Medicare Usable Organs (see instructions)		6				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.193548				64.00
65.00	Medicare Cost/Charges (see instructions)	1,275,973		1,243,685			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (Line 65 minus line 66)	1,275,973		1,243,685			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,275,973	0	1,243,685	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0		1		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		31		73.00
74.00	Total (sum of lines 70 thru 73)		0		32		74.00
75.00	Organs Transplanted		0		31	11,369,990	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Discarded Organs		0		1	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0		32	0	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0105

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 4/6/2017 9:20 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
Pancreas						
Hospital						
PPS						
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	891.44	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,622.75	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.204787	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.321699	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.093117	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.137237	1,193	164	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.163801	0	0	13.00
14.00	RADIOISOTOPE	56.00	1.421280	0	0	14.00
15.00	CT SCAN	57.00	0.029658	3,445	102	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.061684	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.141696	3,296	467	17.00
18.00	LABORATORY	60.00	0.103014	9,441	973	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.327897	0	0	20.00
21.00	BLOOD STORING PROCESSING & TRA	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.089950	174	16	22.00
23.00	RESPIRATORY THERAPY	65.00	0.216872	291	63	23.00
24.00	PHYSICAL THERAPY	66.00	0.321935	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.195132	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.130843	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.156707	1,080	169	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.441782	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.206844	1,883	389	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.291484	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.124617	2,784	347	31.00
32.00	RENAL DIALYSIS	74.00	0.475394	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.231744	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.301922	0	0	37.00
38.00	EMERGENCY	91.00	0.144042	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.659907	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			23,587	2,690	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 26-0105

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 4/6/2017 9:20 am

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	2,690		23,587			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	166,675		156,526			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	169,365		180,113			61.00
62.00	Total Usable Organs (see instructions)		2				62.00
63.00	Medicare Usable Organs (see instructions)		1				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.500000				64.00
65.00	Medicare Cost/Charges (see instructions)	84,683		90,057			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (Line 65 minus line 66)	84,683		90,057			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	84,683	0	90,057	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	2			73.00
74.00	Total (sum of lines 70 thru 73)		0	2			74.00
75.00	Organs Transplanted		0	2		261,642	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	0		0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	2		0	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		34,753,257	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,476,578	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)		4,380,536	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		14,455,517	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		277.80	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)		218.45	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		36.00	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)		254.45	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		278.59	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		254.45	12.00
13.00	Total allowable FTE count for the prior year.		255.95	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.		257.45	14.00
15.00	Sum of lines 12 through 14 divided by 3.		255.95	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		0.48	17.00
18.00	Adjusted rolling average FTE count		256.43	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.923074	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.931254	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.923074	21.00
22.00	IME payment adjustment (see instructions)		19,333,533	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		5,917,366	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).		1.73	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		24.14	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)		1.73	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.006228	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001662	27.00
28.00	IME add-on adjustment amount (see instructions)		78,496	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		24,025	28.01
29.00	Total IME payment (sum of lines 22 and 28)		19,412,029	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		5,941,391	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		12.71	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.70	31.00
32.00	Sum of lines 30 and 31		41.41	32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.38	33.00
34.00	Disproportionate share adjustment (see instructions)		2,760,584	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 4/6/2017 9:20 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000546335	0.000583061	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,499,905	3,485,237	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,620,148	878,471	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,498,619		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		77,281,603		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)			83,222,994	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			5,611,228	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).			12,076,626	52.00
53.00	Nursing and Allied Health Managed Care payment			48,293	53.00
54.00	Special add-on payments for new technologies			103,514	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			7,103,537	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			137,672	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			6,856	58.00
59.00	Total (sum of amounts on lines 49 through 58)			108,310,720	59.00
60.00	Primary payer payments			165,874	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			108,144,846	61.00
62.00	Deductibles billed to program beneficiaries			3,795,482	62.00
63.00	Coinurance billed to program beneficiaries			435,869	63.00
64.00	Allowable bad debts (see instructions)			1,537,992	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			999,695	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,537,992	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			104,913,190	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)			-417,962	70.93
70.94	HRR adjustment amount (see instructions)			-50,561	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 4/6/2017 9:20 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		955,727		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		103,488,940		71.00
71.01	Sequestration adjustment (see instructions)		2,069,779		71.01
72.00	Interim payments		99,129,258		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)		2,289,903		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0105

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/6/2017 9:20 am

		Title XVIII			Hospital		PPS	
		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	34,753,257	0	34,753,257		34,753,257	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,476,578	0		12,476,578	12,476,578	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	4,380,536	0	2,982,408	1,398,128	4,380,536	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	14,455,517	0	0	14,455,517	14,455,517	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.923074	0.923074	0.923074	0.923074		5.00
6.00	IME payment adjustment (see instructions)	22.00	19,333,533	0	14,226,246	5,107,287	19,333,533	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,917,366	0	5,917,366	0	5,917,366	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	0.001662	0.001662	0.001662	0.001662		7.00
8.00	IME adjustment (see instructions)	28.00	78,496	0	57,760	20,736	78,496	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	24,025	0	0	24,025	24,025	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	19,412,029	0	14,284,006	5,128,023	19,412,029	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,941,391	0	5,917,366	24,025	5,941,391	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2338	0.2338	0.2338	0.2338		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,760,584	0	2,031,328	729,256	2,760,584	11.00
11.01	Uncompensated care payments	36.00	3,498,619	0	3,498,619	0	3,498,619	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	77,281,603	0	57,549,618	19,731,985	77,281,603	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	83,222,994	0	63,466,984	19,756,010	83,222,994	15.00
16.00	Payment for inpatient program capital	50.00	5,611,228	0	4,114,685	1,496,543	5,611,228	16.00
17.00	Special add-on payments for new technologies	54.00	103,514	0	103,514	0	103,514	17.00
17.01	Net organ acquisition cost	55.00	7,103,537	0	5,317,949	1,785,588	7,103,537	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: 26-0105

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/6/2017 9:20 am

		Title XVIII			Hospital		PPS	
		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	73,003,132	23,038,141	96,041,273	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	3,768,839	0	2,766,575	1,002,264	3,768,839	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	211,236	0	150,737	60,499	211,236	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	0.3453	0.3453	0.3453	0.3453		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,301,380	0	955,298	346,082	1,301,380	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0875	0.0875	0.0875	0.0875		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	329,773	0	242,075	87,698	329,773	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,611,228	0	4,114,685	1,496,543	5,611,228	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: 26-0105

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/6/2017 9:20 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	34,753,257	34,753,257		34,753,257	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,476,578		12,476,578	12,476,578	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	4,380,536	2,982,408	1,398,128	4,380,536	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	14,455,517	0	14,455,517	14,455,517	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.923074	0.923074	0.923074		5.00
6.00	IME payment adjustment (see instructions)	22.00	19,333,533	14,226,246	5,107,287	19,333,533	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,917,366	0	5,917,366	5,917,366	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	0.001662	0.001662	0.001662		7.00
8.00	IME adjustment (see instructions)	28.00	78,496	57,760	20,736	78,496	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	24,025	0	24,025	24,025	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	19,412,029	14,284,006	5,128,023	19,412,029	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,941,391	0	5,941,391	5,941,391	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2338	0.2338	0.2338		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,760,584	2,031,328	729,256	2,760,584	11.00
11.01	Uncompensated care payments	36.00	3,498,619	2,620,148	878,471	3,498,619	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	77,281,603	56,671,147	20,610,456	77,281,603	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	83,222,994	56,671,147	26,551,847	83,222,994	15.00
16.00	Payment for inpatient program capital	50.00	5,611,228	4,114,685	1,496,543	5,611,228	16.00
17.00	Special add-on payments for new technologies	54.00	103,514	103,514	0	103,514	17.00
17.01	Net organ acquisition cost	55.00	7,103,537	5,317,949	1,785,588	7,103,537	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			66,207,295	29,833,978	96,041,273	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,768,839	2,766,575	1,002,264	3,768,839	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	211,236	150,737	60,499	211,236	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	0.3453	0.3453	0.3453		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,301,380	955,298	346,082	1,301,380	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0875	0.0875	0.0875		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	329,773	242,075	87,698	329,773	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,611,228	4,114,685	1,496,543	5,611,228	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	-417,962	-278,925	-139,037	-417,962	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	-50,561	-41,827	-8,734	-50,561	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		658,865	296,862	955,727	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		151,418	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,756,086	2.00
3.00	PPS payments		15,099,138	3.00
4.00	Outlier payment (see instructions)		146,116	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		5,044	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		151,418	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		917,916	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)		917,916	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		917,916	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		766,498	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)		151,418	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)		15,250,298	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		93,145	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,923,736	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)		12,384,835	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,757,537	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)		15,142,372	30.00
31.00	Primary payer payments		24,763	31.00
32.00	Subtotal (line 30 minus line 31)		15,117,609	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)		405,227	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		263,398	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		405,227	36.00
37.00	Subtotal (see instructions)		15,381,007	37.00
38.00	MSP-LCC reconciliation amount from PS&R		197	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)		15,380,810	40.00
40.01	Sequestration adjustment (see instructions)		307,616	40.01
41.00	Interim payments		15,251,684	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-178,490	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: 26-0105 Component CCN: 26-S105	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			1,814 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			439 2.00
3.00	PPS payments			1,086 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)			1,814 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			14,553 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)			14,553 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			14,553 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			12,739 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)			1,814 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)			1,086 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			69 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			2,829 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			2,829 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			2,829 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)			2,829 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			2,829 40.00
40.01	Sequestration adjustment (see instructions)			57 40.01
41.00	Interim payments			1,552 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			1,220 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: 26-0105

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

Worksheet E-1
Part I
Date/Time Prepared:
4/6/2017 9:20 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		81,000,260		12,069,012	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		18,737,263		3,478,476	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	12/31/2016	608,265	12/31/2016	295,804	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)		-608,265		-295,804	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)		99,129,258		15,251,684	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		2,289,903		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		178,490	6.02	
7.00	Total Medicare program liability (see instructions)		101,419,161		15,073,194	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: 26-0105
Component CCN: 26-S105

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

Worksheet E-1
Part I
Date/Time Prepared:
4/6/2017 9:20 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,091,174		1,552	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)		3,091,174		1,552	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		16,331		1,220	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,107,505		2,772	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: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		15,427	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		28,977	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		9,909	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		89,899	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,862,541,318	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		36,677,955	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 4/6/2017 9:20 am
		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)			3,249,882 1.00
2.00	Net IPF PPS Outlier Payments			2,101 2.00
3.00	Net IPF PPS ECT Payments			43,406 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)			6.12 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			4.83 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			4.83 8.00
9.00	Average Daily Census (see instructions)			30.098361 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.			0.079661 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			258,889 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,554,278 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,554,278 16.00
17.00	Primary payer payments			6,639 17.00
18.00	Subtotal (line 16 less line 17).			3,547,639 18.00
19.00	Deductibles			276,724 19.00
20.00	Subtotal (line 18 minus line 19)			3,270,915 20.00
21.00	Coinsurance			131,362 21.00
22.00	Subtotal (line 20 minus line 21)			3,139,553 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			33,642 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			21,867 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			33,642 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,161,420 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)			9,503 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,170,923 31.00
31.01	Sequestration adjustment (see instructions)			63,418 31.01
32.00	Interim payments			3,091,174 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)			16,331 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			2,101 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 4/6/2017 9:20 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			224.61	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			37.00	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)			261.61	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			293.15	6.00
7.00	Enter the lesser of line 5 or line 6			261.61	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.	71.98	187.43	259.41	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.	64.24	167.26	231.50	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	64.24	167.26		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	67.50	166.23		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	64.53	169.20		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	65.42	167.56		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.48		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	65.42	168.04		17.00
18.00	Per resident amount	142,069.95	142,522.82		18.00
19.00	Approved amount for resident costs	9,294,216	23,949,535	33,243,751	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)			23.85	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			31.54	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			21.10	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			102,626.11	23.00
24.00	Multiply line 22 time line 23			2,165,411	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			35,409,162	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,966	10,843		26.00
27.00	Total Inpatient Days (see instructions)	100,915	100,915		27.00
28.00	Ratio of inpatient days to total inpatient days	0.326671	0.107447		28.00
29.00	Program direct GME amount	11,567,146	3,804,608		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		537,591		30.00
31.00	Net Program direct GME amount			14,834,163	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,657,851	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)		84,557,105	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		7,103,537	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		172,513	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		91,488,129	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,914,801	42.00
43.00	Primary payer payments (see instructions)		24,763	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,890,038	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		112,378,167	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.814109	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.185891	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		14,834,163	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		12,076,626	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,757,537	50.00

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

Provider CCN: 26-0105

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

Worksheet G

Date/Time Prepared:
4/6/2017 9:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-102,936,459	0	0	0	1.00
2.00	Temporary investments	-1,405,580	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	108,494,259	0	0	0	4.00
5.00	Other receivable	1,155,729	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	11,498,484	0	0	0	7.00
8.00	Prepaid expenses	9,626,256	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	26,432,689	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,580,000	0	0	0	12.00
13.00	Land improvements	148,910	0	0	0	13.00
14.00	Accumulated depreciation	-39,708	0	0	0	14.00
15.00	Buildings	90,658,063	0	0	0	15.00
16.00	Accumulated depreciation	-15,265,047	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	579,540	0	0	0	19.00
20.00	Accumulated depreciation	-233,904	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	24,750,110	0	0	0	23.00
24.00	Accumulated depreciation	-10,379,286	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)	99,798,678	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	10,991,150	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,759,056	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	17,750,206	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	143,981,573	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	47,408,418	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,092,544	0	0	0	38.00
39.00	Payroll taxes payable	5,720	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,285,988	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-6,352,348	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,440,322	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	512,726	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	-26,089	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	486,637	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,926,959	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	94,054,614				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)	94,054,614	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	143,981,573	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0105

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

Worksheet G-1

Date/Time Prepared:
4/6/2017 9:20 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		127,228,970		9,373,060	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,727,826			2.00
3.00	Total (sum of line 1 and line 2)		151,956,796		9,373,060	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00	TRANSFERS FROM OTHER FUNDS	9,392,432		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		9,392,432		0	10.00
11.00	Subtotal (line 3 plus line 10)		161,349,228		9,373,060	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00	TRANSFER TO OTHER FUNDS	0		9,373,060		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		9,373,060	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		161,349,228		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00	TRANSFERS FROM OTHER FUNDS		0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00	TRANSFER TO OTHER FUNDS		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: 26-0105

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
4/6/2017 9:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	104,892,513		104,892,513	1.00
2.00	SUBPROVIDER - IPF	20,542,829		20,542,829	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	125,435,342		125,435,342	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	70,177,856		70,177,856	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	70,177,856		70,177,856	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	195,613,198		195,613,198	17.00
18.00	Ancillary services	938,508,882	585,713,455	1,524,222,337	18.00
19.00	Outpatient services	52,140,562	161,316,387	213,456,949	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NONREIMBURSABLE PROFESSIONAL FEES	0	67,327,186	67,327,186	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,186,262,642	814,357,028	2,000,619,670	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		488,327,138		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	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		488,327,138		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0105

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

Worksheet G-3

Date/Time Prepared:
4/6/2017 9:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,000,619,670	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,493,283,333	2.00
3.00	Net patient revenues (line 1 minus line 2)	507,336,337	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	488,327,138	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,009,199	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,500	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	312,661	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	397,773	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	153,800	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	91,186	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	494,400	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,981,553	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS REVENUE	4,550,753	24.00
25.00	Total other income (sum of lines 6-24)	8,983,626	25.00
26.00	Total (line 5 plus line 25)	27,992,825	26.00
27.00	NONOPERATING EXPENSES	3,264,999	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,264,999	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,727,826	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0105	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 4/6/2017 9:20 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,768,839	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		211,236	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)		245.63	3.00
4.00	Number of interns & residents (see instructions)		258.16	4.00
5.00	Indirect medical education percentage (see instructions)		34.53	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)		1,301,380	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		12.71	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.70	8.00
9.00	Sum of lines 7 and 8		41.41	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.75	10.00
11.00	Disproportionate share adjustment (see instructions)		329,773	11.00
12.00	Total prospective capital payments (see instructions)		5,611,228	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