

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/29/2016 11:33 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2016	Time: 11:33 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOHN'S HOSPITAL ( 140053 ) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,528,026	304,826	-34,792	0	1.00
2.00 Subprovider - IPF	0	-13,923	217		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	151,793	-347		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	1,665,896	304,696	-34,792	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: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 11:30 am						
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 62769		4.00 County: SANGAMON						
1.00 Street: 800 EAST CARPENTER		2.00 City: SPRINGFIELD										
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				
3.00 Hospital and Hospital-Based Component Identification:												
3.00	Hospital	ST. JOHN'S HOSPITAL	140053	44100	1	07/01/1966	N	P	O	3.00		
4.00	Subprovider - IPF	ST. JOHN'S HOSPITAL PSYCH UNIT	14S053	44100	4	07/03/1984	N	P	O	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	ST. JOHN'S HOSPITAL TCU	145225	44100		06/01/1977	N	P	O	9.00		
10.00	Hospital-Based NF									10.00		
11.00	Hospital-Based OLTC									11.00		
12.00	Hospital-Based HHA	ST. JOHN'S HOME HEALTH AGENCY	147222	44100		01/01/1983	N	P	N	12.00		
13.00	Separately Certified ASC									13.00		
14.00	Hospital-Based Hospice	ST. JOHN'S HOSPITAL HOSPICE PROGRAM	141503	44100		05/24/1984				14.00		
15.00	Hospital-Based Health Clinic - RHC									15.00		
16.00	Hospital-Based Health Clinic - FQHC									16.00		
17.00	Hospital-Based (CMHC) I									17.00		
18.00	Renal Dialysis									18.00		
19.00	Other									19.00		
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2015	06/30/2016		20.00			
21.00	Type of Control (see instructions)					1			21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		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.					20,651	5,320	407	0	3,631	379	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		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 11:30 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		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		Teaching Hospitals that Claim Residents in Nonprovider Settings		0.00		62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00	2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
65.01				0.00	0.00	0.000000	65.01
65.02				0.00	0.00	0.000000	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)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
67.01				0.00	0.00	0.000000	
67.02				0.00	0.00	0.000000	
				1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N 0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
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			
<b>Long Term Care Hospital PPS</b>							
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
<b>TEFRA Providers</b>							
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		
<b>Title V and XIX Services</b>					
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.		Y		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
<b>Rural Providers</b>					
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 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	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	979,715	2,623,890	6,949,980	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
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 11:30 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.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
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		148005		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: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62794		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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						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	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						166.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part I Date/Time Prepared: 11/29/2016 11:30 am
			1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			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)			169.00
			0.25	
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			01/01/2015	03/31/2015
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00
			N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 11:30 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	Y			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?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/07/2016	Y	10/07/2016
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: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 11:30 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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	
<b>Home Office Costs</b>					
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	
<b>Cost Report Preparer Contact Information</b>					
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.	ROBIN		BARBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	HSHS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-544-6464		ROBIN.BARBER@HSHS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/29/2016 11:30 am
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		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCOUNTING		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: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 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	261	95,526	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)		261	95,526	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	54	19,764	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 HIGH RISK NEONATAL	35.00	43	15,738	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		358	131,028	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	15	5,490		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	37	13,542		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		410				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: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,484	7,131	60,811			1.00
2.00 HMO and other (see instructions)	9,374	16,776				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	19,484	7,131	60,811			7.00
8.00 INTENSIVE CARE UNIT	10,520	1,309	13,232			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 HIGH RISK NEONATAL	0	4,556	12,281			12.00
13.00 NURSERY		237	2,896			13.00
14.00 Total (see instructions)	30,004	13,233	89,220	89.37	2,421.24	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,659	174	4,524	3.03	22.03	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	5,121	577	8,989	0.10	39.78	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	12,955	0	30,898	0.00	51.62	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	6.81	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				92.50	2,541.48	27.00
28.00 Observation Bed Days		592	3,742			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,516			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	379	609			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: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 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	5,668	3,219	17,057	1.00
2.00 HMO and other (see instructions)			1,775	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 HIGH RISK NEONATAL						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,668	3,219	17,057	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	187	17	296	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.40					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.56					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.96					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: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet S-3 Part II Date/Time Prepared: 11/29/2016 11:30 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	141,648,313	-1,130,544	140,517,769	5,286,288.44	26.58	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		360,408	0	360,408	2,091.00	172.36	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	7,323,089	0	7,323,089	282,510.11	25.92	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,250,842	3,414	2,254,256	82,748.69	27.24	9.00
10.00	Excluded area salaries (see instructions)		9,306,774	-90,885	9,215,889	285,255.51	32.31	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		3,963,792	0	3,963,792	61,385.19	64.57	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		3,300,557	0	3,300,557	37,758.67	87.41	13.00
14.00	Home office salaries & wage-related costs		17,040,604	0	17,040,604	254,766.49	66.89	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		45,040,662	0	45,040,662			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,980,186	0	2,980,186			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		72,867	0	72,867			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,860,834	0	1,860,834			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,323,465	500	1,323,965	41,714.78	31.74	26.00
27.00	Administrative & General	5.00	19,413,727	-64,573	19,349,154	669,651.63	28.89	27.00
28.00	Administrative & General under contract (see inst.)		1,212,109	0	1,212,109	14,707.65	82.41	28.00
29.00	Maintenance & Repairs	6.00	3,612,819	-32,271	3,580,548	102,817.92	34.82	29.00
30.00	Operation of Plant	7.00	1,630,750	-18,217	1,612,533	77,105.39	20.91	30.00
31.00	Laundry & Linen Service	8.00	1,153,814	0	1,153,814	91,997.98	12.54	31.00
32.00	Housekeeping	9.00	2,481,617	-23,441	2,458,176	221,350.07	11.11	32.00
33.00	Housekeeping under contract (see instructions)		170,421	0	170,421	10,671.20	15.97	33.00
34.00	Dietary	10.00	2,089,551	-1,554,529	535,022	45,006.48	11.89	34.00
35.00	Dietary under contract (see instructions)		264,939	0	264,939	17,969.14	14.74	35.00
36.00	Cafeteria	11.00	0	1,529,981	1,529,981	123,057.23	12.43	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,610,735	-690,655	2,920,080	85,511.26	34.15	38.00
39.00	Central Services and Supply	14.00	504,984	-1,618	503,366	33,656.13	14.96	39.00
40.00	Pharmacy	15.00	4,613,960	-116,375	4,497,585	108,362.20	41.51	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 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	
41.00	Medical Records & Medical Records Library	16.00 2,305,715	-16,686	2,289,029	100,138.11	22.86	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/29/2016 11:30 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	135,972,693	-1,130,544	134,842,149	5,047,126.32	26.72	1.00
2.00	Excluded area salaries (see instructions)	11,557,616	-87,471	11,470,145	368,004.20	31.17	2.00
3.00	Subtotal salaries (line 1 minus line 2)	124,415,077	-1,043,073	123,372,004	4,679,122.12	26.37	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,304,953	0	24,304,953	353,910.35	68.68	4.00
5.00	Subtotal wage-related costs (see inst.)	45,113,529	0	45,113,529	0.00	36.57	5.00
6.00	Total (sum of lines 3 thru 5)	193,833,559	-1,043,073	192,790,486	5,033,032.47	38.31	6.00
7.00	Total overhead cost (see instructions)	44,388,606	-987,884	43,400,722	1,743,717.17	24.89	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2016 11:30 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			356,165 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)			11,444,374 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			21,493,193 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			1,589,335 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			472,494 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,932,956 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,781,062 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			8,172,068 17.00
18.00	Medicare Taxes - Employers Portion Only			2,037,508 18.00
19.00	Unemployment Insurance			65,942 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
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			158,136 22.00
23.00	Tuition Reimbursement			451,317 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			49,954,550 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part V Date/Time Prepared: 11/29/2016 11:30 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		5,611,261	0 1.00
2.00	Hospital		5,611,261	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140053 Component CCN: 147222		Period: From 07/01/2015 To 06/30/2016		Worksheet S-4 Date/Time Prepared: 11/29/2016 11:30 am PPS	
HOME HEALTH AGENCY STATISTICAL DATA				Home Health Agency I			
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,463	0	119	1,582	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	861.00	134.00	1,268.00	2,263.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			13.63	0.00	13.63	5.00
6.00	Direct Nursing Service			24.90	0.00	24.90	6.00
7.00	Nursing Supervisor			1.01	0.00	1.01	7.00
8.00	Physical Therapy Service			6.95	0.00	6.95	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.87	0.00	2.87	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.02	0.00	1.02	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.85	0.00	1.85	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	14010					20.00
20.01		16580					20.01
20.02		19500					20.02
20.03		41180					20.03
20.04		44100					20.04
20.05		99914					20.05
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,482	1,008	303	151	7,944	21.00
22.00	Skilled Nursing Visit Charges	1,276,757	198,576	59,494	29,747	1,564,574	22.00
23.00	Physical Therapy Visits	2,692	34	30	32	2,788	23.00
24.00	Physical Therapy Visit Charges	565,320	7,140	6,300	6,720	585,480	24.00
25.00	Occupational Therapy Visits	1,073	44	25	29	1,171	25.00
26.00	Occupational Therapy Visit Charges	225,330	9,240	5,250	6,090	245,910	26.00
27.00	Speech Pathology Visits	1	0	0	0	1	27.00
28.00	Speech Pathology Visit Charges	210	0	0	0	210	28.00
29.00	Medical Social Service Visits	92	10	0	7	109	29.00
30.00	Medical Social Service Visit Charges	23,920	2,600	0	1,820	28,340	30.00
31.00	Home Health Aide Visits	841	79	7	15	942	31.00
32.00	Home Health Aide Visit Charges	79,895	7,505	665	1,425	89,490	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,181	1,175	365	234	12,955	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,171,432	225,061	71,709	45,802	2,514,004	35.00
36.00	Total Number of Episodes (standard/non outlier)	837		127	19	983	36.00
37.00	Total Number of Outlier Episodes		29		1	30	37.00
38.00	Total Non-Routine Medical Supply Charges	103,512	14,344	6,724	1,497	126,077	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-7

Date/Time Prepared:  
11/29/2016 11:30 am

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	79	0	79	12.00
13.00	RUB	133	0	133	13.00
14.00	RUA	4	0	4	14.00
15.00	RVC	310	0	310	15.00
16.00	RVB	750	0	750	16.00
17.00	RVA	142	0	142	17.00
18.00	RHC	174	0	174	18.00
19.00	RHB	370	0	370	19.00
20.00	RHA	80	0	80	20.00
21.00	RMC	49	0	49	21.00
22.00	RMB	89	0	89	22.00
23.00	RMA	54	0	54	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	24	0	24	27.00
28.00	ES1	342	0	342	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	119	0	119	32.00
33.00	HC2	90	0	90	33.00
34.00	HC1	305	0	305	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	86	0	86	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	16	0	16	39.00
40.00	LD1	23	0	23	40.00
41.00	LC2	38	0	38	41.00
42.00	LC1	184	0	184	42.00
43.00	LB2	2	0	2	43.00
44.00	LB1	8	0	8	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	2	0	2	46.00
47.00	CD2	102	0	102	47.00
48.00	CD1	139	0	139	48.00
49.00	CC2	266	0	266	49.00
50.00	CC1	740	0	740	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	103	0	103	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	171	0	171	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet S-7

Date/Time Prepared:  
11/29/2016 11:30 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	7	0	7	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	41	0	41	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	5	0	5	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	1	0	1	78.00
199.00		AAA	73	0	73	199.00
200.00	TOTAL		5,121	0	5,121	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			44100	44100	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		6,514,979			207.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140053 Component CCN: 141503	Period: From 07/01/2015 To 06/30/2016	Worksheet S-9 Parts I & II Date/Time Prepared: 11/29/2016 11:30 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of col.s. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	7,749	240	0	0	967	8,956	2.00
3.00	Inpatient Respite Care	10	310	0	0	46	366	3.00
4.00	General Inpatient Care	315	5	0	0	0	320	4.00
5.00	Total Hospice Days	8,074	555	0	0	1,013	9,642	5.00
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	175	9	0	0	39	223	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	46.14	61.67	0.00	0.00	25.97	43.24	8.00
9.00	Unduplicated Census Count	175	9	0	0	39	223	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/29/2016 11:30 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.232329		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		77,897,436		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		348,517,637		6.00	
7.00	Medicaid cost (line 1 times line 6)		80,970,754		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)		3,073,318		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		30,444		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		522,446		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,073,318		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	17,023,518	21,360,406		38,383,924	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,955,057	4,962,642		8,917,699	21.00
22.00	Partial payment by patients approved for charity care	153,451	19,521,513		19,674,964	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,801,606	-14,558,871		-10,757,265	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0			25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		8,405,348			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,266,320			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		7,139,028			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,658,603			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		-9,098,662			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		-6,025,344			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/29/2016 11:30 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		29,126,008	29,126,008	-14,964,765	14,161,243	1.00
1.01	00101	CAP REL COSTS - CON		0	0	172,762	172,762	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	15,302,606	15,302,606	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,323,465	98,249,249	99,572,714	1,000,977	100,573,691	4.00
5.01	00580	COMMUNICATIONS	308,029	184,872	492,901	97,781	590,682	5.01
5.02	00540	INFORMATION SYSTEMS	88,663	26,598,164	26,686,827	0	26,686,827	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	615,931	111,277	727,208	0	727,208	5.03
5.04	00570	ADMINISTRATIVE	1,511,591	125,070	1,636,661	-5,513	1,631,148	5.04
5.05	00560	PATIENT ACCOUNTING	2,799,813	453,050	3,252,863	181,868	3,434,731	5.05
5.06	00590	OTHER ADMIN & GENERAL	14,089,700	95,012,872	109,102,572	-2,657,373	106,445,199	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,612,819	7,388,889	11,001,708	-32,271	10,969,437	6.00
7.00	00700	OPERATION OF PLANT	1,630,750	9,495,623	11,126,373	-116,447	11,009,926	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,153,814	1,764,913	2,918,727	0	2,918,727	8.00
9.00	00900	HOUSEKEEPING	2,481,617	1,577,935	4,059,552	-23,441	4,036,111	9.00
10.00	01000	DIETARY	2,089,551	492,918	2,582,469	-1,915,447	667,022	10.00
11.00	01100	CAFETERIA	0	0	0	1,890,899	1,890,899	11.00
13.00	01300	NURSING ADMINISTRATION	3,610,735	871,042	4,481,777	-690,655	3,791,122	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	504,984	1,894,890	2,399,874	-1,232,442	1,167,432	14.00
15.00	01500	PHARMACY	4,613,960	13,056,732	17,670,692	-10,018,050	7,652,642	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,305,715	2,273,107	4,578,822	-16,686	4,562,136	16.00
20.00	02000	NURSING SCHOOL	1,593,857	390,537	1,984,394	-82,205	1,902,189	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,323,089	0	7,323,089	0	7,323,089	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,427,075	2,427,075	22.00
23.00	02300	PARAMEDICAL (CLINICAL LAB SCIENCE)	121,315	2,998	124,313	0	124,313	23.00
23.01	02301	PARAMEDICAL (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL (PHARMACY)	152,327	13,477	165,804	116,122	281,926	23.03
23.04	02304	PARAMEDICAL (PASTORAL CARE)	80,984	11,414	92,398	-35,546	56,852	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	18,428,248	6,478,975	24,907,223	-3,113,387	21,793,836	30.00
31.00	03100	INTENSIVE CARE UNIT	7,266,285	2,164,830	9,431,115	-411,176	9,019,939	31.00
35.00	02040	HIGH RISK NEONATAL	5,713,687	1,330,170	7,043,857	-170,723	6,873,134	35.00
40.00	04000	SUBPROVIDER - IPF	1,199,869	189,528	1,389,397	-25,044	1,364,353	40.00
43.00	04300	NURSERY	285	0	285	781,612	781,897	43.00
44.00	04400	SKILLED NURSING FACILITY	2,250,842	191,312	2,442,154	-16,921	2,425,233	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,434,075	31,282,731	41,716,806	-25,096,117	16,620,689	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	810,108	771,031	1,581,139	-683,273	897,866	50.01
50.02	05002	PAIN MANAGEMENT CENTER	96,534	62,810	159,344	-31,842	127,502	50.02
51.00	05100	RECOVERY ROOM	2,005,284	165,264	2,170,548	-10,283	2,160,265	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,744,566	1,937,552	4,682,118	296,546	4,978,664	52.00
53.00	05300	ANESTHESIOLOGY	966,164	2,052,279	3,018,443	-310,826	2,707,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,597,914	1,563,007	5,160,921	-915,963	4,244,958	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	369,665	303,502	673,167	-11,687	661,480	55.00
56.00	05600	RADIOISOTOPE	534,027	788,873	1,322,900	47,331	1,370,231	56.00
57.00	05700	CT SCAN	524,326	309,540	833,866	-127,923	705,943	57.00
58.00	05800	MRI	400,644	188,590	589,234	10,823	600,057	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,363,673	27,555,291	32,918,964	-25,332,120	7,586,844	59.00
60.00	06000	LABORATORY	4,347,128	7,232,952	11,580,080	9,488	11,589,568	60.00
65.00	06500	RESPIRATORY THERAPY	3,047,916	913,246	3,961,162	-639,654	3,321,508	65.00
66.00	06600	PHYSICAL THERAPY	4,917,319	2,037,274	6,954,593	-98,708	6,855,885	66.00
69.00	06900	ELECTROCARDIOLOGY	2,099,224	3,329,733	5,428,957	-70,307	5,358,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	726,138	363,241	1,089,379	0	1,089,379	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,170,185	21,170,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,811,266	32,811,266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,020,690	11,020,690	73.00
74.00	07400	RENAL DIALYSIS	0	764,644	764,644	-12,073	752,571	74.00
76.00	03020	OTHER ANCILLARY	943,327	101,192	1,044,519	2,096,062	3,140,581	76.00
76.97	07697	CARDIAC REHABILITATION	556,079	24,514	580,593	500	581,093	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,088,402	1,088,402	-322,687	765,715	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	4,133,855	5,434,859	9,568,714	-3,550	9,565,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	3,834,578	655,952	4,490,530	-286,284	4,204,246	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		5,422,496	5,422,496	0	5,422,496	113.00
116.00	11600	HOSPICE	422,226	487,871	910,097	-2,229	907,868	116.00
117.00	06950	HOME INFUSION	690,311	1,723,955	2,414,266	20,203	2,434,469	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	140,437,006	396,010,653	536,447,659	-28,822	536,418,837	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet A Date/Time Prepared: 11/29/2016 11:30 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,165	272,616	309,781	0	309,781	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	559,669	559,669	30,876	590,545	192.00
194.00	07950	NON REIMBURSABLE-OTHER	659,454	665,988	1,325,442	-2,054	1,323,388	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	514,688	354,744	869,432	0	869,432	194.01
200.00		TOTAL (SUM OF LINES 118-199)	141,648,313	397,863,670	539,511,983	0	539,511,983	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	14,161,243	1.00
1.01	00101	CAP REL COSTS - CON	0	172,762	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	15,302,606	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-52,880,406	47,693,285	4.00
5.01	00580	COMMUNICATIONS	-160,925	429,757	5.01
5.02	00540	INFORMATION SYSTEMS	2,728,121	29,414,948	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	7,058	734,266	5.03
5.04	00570	ADMINING	0	1,631,148	5.04
5.05	00560	PATIENT ACCOUNTING	10,205	3,444,936	5.05
5.06	00590	OTHER ADMIN & GENERAL	-76,326,830	30,118,369	5.06
6.00	00600	MAINTENANCE & REPAIRS	-12,129	10,957,308	6.00
7.00	00700	OPERATION OF PLANT	-1,502,001	9,507,925	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-2,183,613	735,114	8.00
9.00	00900	HOUSEKEEPING	-817	4,035,294	9.00
10.00	01000	DIETARY	-3,287	663,735	10.00
11.00	01100	CAFETERIA	0	1,890,899	11.00
13.00	01300	NURSING ADMINISTRATION	-109,284	3,681,838	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-51,173	1,116,259	14.00
15.00	01500	PHARMACY	-95,255	7,557,387	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-650	4,561,486	16.00
20.00	02000	NURSING SCHOOL	-2,208,094	-305,905	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-847,213	6,475,876	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,427,075	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	-23,417	100,896	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	-31,700	250,226	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	-13,972	42,880	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,164,291	19,629,545	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,019,939	31.00
35.00	02040	HIGH RISK NEONATAL	-4,432	6,868,702	35.00
40.00	04000	SUBPROVIDER - I PF	-63,717	1,300,636	40.00
43.00	04300	NURSERY	0	781,897	43.00
44.00	04400	SKILLED NURSING FACILITY	-3,447	2,421,786	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,768,541	14,852,148	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	897,866	50.01
50.02	05002	PAIN MANAGEMENT CENTER	-29,760	97,742	50.02
51.00	05100	RECOVERY ROOM	0	2,160,265	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,288,475	3,690,189	52.00
53.00	05300	ANESTHESIOLOGY	-229,401	2,478,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-123,061	4,121,897	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-51,778	609,702	55.00
56.00	05600	RADIOISOTOPE	0	1,370,231	56.00
57.00	05700	CT SCAN	-1,700	704,243	57.00
58.00	05800	MRI	-1,500	598,557	58.00
59.00	05900	CARDIAC CATHETERIZATION	-431,159	7,155,685	59.00
60.00	06000	LABORATORY	-44,978	11,544,590	60.00
65.00	06500	RESPIRATORY THERAPY	-67,027	3,254,481	65.00
66.00	06600	PHYSICAL THERAPY	-994,463	5,861,422	66.00
69.00	06900	ELECTROCARDIOLOGY	-2,827,577	2,531,073	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-42,100	1,047,279	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,170,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,811,266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,020,690	73.00
74.00	07400	RENAL DIALYSIS	-37,000	715,571	74.00
76.00	03020	OTHER ANCILLARY	-11,998	3,128,583	76.00
76.97	07697	CARDIAC REHABILITATION	-28,812	552,281	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-4,819	760,896	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-3,896,205	5,668,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	-750	4,203,496	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-5,422,496	0	113.00
116.00	11600	HOSPICE	0	907,868	116.00
117.00	06950	HOME INFUSION	0	2,434,469	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-153,244,869	383,173,968	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	309,781	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/29/2016 11:30 am
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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,382,856	-792,311	192.00
194.00	07950	NON REIMBURSABLE-OTHER	-40,483	1,282,905	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	869,432	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-154,668,208	384,843,775	200.00

RECLASSIFICATIONS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-6  
Date/Time Prepared:  
11/29/2016 11:30 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - COLLEGE OF NURSING DEPREC COSTS</b>					
1.00	CAP REL COSTS - CON	1.01	0	170,338	1.00
	O		0	170,338	
<b>B - NONPAID WORKERS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,654	1.00
	O		0	15,654	
<b>C - MEDICAL CARE ADMIN COSTS</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	50,485	0	1.00
	O		50,485	0	
<b>D - CAFETERIA COSTS</b>					
1.00	CAFETERIA	11.00	1,529,981	360,918	1.00
	O		1,529,981	360,918	
<b>E - NURSERY AND LABOR/DELIVERY COSTS</b>					
1.00	NURSERY	43.00	668,530	108,804	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	393,568	0	2.00
	O		1,062,098	108,804	
<b>F - HOME HEALTH SUPPLY COSTS</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,382	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	190,764	2.00
	O		0	210,146	
<b>G - HOME HEALTH HOSPICE SALARY COSTS</b>					
1.00	SKILLED NURSING FACILITY	44.00	19,337	0	1.00
2.00	HOSPICE	116.00	33,521	0	2.00
	O		52,858	0	
<b>H - SNF MEDICAID ASSESSMENT FEE</b>					
1.00	OTHER ADMIN & GENERAL	5.06	0	20,314	1.00
	O		0	20,314	
<b>J - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,020,690	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
	O		0	11,020,690	
<b>K - WORKERS COMPENSATION COSTS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	78,045	1.00
	O		0	78,045	
<b>L - MEDICAL &amp; IMPLANTABLE SUPPLY COSTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,979,421	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	32,811,266	2.00
3.00	PHARMACY	15.00	0	244,649	3.00
4.00	OTHER ADMIN & GENERAL	5.06	0	67,936	4.00
5.00	LABORATORY	60.00	0	28,919	5.00
6.00	HOME INFUSION	117.00	0	19,678	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
	O		0	54,151,869	
<b>M - RN-BSN PROGRAM/EDUCATION</b>					
1.00	NURSING ADMINISTRATION	13.00	47,491	0	1.00
	O		47,491	0	

RECLASSIFICATIONS

Provider CCN: 140053

Period:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>N - LEGAL FEES</b>					
1.00	OTHER ADMIN & GENERAL	5.06	0	223,766	1.00
	O		0	223,766	
<b>O - UTILITIES/TELEPHONE FOR PDC</b>					
1.00	OPERATION OF PLANT	7.00	0	168,866	1.00
2.00	COMMUNICATIONS	5.01	0	98,338	2.00
	O		0	267,204	
<b>P - PHARMACY CONTINUING EDUCATION/SERVI</b>					
1.00	PARAMED ED (PHARMACY)	23.03	116,122	0	1.00
	O		116,122	0	
<b>Q - NURSING BONUSES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	500	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	4,548	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	3,032	0	3.00
4.00	HIGH RISK NEONATAL	35.00	4,004	0	4.00
5.00	OPERATING ROOM	50.00	3,115	0	5.00
6.00	GASTRODIAGNOSTIC UNIT	50.01	520	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	3,919	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	1,066	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	143	0	9.00
10.00	OTHER ANCILLARY	76.00	2,513	0	10.00
11.00	CARDIAC REHABILITATION	76.97	500	0	11.00
12.00	EMERGENCY	91.00	4,500	0	12.00
13.00	HOME HEALTH AGENCY	101.00	1,070	0	13.00
14.00	HOME INFUSION	117.00	525	0	14.00
	O		29,955	0	
<b>R - NEW GRAD RN ONSITE TRAINING</b>					
1.00	ADULTS & PEDIATRICS	30.00	330,120	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	174,460	0	2.00
3.00	SUBPROVIDER - IPF	40.00	5,758	0	3.00
4.00	NURSERY	43.00	10,156	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	47,663	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	18,205	0	6.00
7.00	EMERGENCY	91.00	113,323	0	7.00
	O		699,685	0	
<b>S - ACADEMIC SUPPORT</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,376,590	1.00
	O		0	2,376,590	
<b>T - OUTPATIENT ROUTINE SERVICES</b>					
1.00	OTHER ANCILLARY	76.00	1,607,567	487,200	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
	O		1,607,567	487,200	
<b>U - RADIOLOGY ADMINISTRATION</b>					
1.00	RADIOISOTOPE	56.00	73,267	53,289	1.00
2.00	CT SCAN	57.00	71,936	20,910	2.00
3.00	MRI	58.00	54,967	12,739	3.00
	O		200,170	86,938	
<b>V - SHORT-TERM DISABILITY</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,130,544	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
				1,130,544		
<b>W - MACARTHUR LEASE EXPENSE</b>						
1.00	PATIENT ACCOUNTING	5.05	0	195,042		1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	41,178		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	30,876		3.00
			0	267,096		
<b>X - MOVEABLE EQUIPMENT DEPRECIATION</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,186,195		1.00
			0	15,186,195		
<b>Y - CAPITAL INSURANCE EXPENSE</b>						
1.00	OTHER CAP REL COSTS	3.00	0	510,603		1.00
			0	510,603		
<b>Z - PASTORAL CARE PARAMED ED</b>						
1.00	OTHER ADMIN & GENERAL	5.06	32,183	0		1.00
			32,183	0		
500.00	Grand Total: Increases		5,428,595	86,672,914		500.00

RECLASSIFICATIONS

Provider CCN: 140053

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - COLLEGE OF NURSING DEPREC COSTS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	170,338	11	1.00
	O		0	170,338		
<b>B - NONPAID WORKERS</b>						
1.00	HOSPICE	116.00	0	15,654	0	1.00
	O		0	15,654		
<b>C - MEDICAL CARE ADMIN COSTS</b>						
1.00	OTHER ADMIN & GENERAL	5.06	50,485	0	0	1.00
	O		50,485	0		
<b>D - CAFETERIA COSTS</b>						
1.00	DIETARY	10.00	1,529,981	360,918	0	1.00
	O		1,529,981	360,918		
<b>E - NURSERY AND LABOR/DELIVERY COSTS</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,062,098	56,202	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	52,602	0	2.00
	O		1,062,098	108,804		
<b>F - HOME HEALTH SUPPLY COSTS</b>						
1.00	HOME HEALTH AGENCY	101.00	0	210,146	0	1.00
2.00		0.00	0	0	0	2.00
	O		0	210,146		
<b>G - HOME HEALTH HOSPICE SALARY COSTS</b>						
1.00	HOSPICE	116.00	19,337	0	0	1.00
2.00	HOME HEALTH AGENCY	101.00	33,521	0	0	2.00
	O		52,858	0		
<b>H - SNF MEDICAID ASSESSMENT FEE</b>						
1.00	SKILLED NURSING FACILITY	44.00	0	20,314	0	1.00
	O		0	20,314		
<b>J - DRUGS CHARGED TO PATIENTS</b>						
1.00	PHARMACY	15.00	0	10,146,324	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	64,107	0	2.00
3.00	OPERATING ROOM	50.00	0	16,412	0	3.00
4.00	GASTRODIAGNOSTIC UNIT	50.01	0	74,041	0	4.00
5.00	PAIN MANAGEMENT CENTER	50.02	0	943	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,849	0	6.00
7.00	RADIOISOTOPE	56.00	0	79,225	0	7.00
8.00	CT SCAN	57.00	0	73,886	0	8.00
9.00	MRI	58.00	0	55,728	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	189,546	0	10.00
11.00	HYPERBARIC OXYGEN THERAPY	76.98	0	281,629	0	11.00
	O		0	11,020,690		
<b>K - WORKERS COMPENSATION COSTS</b>						
1.00	OTHER ADMIN & GENERAL	5.06	0	78,045	0	1.00
	O		0	78,045		
<b>L - MEDICAL &amp; IMPLANTABLE SUPPLY COSTS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,250,206	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	153,463	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	290,224	0	3.00
4.00	HIGH RISK NEONATAL	35.00	0	113,808	0	4.00
5.00	OPERATING ROOM	50.00	0	24,923,448	0	5.00
6.00	GASTRODIAGNOSTIC UNIT	50.01	0	595,148	0	6.00
7.00	PAIN MANAGEMENT CENTER	50.02	0	30,899	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	66,644	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	298,000	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	582,917	0	10.00
11.00	CT SCAN	57.00	0	144,654	0	11.00
12.00	MRI	58.00	0	1,155	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	24,837,528	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	627,482	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	43,127	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	36,728	0	16.00
17.00	RENAL DIALYSIS	74.00	0	12,073	0	17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	0	41,058	0	18.00
19.00	EMERGENCY	91.00	0	103,307	0	19.00
	O		0	54,151,869		
<b>M - RN-BSN PROGRAM/EDUCATION</b>						
1.00	NURSING SCHOOL	20.00	47,491	0	0	1.00
	O		47,491	0		
<b>N - LEGAL FEES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	223,766	0	1.00
	O		0	223,766		
<b>O - UTILITIES/TELEPHONE FOR PDC</b>						
1.00	CARDIAC CATHETERIZATION	59.00	0	267,204	0	1.00
2.00		0.00	0	0	0	2.00
	O		0	267,204		

RECLASSIFICATIONS

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		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
<b>P - PHARMACY CONTINUING EDUCATION/SERVICES</b>						
1.00	PHARMACY	15.00	116,122	0	0	1.00
	O		116,122	0		
<b>Q - NURSING BONUSES</b>						
1.00	NURSING ADMINISTRATION	13.00	29,955	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
	O		29,955	0		
<b>R - NEW GRAD RN ONSITE TRAINING</b>						
1.00	NURSING ADMINISTRATION	13.00	699,685	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
	O		699,685	0		
<b>S - ACADEMIC SUPPORT</b>						
1.00	OTHER ADMIN & GENERAL	5.06	0	2,376,590	0	1.00
	O		0	2,376,590		
<b>T - OUTPATIENT ROUTINE SERVICES</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,500,684	458,247	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	103,186	26,357	0	2.00
3.00	HIGH RISK NEONATAL	35.00	59	13	0	3.00
4.00	SUBPROVIDER - IPF	40.00	188	30	0	4.00
5.00	NURSERY	43.00	3,346	2,532	0	5.00
6.00	SKILLED NURSING FACILITY	44.00	104	21	0	6.00
	O		1,607,567	487,200		
<b>U - RADIOLOGY ADMINISTRATION</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	200,170	86,938	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	O		200,170	86,938		
<b>V - SHORT-TERM DISABILITY</b>						
1.00	COMMUNICATIONS	5.01	557	0	0	1.00
2.00	ADMINISTRATIVE	5.04	5,513	0	0	2.00
3.00	PATIENT ACCOUNTING	5.05	13,174	0	0	3.00
4.00	OTHER ADMIN & GENERAL	5.06	27,027	0	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	32,271	0	0	5.00
6.00	OPERATION OF PLANT	7.00	18,217	0	0	6.00
7.00	HOUSEKEEPING	9.00	23,441	0	0	7.00
8.00	DIETARY	10.00	24,548	0	0	8.00
9.00	NURSING ADMINISTRATION	13.00	8,506	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	1,618	0	0	10.00
11.00	PHARMACY	15.00	253	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	16,686	0	0	12.00
13.00	NURSING SCHOOL	20.00	34,714	0	0	13.00
14.00	PARAMEDIC (PASTORAL CARE)	23.04	3,363	0	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	217,361	0	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	104,794	0	0	16.00
17.00	HIGH RISK NEONATAL	35.00	60,847	0	0	17.00
18.00	SUBPROVIDER - IPF	40.00	30,584	0	0	18.00
19.00	SKILLED NURSING FACILITY	44.00	15,819	0	0	19.00
20.00	OPERATING ROOM	50.00	159,372	0	0	20.00
21.00	GASTRODIAGNOSTIC UNIT	50.01	14,604	0	0	21.00
22.00	RECOVERY ROOM	51.00	10,283	0	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	29,358	0	0	23.00
24.00	ANESTHESIOLOGY	53.00	12,826	0	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	7,089	0	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	11,687	0	0	26.00
27.00	CT SCAN	57.00	2,229	0	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	57,113	0	0	28.00
29.00	LABORATORY	60.00	19,431	0	0	29.00

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
30.00	RESPIRATORY THERAPY	65.00	12,172	0	0	30.00	
31.00	PHYSICAL THERAPY	66.00	55,581	0	0	31.00	
32.00	ELECTROCARDIOLOGY	69.00	33,722	0	0	32.00	
33.00	OTHER ANCI LLARY	76.00	1,218	0	0	33.00	
34.00	EMERGENCY	91.00	18,066	0	0	34.00	
35.00	HOME HEALTH AGENCY	101.00	43,687	0	0	35.00	
36.00	HOSPICE	116.00	759	0	0	36.00	
37.00	NON REIMBURSABLE-OTHER	194.00	2,054	0	0	37.00	
	0		1,130,544	0			
<b>W - MACARTHUR LEASE EXPENSE</b>							
1.00	OPERATION OF PLANT	7.00	0	267,096	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	0		0	267,096			
<b>X - MOVEABLE EQUIPMENT DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15,186,195	9	1.00	
	0		0	15,186,195			
<b>Y - CAPITAL INSURANCE EXPENSE</b>							
1.00	OTHER ADMIN & GENERAL	5.06	0	510,603	0	1.00	
	0		0	510,603			
<b>Z - PASTORAL CARE PARAMED ED</b>							
1.00	PARAMED ED (PASTORAL CARE)	23.04	32,183	0	0	1.00	
	0		32,183	0			
500.00	Grand Total: Decreases		6,559,139	85,542,370		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

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Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	22,825,564	176,613	0	176,613	0	1.00
2.00	Land Improvements	6,161,711	219,448	0	219,448	17,304	2.00
3.00	Buildings and Fixtures	495,019,610	6,348,615	0	6,348,615	4,691,612	3.00
4.00	Building Improvements	8,666,962	5,987,984	0	5,987,984	376,760	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	183,899,686	10,074,037	0	10,074,037	21,964,070	6.00
7.00	HIT designated Assets	39,717,169	2,420,977	0	2,420,977	0	7.00
8.00	Subtotal (sum of lines 1-7)	756,290,702	25,227,674	0	25,227,674	27,049,746	8.00
9.00	Reconciling Items	6,556,578	11,544,917	0	11,544,917	0	9.00
10.00	Total (line 8 minus line 9)	749,734,124	13,682,757	0	13,682,757	27,049,746	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	23,002,177	0				1.00
2.00	Land Improvements	6,363,855	0				2.00
3.00	Buildings and Fixtures	496,676,613	0				3.00
4.00	Building Improvements	14,278,186	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	172,009,653	0				6.00
7.00	HIT designated Assets	42,138,146	0				7.00
8.00	Subtotal (sum of lines 1-7)	754,468,630	0				8.00
9.00	Reconciling Items	18,101,495	0				9.00
10.00	Total (line 8 minus line 9)	736,367,135	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 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	29,126,008	0	0	0	0	1.00
1.01	CAP REL COSTS - CON	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	29,126,008	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	29,126,008				1.00
1.01	CAP REL COSTS - CON	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	29,126,008				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/29/2016 11:30 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	578,876,474	0	578,876,474	0.767264	391,768	1.00
1.01	CAP REL COSTS - CON	3,582,503	0	3,582,503	0.004748	2,424	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	172,009,653	0	172,009,653	0.227988	116,411	2.00
3.00	Total (sum of lines 1-2)	754,468,630	0	754,468,630	0.000000	510,603	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	391,768	13,939,813	0	1.00
1.01	CAP REL COSTS - CON	0	0	2,424	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	116,411	15,186,195	0	2.00
3.00	Total (sum of lines 1-2)	0	0	510,603	29,126,008	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 col. 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	-170,338	391,768	0	0	14,161,243	1.00
1.01	CAP REL COSTS - CON	170,338	2,424	0	0	172,762	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	116,411	0	0	15,302,606	2.00
3.00	Total (sum of lines 1-2)	0	510,603	0	0	29,636,611	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-8

Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS - CON (chapter 2)			0	CAP REL COSTS - CON	1.01	0	1.01
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	-33,547		COMMUNICATIONS	5.01	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-80,533		OPERATION OF PLANT	7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-25,026,019				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	631,274				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	B	-61,441		PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-650		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-2,183,565		NURSING SCHOOL	20.00	0	19.00
20.00 Vending machines	B	-147		DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - CAP REL COSTS - CON			0	CAP REL COSTS - CON	1.01	0	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00

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	
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00		0			0.00	0 33.00
34.00 TUITI N, FEES, BOOKS, ETC.	B	-23,417	PARAMED ED (CLINICAL LAB SCIENCE)		23.00	0 34.00
34.01 TUITI N, FEES, BOOKS, ETC.	B	-31,700	PARAMED ED (PHARMACY)		23.03	0 34.01
34.02 TUITI N, FEES, BOOKS, ETC.	B	-13,972	PARAMED ED (PASTORAL CARE)		23.04	0 34.02
35.00 RENTAL OF HOSPITAL SPACE	B	-1,187,240	OTHER ADMIN & GENERAL		5.06	0 35.00
35.01 RENTAL OF HOSPITAL SPACE	B	-148,453	OPERATION OF PLANT		7.00	0 35.01
35.02 RENTAL OF HOSPITAL SPACE	B	-9,140	PHYSICAL THERAPY		66.00	0 35.02
35.03 RENTAL OF HOSPITAL SPACE	B	47,393	ELECTROCARDIOLOGY		69.00	0 35.03
36.00 INTERCOMPANY REVENUE	B	-939	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 36.00
36.01 INTERCOMPANY REVENUE	B	-109	COMMUNICATIONS		5.01	0 36.01
36.02 INTERCOMPANY REVENUE	B	-76,730	INFORMATION SYSTEMS		5.02	0 36.02
36.03 INTERCOMPANY REVENUE	B	10,347	PATIENT ACCOUNTING		5.05	0 36.03
36.04 INTERCOMPANY REVENUE	B	-3,913,355	OTHER ADMIN & GENERAL		5.06	0 36.04
36.05 INTERCOMPANY REVENUE	B	-1,122,429	OPERATION OF PLANT		7.00	0 36.05
36.06 INTERCOMPANY REVENUE	B	-2,120,436	LAUNDRY & LINEN SERVICE		8.00	0 36.06
36.07 INTERCOMPANY REVENUE	B	-501	DIETARY		10.00	0 36.07
36.08 INTERCOMPANY REVENUE	B	-70,135	NURSING ADMINISTRATION		13.00	0 36.08
36.09 INTERCOMPANY REVENUE	B	-51,167	CENTRAL SERVICES & SUPPLY		14.00	0 36.09
36.10 INTERCOMPANY REVENUE	B	-33,814	PHARMACY		15.00	0 36.10
36.11		0			0.00	0 36.11
36.12 INTERCOMPANY REVENUE	B	-150	OPERATING ROOM		50.00	0 36.12
36.13 INTERCOMPANY REVENUE	B	-108,464	RADIOLOGY-DIAGNOSTIC		54.00	0 36.13
36.14 INTERCOMPANY REVENUE	B	-10	RADIOLOGY-THERAPEUTIC		55.00	0 36.14
36.15 INTERCOMPANY REVENUE	B	-380,964	CARDIAC CATHETERIZATION		59.00	0 36.15
36.16 INTERCOMPANY REVENUE	B	-44,930	LABORATORY		60.00	0 36.16
36.17 INTERCOMPANY REVENUE	B	-116,216	ELECTROCARDIOLOGY		69.00	0 36.17
36.18 INTERCOMPANY REVENUE	B	-1,299,613	PHYSICIANS' PRIVATE OFFICES		192.00	0 36.18
36.19 INTERCOMPANY REVENUE	B	-40,483	NON REIMBURSABLE-OTHER		194.00	0 36.19
37.00 MISCELLANEOUS OTHER OPERATING R	B	-127,269	COMMUNICATIONS		5.01	0 37.00
37.01 MISCELLANEOUS OTHER OPERATING R	B	-142	PATIENT ACCOUNTING		5.05	0 37.01
37.02 MISCELLANEOUS OTHER OPERATING R	B	-368,099	OTHER ADMIN & GENERAL		5.06	0 37.02
37.03 MISCELLANEOUS OTHER OPERATING R	B	-12,129	MAINTENANCE & REPAIRS		6.00	0 37.03
37.04 MISCELLANEOUS OTHER OPERATING R	B	-2,464	OPERATION OF PLANT		7.00	0 37.04
37.05 MISCELLANEOUS OTHER OPERATING R	B	-63,177	LAUNDRY & LINEN SERVICE		8.00	0 37.05
37.06 MISCELLANEOUS OTHER OPERATING R	B	-817	HOUSEKEEPING		9.00	0 37.06
37.07 MISCELLANEOUS OTHER OPERATING R	B	-35,606	NURSING ADMINISTRATION		13.00	0 37.07
37.08 MISCELLANEOUS OTHER OPERATING R	B	-6	CENTRAL SERVICES & SUPPLY		14.00	0 37.08
37.09 MISCELLANEOUS OTHER OPERATING R	B	-9,275	NURSING SCHOOL		20.00	0 37.09
37.10 MISCELLANEOUS OTHER OPERATING R	B	-847,213	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 37.10
37.11 MISCELLANEOUS OTHER OPERATING R	B	-1,716	ADULTS & PEDIATRICS		30.00	0 37.11
37.12 MISCELLANEOUS OTHER OPERATING R	B	-4,432	HIGH RISK NEONATAL		35.00	0 37.12
37.13 MISCELLANEOUS OTHER OPERATING R	B	-5,423	OPERATING ROOM		50.00	0 37.13
37.14 MISCELLANEOUS OTHER OPERATING R	B	-9,467	RADIOLOGY-DIAGNOSTIC		54.00	0 37.14
37.15 MISCELLANEOUS OTHER OPERATING R	B	-22	LABORATORY		60.00	0 37.15
37.16 MISCELLANEOUS OTHER OPERATING R	B	-70,159	PHYSICAL THERAPY		66.00	0 37.16
37.17 MISCELLANEOUS OTHER OPERATING R	B	-222,820	ELECTROCARDIOLOGY		69.00	0 37.17
37.18 MISCELLANEOUS OTHER OPERATING R	B	-31,460	ELECTROENCEPHALOGRAPHY		70.00	0 37.18

Line #	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		
37.19	MI SCCELLANEOUS OTHER OPERATING R	B	-11,998	OTHER ANCI LLARY	76.00	0	37.19
37.20	MI SCCELLANEOUS OTHER OPERATING R	B	-28,812	CARDI AC REHABI LI TATION	76.97	0	37.20
37.21	MI SCCELLANEOUS OTHER OPERATING R	B	-72,447	EMERGENCY	91.00	0	37.21
38.00	EMPLOYEE HEALTH INSURANCE	B	-10,510,299	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00	ADVERTI SI NG/SPONSORSHI P	A	-14,305	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
39.01	ADVERTI SI NG/SPONSORSHI P	A	-938,993	OTHER ADMIN & GENERAL	5.06	0	39.01
39.02	ADVERTI SI NG/SPONSORSHI P	A	-3,200	NURSI NG ADMINI STRATION	13.00	0	39.02
39.03	ADVERTI SI NG/SPONSORSHI P	A	-682	NURSI NG SCHOOL	20.00	0	39.03
39.04	ADVERTI SI NG/SPONSORSHI P	A	-375,450	PHYSI CAL THERAPY	66.00	0	39.04
39.05	ADVERTI SI NG/SPONSORSHI P	A	-1,120	EMERGENCY	91.00	0	39.05
40.00	LOBBYI NG COSTS	A	-51,308	OTHER ADMIN & GENERAL	5.06	0	40.00
40.01	LOBBYI NG COSTS	A	-750	HOME HEALTH AGENCY	101.00	0	40.01
41.00	PHYSI CI AN RECRUI TMENT	A	-80,776	ADULTS & PEDI ATRICS	30.00	0	41.00
41.01	PHYSI CI AN RECRUI TMENT	A	-46,726	OPERATI NG ROOM	50.00	0	41.01
42.00	INTANGI BLE	A	-1,550,596	OPERATI NG ROOM	50.00	9	42.00
42.01	AMORTI ZATION/GAI N-LO INTANGI BLE	A	-496,097	PHYSI CAL THERAPY	66.00	0	42.01
42.02	AMORTI ZATION/GAI N-LO INTANGI BLE	A	-115,580	OTHER ADMIN & GENERAL	5.06	0	42.02
43.00	PENSI ON	A	-42,401,113	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.00
44.00	NONALLOWABLE FOOD/DRI NK	A	-5	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
44.01	NONALLOWABLE FOOD/DRI NK	A	3,650	OTHER ADMIN & GENERAL	5.06	0	44.01
44.02	NONALLOWABLE FOOD/DRI NK	A	-3,803	OTHER ADMIN & GENERAL	5.06	0	44.02
44.03	NONALLOWABLE FOOD/DRI NK	A	-2,639	DI ETARY	10.00	0	44.03
44.04	NONALLOWABLE FOOD/DRI NK	A	-343	NURSI NG ADMINI STRATION	13.00	0	44.04
44.05	NONALLOWABLE FOOD/DRI NK	A	-26	LABORATORY	60.00	0	44.05
45.00	MEDI CAL GROUP PURCHASED SERVI CE	A	-38,664,894	OTHER ADMIN & GENERAL	5.06	0	45.00
46.00	PROPERTY TAX	A	7,058	PURCHASI NG/RECEI VI NG/STORES	5.03	0	46.00
46.01	PROPERTY TAX	A	-180,882	OTHER ADMIN & GENERAL	5.06	0	46.01
46.02	PROPERTY TAX	A	-148,122	OPERATI ON OF PLANT	7.00	0	46.02
46.03	PROPERTY TAX	A	-48,892	CARDI AC CATHETERI ZATION	59.00	0	46.03
46.04	PROPERTY TAX	A	-43,617	PHYSI CAL THERAPY	66.00	0	46.04
46.05	PROPERTY TAX	A	-83,243	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0	46.05
47.00	MEDI CAI D ASSESSMENT	A	-14,076,751	OTHER ADMIN & GENERAL	5.06	0	47.00
48.00	NONALLOWABLE INTEREST	A	-5,422,496	INTEREST EXPENSE	113.00	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-154,668,208				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: 140053

Period: From 07/01/2015 To 06/30/2016

Worksheet A-8-1

Date/Time Prepared: 11/29/2016 11:30 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	20,910,574	20,863,739 1.00
2.00	5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES ISC	29,398,382	26,593,531 2.00
3.00	5.06	OTHER ADMIN & GENERAL	CONTRACTED SERVICES-SSC	7,031,739	9,237,579 3.00
3.01	20.00	NURSING SCHOOL	CONTRACTED SERVICES-HSHS	257,422	271,994 3.01
3.02	5.06	OTHER ADMIN & GENERAL	RELATED SERVICES - HSHS	55,148	55,148 3.02
3.03	13.00	NURSING ADMINISTRATION	RELATED SERVICES - HSHS	12,123	12,123 3.03
3.04	15.00	PHARMACY	RELATED SERVICES - HSHS	63,329	63,329 3.04
3.05	30.00	ADULTS & PEDIATRICS	RELATED SERVICES - HSHS	5,497	5,497 3.05
3.06	31.00	INTENSIVE CARE UNIT	RELATED SERVICES - HSHS	26,260	26,260 3.06
3.07	50.00	OPERATING ROOM	RELATED SERVICES - HSHS	2,816	2,816 3.07
3.08	52.00	DELIVERY ROOM & LABOR ROOM	RELATED SERVICES - HSHS	752	752 3.08
3.09	54.00	RADIOLOGY-DIAGNOSTIC	RELATED SERVICES - HSHS	3,831	3,831 3.09
3.10	60.00	LABORATORY	RELATED SERVICES - HSHS	119,866	119,866 3.10
3.11	65.00	RESPIRATORY THERAPY	RELATED SERVICES - HSHS	330,490	330,490 3.11
3.12	101.00	HOME HEALTH AGENCY	RELATED SERVICES - HSHS	6,471	6,471 3.12
3.13	116.00	HOSPICE	RELATED SERVICES - HSHS	152	152 3.13
3.14	192.00	PHYSICIANS' PRIVATE OFFICES	RELATED SERVICES - HSHS	9,743	9,743 3.14
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			58,234,595	57,603,321 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B	0.00	HOSPITAL SISTERS HEALTH SYSTEM	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: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-8-1

Date/Time Prepared:  
11/29/2016 11:30 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	46,835	0		1.00
2.00	2,804,851	0		2.00
3.00	-2,205,840	0		3.00
3.01	-14,572	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
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
4.00	0	0		4.00
5.00	631,274			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	CORPORATE 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: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-8-2

Date/Time Prepared:  
11/29/2016 11:30 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	4.00 EMPLOYEE BENEFITS DEPARTMENT	580	580	0	211,500	0	1.00
2.00	5.06 OTHER ADMIN & GENERAL	15,108,660	14,255,012	853,648	211,500	4,769	2.00
3.00	13.00 NURSING ADMINISTRATION	7,331	0	7,331	211,500	102	3.00
4.00	30.00 ADULTS & PEDIATRICS	3,008,332	2,045,356	962,976	211,500	9,112	4.00
5.00	35.00 HIGH RISK NEONATAL	814,921	0	814,921	211,500	14,508	5.00
6.00	40.00 SUBPROVIDER - IPF	66,245	62,044	4,201	181,300	29	6.00
7.00	44.00 SKILLED NURSING FACILITY	11,988	0	11,988	211,500	84	7.00
8.00	50.00 OPERATING ROOM	165,646	165,646	0	246,400	0	8.00
9.00	50.01 GASTRODIAGNOSTIC UNIT	108	0	108	246,400	1	9.00
10.00	50.02 PAIN MANAGEMENT CENTER	29,760	29,760	0	246,400	0	10.00
11.00	52.00 DELIVERY ROOM & LABOR ROOM	1,374,432	1,288,475	85,957	246,400	3,412	11.00
12.00	53.00 ANESTHESIOLOGY	420,000	0	420,000	239,400	1,656	12.00
13.00	54.00 RADIOLOGY-DIAGNOSTIC	5,130	5,130	0	271,900	0	13.00
14.00	55.00 RADIOLOGY-THERAPEUTIC	51,768	51,768	0	271,900	0	14.00
15.00	57.00 CT SCAN	1,700	1,700	0	271,900	0	15.00
16.00	58.00 MRI	1,500	1,500	0	271,900	0	16.00
17.00	59.00 CARDIAC CATHETERIZATION	1,303	1,303	0	271,900	0	17.00
18.00	60.00 LABORATORY	165,000	0	165,000	260,300	4,797	18.00
19.00	65.00 RESPIRATORY THERAPY	67,027	67,027	0	211,500	0	19.00
20.00	69.00 ELECTROCARDIOLOGY	2,666,596	2,345,283	321,313	211,500	1,285	20.00
21.00	70.00 ELECTROENCEPHALOGRAPHY	23,350	7,000	16,350	211,500	125	21.00
22.00	74.00 RENAL DIALYSIS	37,000	37,000	0	211,500	0	22.00
23.00	76.98 HYPERBARIC OXYGEN THERAPY	13,360	0	13,360	211,500	84	23.00
24.00	91.00 EMERGENCY	3,822,638	3,822,638	0	211,500	0	24.00
200.00		27,864,375	24,187,222	3,677,153		39,964	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	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.06 OTHER ADMIN & GENERAL	484,925	24,246	0	0	0	2.00
3.00	13.00 NURSING ADMINISTRATION	10,372	519	0	0	0	3.00
4.00	30.00 ADULTS & PEDIATRICS	926,533	46,327	0	0	0	4.00
5.00	35.00 HIGH RISK NEONATAL	1,475,213	73,761	0	0	0	5.00
6.00	40.00 SUBPROVIDER - IPF	2,528	126	0	0	0	6.00
7.00	44.00 SKILLED NURSING FACILITY	8,541	427	0	0	0	7.00
8.00	50.00 OPERATING ROOM	0	0	0	0	0	8.00
9.00	50.01 GASTRODIAGNOSTIC UNIT	119	6	0	0	0	9.00
10.00	50.02 PAIN MANAGEMENT CENTER	0	0	0	0	0	10.00
11.00	52.00 DELIVERY ROOM & LABOR ROOM	404,191	20,210	0	0	0	11.00
12.00	53.00 ANESTHESIOLOGY	190,599	9,530	0	0	0	12.00
13.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	13.00
14.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	14.00
15.00	57.00 CT SCAN	0	0	0	0	0	15.00
16.00	58.00 MRI	0	0	0	0	0	16.00
17.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	17.00
18.00	60.00 LABORATORY	600,317	30,016	0	0	0	18.00
19.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	19.00
20.00	69.00 ELECTROCARDIOLOGY	130,662	6,533	0	0	0	20.00
21.00	70.00 ELECTROENCEPHALOGRAPHY	12,710	636	0	0	0	21.00
22.00	74.00 RENAL DIALYSIS	0	0	0	0	0	22.00
23.00	76.98 HYPERBARIC OXYGEN THERAPY	8,541	427	0	0	0	23.00
24.00	91.00 EMERGENCY	0	0	0	0	0	24.00
200.00		4,255,251	212,764	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	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	580		1.00
2.00	5.06 OTHER ADMIN & GENERAL	0	484,925	368,723	14,623,735		2.00
3.00	13.00 NURSING ADMINISTRATION	0	10,372	0	0		3.00
4.00	30.00 ADULTS & PEDIATRICS	0	926,533	36,443	2,081,799		4.00
5.00	35.00 HIGH RISK NEONATAL	0	1,475,213	0	0		5.00
6.00	40.00 SUBPROVIDER - IPF	0	2,528	1,673	63,717		6.00
7.00	44.00 SKILLED NURSING FACILITY	0	8,541	3,447	3,447		7.00
8.00	50.00 OPERATING ROOM	0	0	0	165,646		8.00
9.00	50.01 GASTRODIAGNOSTIC UNIT	0	119	0	0		9.00
10.00	50.02 PAIN MANAGEMENT CENTER	0	0	0	29,760		10.00
11.00	52.00 DELIVERY ROOM & LABOR ROOM	0	404,191	0	1,288,475		11.00
12.00	53.00 ANESTHESIOLOGY	0	190,599	229,401	229,401		12.00
13.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	5,130		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet A-8-2

Date/Time Prepared:  
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	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		
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	51,768		14.00
15.00	57.00	CT SCAN	0	0	0	1,700		15.00
16.00	58.00	MRI	0	0	0	1,500		16.00
17.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,303		17.00
18.00	60.00	LABORATORY	0	600,317	0	0		18.00
19.00	65.00	RESPIRATORY THERAPY	0	0	0	67,027		19.00
20.00	69.00	ELECTROCARDIOLOGY	0	130,662	190,651	2,535,934		20.00
21.00	70.00	ELECTROENCEPHALOGRAPHY	0	12,710	3,640	10,640		21.00
22.00	74.00	RENAL DIALYSIS	0	0	0	37,000		22.00
23.00	76.98	HYPERBARIC OXYGEN THERAPY	0	8,541	4,819	4,819		23.00
24.00	91.00	EMERGENCY	0	0	0	3,822,638		24.00
200.00			0	4,255,251	838,797	25,026,019		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,161,243	14,161,243			1.00
1.01 00101	CAP REL COSTS - CON	172,762	0	172,762		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	15,302,606			15,302,606	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	47,693,285	79,705	0	910	47,773,900
5.01 00580	COMMUNICATIONS	429,757	43,303	0	2,228,784	105,530
5.02 00540	INFORMATION SYSTEMS	29,414,948	165,393	0	0	30,431
5.03 00550	PURCHASING/RECEIVING/STORES	734,266	295,654	0	3,486	211,399
5.04 00570	ADMITTING	1,631,148	39,318	0	25,913	516,915
5.05 00560	PATIENT ACCOUNTING	3,444,936	6,040	0	30,001	956,427
5.06 00590	OTHER ADMIN & GENERAL	30,118,369	935,131	0	388,023	4,820,295
6.00 00600	MAINTENANCE & REPAIRS	10,957,308	4,021,087	0	125,213	1,228,912
7.00 00700	OPERATION OF PLANT	9,507,925	821,324	0	50,266	553,452
8.00 00800	LAUNDRY & LINEN SERVICE	735,114	107,851	0	570,315	396,011
9.00 00900	HOUSEKEEPING	4,035,294	95,127	0	1,440	843,693
10.00 01000	DIETARY	663,735	82,791	0	3,456	183,630
11.00 01100	CAFETERIA	1,890,899	226,353	0	9,451	525,119
13.00 01300	NURSING ADMINISTRATION	3,681,838	152,158	0	53,624	1,002,227
14.00 01400	CENTRAL SERVICES & SUPPLY	1,116,259	415,623	0	321,939	172,765
15.00 01500	PHARMACY	7,557,387	88,368	0	509,587	1,543,657
16.00 01600	MEDICAL RECORDS & LIBRARY	4,561,486	0	0	18,746	785,638
20.00 02000	NURSING SCHOOL	-305,905	0	172,762	40,122	518,828
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	6,475,876	0	0	0	2,513,423
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,427,075	170,307	0	0	17,327
23.00 02300	PARAMED ED (CLINICAL LAB SCIENCE)	100,896	4,639	0	0	41,638
23.01 02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02 02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03 02303	PARAMED ED (PHARMACY)	250,226	0	0	0	92,137
23.04 02304	PARAMED ED (PASTORAL CARE)	42,880	2,594	0	0	15,595
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	19,629,545	1,088,368	0	716,720	5,485,533
31.00 03100	INTENSIVE CARE UNIT	9,019,939	315,289	0	265,441	2,483,463
35.00 02040	HIGH RISK NEONATAL	6,868,702	135,903	0	194,054	1,941,516
40.00 04000	SUBPROVIDER - I/PF	1,300,636	222,670	0	20,304	403,233
43.00 04300	NURSERY	781,897	34,319	0	17,831	231,887
44.00 04400	SKILLED NURSING FACILITY	2,421,786	169,824	0	43,247	773,703
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	14,852,148	1,121,939	0	2,996,324	3,527,542
50.01 05001	GASTRODIAGNOSTIC UNIT	897,866	97,882	0	205,383	273,211
50.02 05002	PAIN MANAGEMENT CENTER	97,742	0	0	39,196	33,132
51.00 05100	RECOVERY ROOM	2,160,265	150,142	0	163,183	684,722
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,690,189	161,038	0	83,682	1,084,695
53.00 05300	ANESTHESIOLOGY	2,478,216	10,547	0	485,313	327,204
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,121,897	224,233	0	1,723,728	1,163,737
55.00 05500	RADIOLOGY-THERAPEUTIC	609,702	0	0	487,469	122,865
56.00 05600	RADIOISOTOPE	1,370,231	78,399	0	266,496	208,435
57.00 05700	CT SCAN	704,243	30,863	0	354,930	203,883
58.00 05800	MRI	598,557	29,623	0	335,094	156,374
59.00 05900	CARDIAC CATHETERIZATION	7,155,685	232,497	0	1,516,250	1,827,926
60.00 06000	LABORATORY	11,544,590	199,286	0	217,039	1,485,348
65.00 06500	RESPIRATORY THERAPY	3,254,481	33,117	0	197,365	1,041,925
66.00 06600	PHYSICAL THERAPY	5,861,422	83,842	0	76,283	1,668,641
69.00 06900	ELECTROCARDIOLOGY	2,531,073	506,717	0	147,540	708,969
70.00 07000	ELECTROENCEPHALOGRAPHY	1,047,279	21,756	0	123,831	249,224
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,170,185	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	32,811,266	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	11,020,690	0	0	0	0
74.00 07400	RENAL DIALYSIS	715,571	27,474	0	4,680	0
76.00 03020	OTHER ANCILLARY	3,128,583	65,627	0	5,815	875,960
76.97 07697	CARDIAC REHABILITATION	552,281	64,093	0	20,563	191,028
76.98 07698	HYPERBARIC OXYGEN THERAPY	760,896	30,125	0	5,572	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	5,668,959	216,062	0	161,916	1,453,056
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	4,203,496	0	0	1,306	1,289,968
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	907,868	0	0	0	149,524

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
117.00 06950 HOME INFUSION	2,434,469	0	0	24,797	237,108	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	383,173,968	13,104,401	172,762	15,282,628	47,358,861	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	309,781	56,434	0	146	12,756	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	-792,311	952,655	0	17,827	0	192.00
194.00 07950 NON REIMBURSABLE-OTHER	1,282,905	16,009	0	2,005	225,632	194.00
194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT	869,432	31,744	0	0	176,651	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	384,843,775	14,161,243	172,762	15,302,606	47,773,900	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part I Date/Time Prepared: 11/29/2016 11:30 am	
Cost Center Description			COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMINISTRATIVE	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS	2,807,374					5.01
5.02	00540	INFORMATION SYSTEMS	40,257	29,651,029				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	16,811	0	1,261,616			5.03
5.04	00570	ADMINISTRATIVE	53,086	609,556	1,134	2,877,070		5.04
5.05	00560	PATIENT ACCOUNTING	46,008	0	0	0	4,483,412	5.05
5.06	00590	OTHER ADMIN & GENERAL	487,508	1,863,699	1,052	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	30,967	315,287	22,380	0	0	6.00
7.00	00700	OPERATION OF PLANT	103,960	105,096	3,582	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,636	112,102	13,421	0	0	8.00
9.00	00900	HOUSEKEEPING	10,617	175,160	2,518	0	0	9.00
10.00	01000	DIETARY	11,502	112,102	80	0	0	10.00
11.00	01100	CAFETERIA	0	294,268	220	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	43,796	938,856	1,267	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,714	245,224	1,410	0	0	14.00
15.00	01500	PHARMACY	35,391	686,626	177,966	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	39,372	0	321	0	0	16.00
20.00	02000	NURSING SCHOOL	30,525	1,064,971	644	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,770	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	4,424	0	14	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	2,654	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	16	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	2	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	495,027	6,571,990	23,670	160,598	250,311	30.00
31.00	03100	INTENSIVE CARE UNIT	114,578	1,415,290	14,423	74,542	116,183	31.00
35.00	02040	HIGH RISK NEONATAL	35,833	441,402	5,230	62,051	96,713	35.00
40.00	04000	SUBPROVIDER - I/PF	39,372	490,447	369	8,885	13,848	40.00
43.00	04300	NURSERY	0	189,172	1,239	7,033	10,962	43.00
44.00	04400	SKILLED NURSING FACILITY	41,142	266,243	1,849	12,510	19,498	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	246,408	3,748,417	40,489	346,820	539,721	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	11,502	0	2,406	41,407	64,538	50.01
50.02	05002	PAIN MANAGEMENT CENTER	3,097	0	17	3,255	5,073	50.02
51.00	05100	RECOVERY ROOM	41,584	252,230	2,233	34,176	53,268	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	885	896,818	4,859	30,413	47,401	52.00
53.00	05300	ANESTHESIOLOGY	12,829	0	18,863	66,317	103,363	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	89,362	1,282,169	3,212	122,879	191,521	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,599	0	79	7,526	11,729	55.00
56.00	05600	RADIOISOTOPE	10,617	182,166	11,008	44,405	69,211	56.00
57.00	05700	CT SCAN	6,193	245,224	1,229	166,953	260,215	57.00
58.00	05800	MRI	5,309	154,141	1,605	35,504	55,338	58.00
59.00	05900	CARDIAC CATHETERIZATION	64,146	742,677	27,354	344,618	537,128	59.00
60.00	06000	LABORATORY	78,744	1,057,964	45,143	206,395	321,691	60.00
65.00	06500	RESPIRATORY THERAPY	12,387	0	2,456	84,928	132,370	65.00
66.00	06600	PHYSICAL THERAPY	88,477	994,907	1,022	64,667	100,791	66.00
69.00	06900	ELECTROCARDIOLOGY	58,837	105,096	1,072	130,740	203,774	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,617	105,096	402	22,153	34,528	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	300,509	152,632	237,895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	469,965	197,169	307,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	266,360	415,153	73.00
74.00	07400	RENAL DIALYSIS	3,539	35,032	27	5,933	9,247	74.00
76.00	03020	OTHER ANCILLARY	41,142	259,236	993	24,051	37,487	76.00
76.97	07697	CARDIAC REHABILITATION	4,424	518,473	207	4,773	7,440	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	7,963	0	4,399	9,858	15,365	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	114,578	1,492,360	14,068	137,519	214,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	62,819	1,163,060	3,284	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,424	147,134	1,876	0	0	116.00
117.00	06950	HOME INFUSION	4,866	224,204	23,456	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,704,298	29,503,895	1,255,040	2,877,070	4,483,412	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,539	0	3,398	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,272	0	4	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
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11/29/2016 11:30 am

Cost Center Description			COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMINISTRATIVE	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
194.00	07950	NON REIMBURSABLE-OTHER	65,915	147,134	1,312	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	20,350	0	1,862	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,807,374	29,651,029	1,261,616	2,877,070	4,483,412	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

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Cost Center Description		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00540						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00560						5.05
5.06	00590	38,614,077	38,614,077				5.06
6.00	00600	16,701,154	1,862,630	18,563,784			6.00
7.00	00700	11,145,605	1,243,036	3,337,672	15,726,313		7.00
8.00	00800	1,941,450	216,524	4,790	213,981	2,376,745	8.00
9.00	00900	5,163,849	575,909	1,228,723	188,736	669	9.00
10.00	01000	1,057,296	117,917	177,842	164,261	406	10.00
11.00	01100	2,946,310	328,593	486,220	449,094	1,110	11.00
13.00	01300	5,873,766	655,084	552,087	301,888	0	13.00
14.00	01400	2,286,934	255,055	995,793	824,612	2,302	14.00
15.00	01500	10,598,982	1,182,073	98,202	175,325	3,026	15.00
16.00	01600	5,405,563	602,866	49,700	0	0	16.00
20.00	02000	1,521,947	169,738	95,807	341,502	52	20.00
21.00	02100	8,991,069	1,002,747	5,988	0	0	21.00
22.00	02200	2,614,709	291,611	0	337,896	9,617	22.00
23.00	02300	151,611	16,909	19,760	9,204	0	23.00
23.01	02301	2,654	296	1,796	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	342,379	38,185	599	0	0	23.03
23.04	02304	61,071	6,811	0	5,147	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	34,421,762	3,839,073	1,696,381	2,159,364	295,246	30.00
31.00	03100	13,819,148	1,541,208	804,179	625,545	59,736	31.00
35.00	02040	9,781,404	1,090,891	586,817	269,636	47,336	35.00
40.00	04000	2,499,764	278,791	137,124	441,787	14,851	40.00
43.00	04300	1,274,340	142,123	90,418	68,090	7,717	43.00
44.00	04400	3,749,802	418,204	226,344	336,938	31,389	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	27,419,808	3,058,049	1,660,453	2,225,967	117,932	50.00
50.01	05001	1,594,195	177,796	214,967	194,202	11,161	50.01
50.02	05002	181,512	20,243	10,778	0	659	50.02
51.00	05100	3,541,803	395,007	167,063	297,887	23,758	51.00
52.00	05200	5,999,980	669,160	425,742	319,507	36,218	52.00
53.00	05300	3,502,652	390,640	753,282	20,925	4,699	53.00
54.00	05400	8,922,738	995,126	533,525	444,886	30,332	54.00
55.00	05500	1,253,969	139,851	141,315	0	3,193	55.00
56.00	05600	2,240,968	249,928	70,059	155,546	1,361	56.00
57.00	05700	1,973,733	220,125	25,149	61,234	0	57.00
58.00	05800	1,371,545	152,964	91,615	58,773	0	58.00
59.00	05900	12,448,281	1,388,319	792,802	461,284	26,041	59.00
60.00	06000	15,156,200	1,690,326	326,941	395,392	260	60.00
65.00	06500	4,759,029	530,760	811,365	65,705	2,286	65.00
66.00	06600	8,940,052	997,057	195,207	166,346	17,787	66.00
69.00	06900	4,393,818	490,029	306,582	1,005,347	24,958	69.00
70.00	07000	1,614,886	180,103	76,646	43,164	8,376	70.00
71.00	07100	21,861,221	2,438,116	0	0	0	71.00
72.00	07200	33,785,711	3,768,019	0	0	0	72.00
73.00	07300	11,702,203	1,305,112	0	0	0	73.00
74.00	07400	801,503	89,389	16,766	54,510	321,391	74.00
76.00	03020	4,438,894	495,057	41,916	130,207	3,546	76.00
76.97	07697	1,363,282	152,043	281,433	127,164	0	76.97
76.98	07698	834,178	93,033	42,514	59,769	4,288	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	9,472,857	1,056,479	617,954	428,676	71,653	91.00
92.00	09200	0					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	6,723,933	749,900	49,700	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	1,210,826	135,040	2,994	0	0	116.00
117.00	06950	2,948,900	328,882	98,202	0	0	117.00
118.00		381,425,323	38,232,827	18,351,212	13,629,497	1,183,356	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	386,054	43,055	21,557	111,968	0	190.00
192.00	19200	191,447	21,352	19,760	1,890,104	8,032	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

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Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	1,740,912	194,159	168,860	31,763	1,185,357	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	1,100,039	122,684	2,395	62,981	0	194.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	384,843,775	38,614,077	18,563,784	15,726,313	2,376,745	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00540						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00560						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	7,157,886					9.00
10.00	01000	39,008	1,556,730				10.00
11.00	01100	106,571	0	4,317,898			11.00
13.00	01300	26,838	0	94,342	7,504,005		13.00
14.00	01400	127,792	0	37,131	0	4,529,619	14.00
15.00	01500	26,838	0	119,563	0	0	15.00
16.00	01600	46,446	0	110,475	0	0	16.00
20.00	02000	79,577	0	42,868	0	0	20.00
21.00	02100	0	0	311,690	0	0	21.00
22.00	02200	0	0	711	0	0	22.00
23.00	02300	26,838	0	3,901	0	0	23.00
23.01	02301	13,419	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	8,629	0	0	23.03
23.04	02304	0	0	1,308	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,582,821	1,102,934	719,262	2,157,297	0	30.00
31.00	03100	373,961	110,416	293,950	881,654	0	31.00
35.00	02040	79,733	0	189,671	568,887	0	35.00
40.00	04000	151,457	88,472	50,556	151,634	0	40.00
43.00	04300	86,131	0	26,391	79,155	0	43.00
44.00	04400	587,727	112,558	91,290	273,809	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	740,848	0	401,259	1,203,507	0	50.00
50.01	05001	40,257	0	33,299	99,874	0	50.01
50.02	05002	0	0	2,983	8,948	0	50.02
51.00	05100	38,332	0	67,102	201,261	0	51.00
52.00	05200	404,283	92,865	124,520	373,476	0	52.00
53.00	05300	38,332	0	69,810	209,383	0	53.00
54.00	05400	212,830	0	139,276	0	0	54.00
55.00	05500	32,299	0	11,061	33,176	0	55.00
56.00	05600	32,299	0	19,782	0	0	56.00
57.00	05700	13,419	0	26,322	0	0	57.00
58.00	05800	0	0	16,546	0	0	58.00
59.00	05900	270,458	0	177,050	0	0	59.00
60.00	06000	244,349	0	211,542	0	0	60.00
65.00	06500	32,299	0	120,251	0	0	65.00
66.00	06600	166,020	0	163,716	0	0	66.00
69.00	06900	22,937	0	83,855	0	0	69.00
70.00	07000	23,873	0	33,138	0	0	70.00
71.00	07100	0	0	0	0	1,825,255	71.00
72.00	07200	0	0	0	0	2,704,364	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	61,737	0	105,358	316,002	0	76.00
76.97	07697	7,958	0	20,516	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	358,409	23,655	181,295	543,763	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	29,230	0	118,461	355,305	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	3,225	0	15,628	46,874	0	116.00
117.00	06950	0	0	23,362	0	0	117.00
118.00		7,128,551	1,530,900	4,267,870	7,504,005	4,529,619	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	7,958	0	1,675	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part I Date/Time Prepared: 11/29/2016 11:30 am		
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
			9.00	10.00	11.00	13.00	14.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	21,377	25,830	29,833	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	18,520	0	0	0	194.01
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,157,886	1,556,730	4,317,898	7,504,005	4,529,619	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS - CON						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00580 COMMUNICATIONS						5.01
5.02 00540 INFORMATION SYSTEMS						5.02
5.03 00550 PURCHASING/RECEIVING/STORES						5.03
5.04 00570 ADMINITING						5.04
5.05 00560 PATIENT ACCOUNTING						5.05
5.06 00590 OTHER ADMIN & GENERAL						5.06
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	12,204,009					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	6,215,050				16.00
20.00 02000 NURSING SCHOOL	2,384	0	2,253,875			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0		10,311,494		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			3,254,544	22.00
23.00 02300 PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01 02301 PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02 02302 PARAMED ED (ENDT)	0	0				23.02
23.03 02303 PARAMED ED (PHARMACY)	0	0				23.03
23.04 02304 PARAMED ED (PASTORAL CARE)	0	0				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	382,262	2,981,287	1,294,997	5,573,455	1,759,109	30.00
31.00 03100 INTENSIVE CARE UNIT	137,899	132,844	223,598	883,017	278,700	31.00
35.00 02040 HIGH RISK NEONATAL	59,638	102,202	30,238	222,952	70,369	35.00
40.00 04000 SUBPROVIDER - I/PF	1,928	54,312	0	276,712	87,337	40.00
43.00 04300 NURSERY	7,390	148,624	30,958	13,143	4,148	43.00
44.00 04400 SKILLED NURSING FACILITY	29,186	137,798	245,094	9,231	2,914	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	95,258	0	0	1,542,159	486,741	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	0	19,027	185,632	58,590	50.01
50.02 05002 PAIN MANAGEMENT CENTER	411	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	44,283	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	34,683	0	145,431	153,499	48,448	52.00
53.00 05300 ANESTHESIOLOGY	312,621	0	0	49,364	15,580	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	419,486	132,399	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	25,363	8,005	56.00
57.00 05700 CT SCAN	0	0	0	42,287	13,347	57.00
58.00 05800 MRI	0	0	0	43,957	13,874	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	24,684	0	0	59.00
60.00 06000 LABORATORY	21,699	0	0	8,088	2,553	60.00
65.00 06500 RESPIRATORY THERAPY	2,010	0	14,502	4,967	1,568	65.00
66.00 06600 PHYSICAL THERAPY	261	0	0	39,342	12,417	66.00
69.00 06900 ELECTROCARDIOLOGY	8,737	0	0	3,473	1,096	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	139	0	0	68,486	21,616	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,811,227	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	4,623	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	17,109	0	0	28,792	9,087	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	12,342	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	25,918	835	264	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	230,261	2,657,983	63,665	717,254	226,382	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	0	0	123,421	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 HOME INFUSION	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	12,204,009	6,215,050	2,253,875	10,311,494	3,254,544	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part I  
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				15.00	16.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
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)	12,204,009	6,215,050	2,253,875	10,311,494	3,254,544	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

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Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	228, 223					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		18, 165				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				389, 792		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					74, 337	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	32, 250	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	17, 702	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	0	0	267	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	1, 230	40.00
43.00	04300	NURSERY	0	0	0	0	160	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	6, 150	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	642	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	1, 979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	802	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	107	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	535	59.00
60.00	06000	LABORATORY	228, 223	0	0	0	107	60.00
65.00	06500	RESPIRATORY THERAPY	0	18, 165	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	53	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	389, 792	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	160	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	12, 193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	228, 223	18, 165	0	389, 792	74, 337	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

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Cost Center Description		PARAMED ED (CLINICAL LAB SCIENCE) 23.00	PARAMED ED (RESPIRATORY THERAPY) 23.01	PARAMED ED (ENDT) 23.02	PARAMED ED (PHARMACY) 23.03	PARAMED ED (PASTORAL CARE) 23.04	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
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)	228,223	18,165	0	389,792	74,337	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

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11/29/2016 11:30 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMINISTRATIVE				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
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
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	60,997,500	-7,332,564	53,664,936	30.00
31.00	03100	INTENSIVE CARE UNIT	20,183,557	-1,161,717	19,021,840	31.00
35.00	02040	HIGH RISK NEONATAL	13,100,041	-293,321	12,806,720	35.00
40.00	04000	SUBPROVIDER - IPF	4,235,955	-364,049	3,871,906	40.00
43.00	04300	NURSERY	1,978,788	-17,291	1,961,497	43.00
44.00	04400	SKILLED NURSING FACILITY	6,258,434	-12,145	6,246,289	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	38,952,623	-2,028,900	36,923,723	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,629,000	-244,222	2,384,778	50.01
50.02	05002	PAIN MANAGEMENT CENTER	225,534	0	225,534	50.02
51.00	05100	RECOVERY ROOM	4,778,475	0	4,778,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,828,614	-201,947	8,626,667	52.00
53.00	05300	ANESTHESIOLOGY	5,367,288	-64,944	5,302,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,830,705	-551,885	11,278,820	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,614,864	0	1,614,864	55.00
56.00	05600	RADIOISOTOPE	2,803,311	-33,368	2,769,943	56.00
57.00	05700	CT SCAN	2,375,616	-55,634	2,319,982	57.00
58.00	05800	MRI	1,749,274	-57,831	1,691,443	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,589,454	0	15,589,454	59.00
60.00	06000	LABORATORY	18,285,680	-10,641	18,275,039	60.00
65.00	06500	RESPIRATORY THERAPY	6,362,907	-6,535	6,356,372	65.00
66.00	06600	PHYSICAL THERAPY	10,698,258	-51,759	10,646,499	66.00
69.00	06900	ELECTROCARDIOLOGY	6,340,832	-4,569	6,336,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,070,427	-90,102	1,980,325	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,124,592	0	26,124,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,258,094	0	40,258,094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,208,334	0	24,208,334	73.00
74.00	07400	RENAL DIALYSIS	1,288,182	0	1,288,182	74.00
76.00	03020	OTHER ANCILLARY	5,647,865	-37,879	5,609,986	76.00
76.97	07697	CARDIAC REHABILITATION	1,964,738	0	1,964,738	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,060,799	-1,099	1,059,700	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	16,662,479	-943,636	15,718,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	HOME HEALTH AGENCY	8,149,950	0	8,149,950	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	1,414,587	0	1,414,587	116.00
117.00	06950	HOME INFUSION	3,399,346	0	3,399,346	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	377,436,103	-13,566,038	363,870,065	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	572,267	0	572,267	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,130,695	0	2,130,695	192.00
194.00	07950	NON REIMBURSABLE-OTHER	3,398,091	0	3,398,091	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	1,306,619	0	1,306,619	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	384,843,775	-13,566,038	371,277,737	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 11:30 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP	
		1.00	1.01	2.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS - CON				1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	79,705	0	80,615
5.01 00580	COMMUNICATIONS	0	43,303	0	2,272,087
5.02 00540	INFORMATION SYSTEMS	7,649,273	165,393	0	7,814,666
5.03 00550	PURCHASING/RECEIVING/STORES	0	295,654	0	299,140
5.04 00570	ADMINISTRATIVE	0	39,318	0	25,913
5.05 00560	PATIENT ACCOUNTING	0	6,040	0	30,001
5.06 00590	OTHER ADMIN & GENERAL	1,040,307	935,131	0	388,023
6.00 00600	MAINTENANCE & REPAIRS	0	4,021,087	0	125,213
7.00 00700	OPERATION OF PLANT	0	821,324	0	50,266
8.00 00800	LAUNDRY & LINEN SERVICE	202,043	107,851	0	570,315
9.00 00900	HOUSEKEEPING	0	95,127	0	1,440
10.00 01000	DIETARY	0	82,791	0	3,456
11.00 01100	CAFETERIA	0	226,353	0	9,451
13.00 01300	NURSING ADMINISTRATION	0	152,158	0	53,624
14.00 01400	CENTRAL SERVICES & SUPPLY	326,298	415,623	0	321,939
15.00 01500	PHARMACY	427,566	88,368	0	509,587
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	18,746
20.00 02000	NURSING SCHOOL	0	0	172,762	40,122
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	170,307	0	0
23.00 02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	4,639	0	0
23.01 02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0
23.02 02302	PARAMED ED (ENDT)	0	0	0	0
23.03 02303	PARAMED ED (PHARMACY)	0	0	0	0
23.04 02304	PARAMED ED (PASTORAL CARE)	0	2,594	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	1,088,368	0	716,720
31.00 03100	INTENSIVE CARE UNIT	0	315,289	0	265,441
35.00 02040	HIGH RISK NEONATAL	0	135,903	0	194,054
40.00 04000	SUBPROVIDER - IPF	0	222,670	0	20,304
43.00 04300	NURSERY	0	34,319	0	17,831
44.00 04400	SKILLED NURSING FACILITY	0	169,824	0	43,247
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	300,081	1,121,939	0	2,996,324
50.01 05001	GASTRODIAGNOSTIC UNIT	0	97,882	0	205,383
50.02 05002	PAIN MANAGEMENT CENTER	0	0	0	39,196
51.00 05100	RECOVERY ROOM	0	150,142	0	163,183
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	161,038	0	83,682
53.00 05300	ANESTHESIOLOGY	0	10,547	0	485,313
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	224,233	0	1,723,728
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	487,469
56.00 05600	RADIOISOTOPE	0	78,399	0	266,496
57.00 05700	CT SCAN	0	30,863	0	354,930
58.00 05800	MRI	0	29,623	0	335,094
59.00 05900	CARDIAC CATHETERIZATION	0	232,497	0	1,516,250
60.00 06000	LABORATORY	276,422	199,286	0	217,039
65.00 06500	RESPIRATORY THERAPY	0	33,117	0	197,365
66.00 06600	PHYSICAL THERAPY	0	83,842	0	76,283
69.00 06900	ELECTROCARDIOLOGY	78,587	506,717	0	147,540
70.00 07000	ELECTROENCEPHALOGRAPHY	1,620	21,756	0	123,831
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	27,474	0	4,680
76.00 03020	OTHER ANCILLARY	0	65,627	0	5,815
76.97 07697	CARDIAC REHABILITATION	0	64,093	0	20,563
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	30,125	0	5,572
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100	EMERGENCY	0	216,062	0	161,916
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100	HOME HEALTH AGENCY	0	0	0	1,306
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE	0	0	0	0
116.00 11600	HOSPICE	0	0	0	0
117.00 06950	HOME INFUSION	7,150	0	0	24,797

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

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Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
		1.00	1.01	2.00		
118.00						
	SUBTOTALS (SUM OF LINES 1-117)	10,309,347	13,104,401	172,762	15,282,628	38,869,138
	NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,434	0	146	56,580
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	952,655	0	17,827	970,482
194.00	07950 NON REIMBURSABLE-OTHER	0	16,009	0	2,005	18,014
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	31,744	0	0	31,744
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	10,309,347	14,161,243	172,762	15,302,606	39,945,958

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 11:30 am			
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	COMMUNICATIONS 5.01	INFORMATION SYSTEMS 5.02	PURCHASING/RECEIVING/STORES 5.03	ADMINISTRATIVE 5.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS - CON					1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	80,615				4.00	
5.01	00580	COMMUNICATIONS	178	2,272,265			5.01	
5.02	00540	INFORMATION SYSTEMS	51	32,584	7,847,301		5.02	
5.03	00550	PURCHASING/RECEIVING/STORES	357	13,606	0	313,103	5.03	
5.04	00570	ADMINISTRATIVE	872	42,968	161,322	281	5.04	
5.05	00560	PATIENT ACCOUNTING	1,613	37,239	0	0	5.05	
5.06	00590	OTHER ADMIN & GENERAL	8,132	394,585	493,238	261	5.06	
6.00	00600	MAINTENANCE & REPAIRS	2,073	25,064	83,442	5,554	6.00	
7.00	00700	OPERATION OF PLANT	934	84,145	27,814	889	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	668	5,371	29,668	3,331	8.00	
9.00	00900	HOUSEKEEPING	1,423	8,594	46,357	625	9.00	
10.00	01000	DIETARY	310	9,310	29,668	20	10.00	
11.00	01100	CAFETERIA	886	0	77,880	54	11.00	
13.00	01300	NURSING ADMINISTRATION	1,691	35,448	248,473	315	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	291	11,100	64,900	350	14.00	
15.00	01500	PHARMACY	2,604	28,645	181,719	44,168	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,325	31,868	0	80	16.00	
20.00	02000	NURSING SCHOOL	875	24,706	281,850	160	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,240	1,432	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	29	0	0	0	22.00	
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	70	3,581	0	3	23.00	
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	2,148	0	0	23.01	
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	23.02	
23.03	02303	PARAMED ED (PHARMACY)	155	0	0	4	23.03	
23.04	02304	PARAMED ED (PASTORAL CARE)	26	0	0	1	23.04	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	9,277	400,666	1,739,315	5,874	15,097	30.00
31.00	03100	INTENSIVE CARE UNIT	4,190	92,738	374,564	3,580	7,007	31.00
35.00	02040	HIGH RISK NEONATAL	3,275	29,003	116,819	1,298	5,833	35.00
40.00	04000	SUBPROVIDER - IPF	680	31,868	129,799	92	835	40.00
43.00	04300	NURSERY	391	0	50,065	307	661	43.00
44.00	04400	SKILLED NURSING FACILITY	1,305	33,300	70,463	459	1,176	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,951	199,441	992,038	10,049	32,822	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	461	9,310	0	597	3,892	50.01
50.02	05002	PAIN MANAGEMENT CENTER	56	2,506	0	4	306	50.02
51.00	05100	RECOVERY ROOM	1,155	33,658	66,754	554	3,213	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,830	716	237,347	1,206	2,859	52.00
53.00	05300	ANESTHESIOLOGY	552	10,384	0	4,682	6,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,963	72,329	339,333	797	11,551	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	207	11,816	0	19	707	55.00
56.00	05600	RADIOISOTOPE	352	8,594	48,211	2,732	4,174	56.00
57.00	05700	CT SCAN	344	5,013	64,900	305	15,694	57.00
58.00	05800	MRI	264	4,297	40,794	398	3,338	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,084	51,919	196,553	6,789	32,395	59.00
60.00	06000	LABORATORY	2,506	63,735	279,996	11,204	19,402	60.00
65.00	06500	RESPIRATORY THERAPY	1,758	10,026	0	610	7,983	65.00
66.00	06600	PHYSICAL THERAPY	2,815	71,613	263,307	254	6,079	66.00
69.00	06900	ELECTROCARDIOLOGY	1,196	47,622	27,814	266	12,290	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	420	8,594	27,814	100	2,082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	74,582	14,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	116,627	18,535	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	25,039	73.00
74.00	07400	RENAL DIALYSIS	0	2,865	9,271	7	558	74.00
76.00	03020	OTHER ANCILLARY	1,478	33,300	68,608	246	2,261	76.00
76.97	07697	CARDIAC REHABILITATION	322	3,581	137,217	51	449	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,445	0	1,092	927	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	2,451	92,738	394,961	3,492	12,927	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	2,176	50,845	307,810	815	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	252	3,581	38,940	466	0	116.00
117.00	06950	HOME INFUSION	400	3,939	59,337	5,821	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	79,914	2,188,836	7,808,361	311,471	270,674	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22	2,865	0	843	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 11:30 am	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	COMMUNICATIONS 5.01	INFORMATION SYSTEMS 5.02	PURCHASING/RECEIVING/STORES 5.03	ADMINISTRATIVE 5.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,742	0	1	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	381	53,351	38,940	326	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	298	16,471	0	462	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	80,615	2,272,265	7,847,301	313,103	270,674	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 11:30 am	
Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING	74,893					5.05
5.06	00590	OTHER ADMIN & GENERAL	0	3,259,677				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	157,241	4,419,674			6.00
7.00	00700	OPERATION OF PLANT	0	104,936	794,631	1,884,939		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,279	1,140	25,648	964,314	8.00
9.00	00900	HOUSEKEEPING	0	48,618	292,535	22,622	272	9.00
10.00	01000	DIETARY	0	9,954	42,341	19,688	165	10.00
11.00	01100	CAFETERIA	0	27,740	115,759	53,828	450	11.00
13.00	01300	NURSING ADMINISTRATION	0	55,302	131,441	36,184	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,531	237,079	98,837	934	14.00
15.00	01500	PHARMACY	0	99,789	23,380	21,014	1,228	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	50,893	11,833	0	0	16.00
20.00	02000	NURSING SCHOOL	0	14,329	22,810	40,932	21	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	84,651	1,426	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	24,617	0	40,500	3,902	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	1,427	4,705	1,103	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	25	428	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	3,223	143	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	575	0	617	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,165	324,008	403,875	258,819	119,789	30.00
31.00	03100	INTENSIVE CARE UNIT	1,933	130,107	191,459	74,977	24,236	31.00
35.00	02040	HIGH RISK NEONATAL	1,609	92,092	139,710	32,318	19,206	35.00
40.00	04000	SUBPROVIDER - IPF	230	23,535	32,646	52,952	6,025	40.00
43.00	04300	NURSERY	182	11,998	21,527	8,161	3,131	43.00
44.00	04400	SKILLED NURSING FACILITY	324	35,304	53,888	40,385	12,735	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,280	258,157	395,321	266,802	47,848	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	1,074	15,009	51,179	23,277	4,528	50.01
50.02	05002	PAIN MANAGEMENT CENTER	84	1,709	2,566	0	267	50.02
51.00	05100	RECOVERY ROOM	886	33,346	39,775	35,704	9,639	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	789	56,490	101,361	38,296	14,695	52.00
53.00	05300	ANESTHESIOLOGY	1,720	32,977	179,342	2,508	1,906	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,186	84,008	127,022	53,324	12,307	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	195	11,806	33,644	0	1,296	55.00
56.00	05600	RADIOISOTOPE	1,152	21,099	16,680	18,644	552	56.00
57.00	05700	CT SCAN	4,329	18,583	5,988	7,339	0	57.00
58.00	05800	MRI	921	12,913	21,812	7,045	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,937	117,201	188,751	55,289	10,566	59.00
60.00	06000	LABORATORY	5,352	142,696	77,838	47,391	105	60.00
65.00	06500	RESPIRATORY THERAPY	2,202	44,806	193,170	7,875	928	65.00
66.00	06600	PHYSICAL THERAPY	1,677	84,171	46,475	19,938	7,217	66.00
69.00	06900	ELECTROCARDIOLOGY	3,390	41,368	72,991	120,500	10,126	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	574	15,204	18,248	5,174	3,398	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,958	205,823	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,113	318,092	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,907	110,176	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	154	7,546	3,992	6,533	130,397	74.00
76.00	03020	OTHER ANCILLARY	624	41,792	9,979	15,606	1,439	76.00
76.97	07697	CARDIAC REHABILITATION	124	12,835	67,004	15,242	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	256	7,854	10,122	7,164	1,740	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	3,566	89,187	147,123	51,381	29,072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	63,306	11,833	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,400	713	0	0	116.00
117.00	06950	HOME INFUSION	0	27,764	23,380	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,893	3,227,492	4,369,065	1,633,617	480,120	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,635	5,132	13,420	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,802	4,705	226,546	3,259	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 11:30 am	
Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	0	16,391	40,202	3,807	480,935	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	10,357	570	7,549	0	194.01
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)	74,893	3,259,677	4,419,674	1,884,939	964,314	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/29/2016 11:30 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	517,613					9.00
10.00	01000	DIETARY	2,821	200,524				10.00
11.00	01100	CAFETERIA	7,707	0	520,108			11.00
13.00	01300	NURSING ADMINISTRATION	1,941	0	11,364	727,941		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,241	0	4,473	0	1,512,596	14.00
15.00	01500	PHARMACY	1,941	0	14,402	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,359	0	13,307	0	0	16.00
20.00	02000	NURSING SCHOOL	5,755	0	5,164	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	37,544	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	86	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	1,941	0	470	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	970	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	1,039	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	158	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	186,773	142,070	86,635	209,272	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,042	14,223	35,408	85,527	0	31.00
35.00	02040	HIGH RISK NEONATAL	5,766	0	22,847	55,186	0	35.00
40.00	04000	SUBPROVIDER - IPF	10,952	11,396	6,090	14,710	0	40.00
43.00	04300	NURSERY	6,228	0	3,179	7,679	0	43.00
44.00	04400	SKILLED NURSING FACILITY	42,501	14,499	10,996	26,561	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	53,573	0	48,333	116,749	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,911	0	4,011	9,688	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	359	868	0	50.02
51.00	05100	RECOVERY ROOM	2,772	0	8,083	19,524	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,235	11,962	14,999	36,230	0	52.00
53.00	05300	ANESTHESIOLOGY	2,772	0	8,409	20,312	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,391	0	16,776	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,336	0	1,332	3,218	0	55.00
56.00	05600	RADIOISOTOPE	2,336	0	2,383	0	0	56.00
57.00	05700	CT SCAN	970	0	3,171	0	0	57.00
58.00	05800	MRI	0	0	1,993	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,558	0	21,326	0	0	59.00
60.00	06000	LABORATORY	17,670	0	25,481	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,336	0	14,485	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,005	0	19,720	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,659	0	10,101	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,726	0	3,992	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	609,526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	903,070	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	03020	OTHER ANCILLARY	4,464	0	12,691	30,654	0	76.00
76.97	07697	CARDIAC REHABILITATION	575	0	2,471	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	25,918	3,047	21,838	52,749	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	2,114	0	14,269	34,467	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	233	0	1,882	4,547	0	116.00
117.00	06950	HOME INFUSION	0	0	2,814	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	515,492	197,197	514,081	727,941	1,512,596	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	575	0	202	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 NON REIMBURSABLE-OTHER	1,546	3,327	3,594	0	0	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0	2,231	0	0	194.01
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)	517,613	200,524	520,108	727,941	1,512,596	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS - CON						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00580 COMMUNICATIONS						5.01
5.02 00540 INFORMATION SYSTEMS						5.02
5.03 00550 PURCHASING/RECEIVING/STORES						5.03
5.04 00570 ADMINISTRATION						5.04
5.05 00560 PATIENT ACCOUNTING						5.05
5.06 00590 OTHER ADMIN & GENERAL						5.06
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	1,444,411					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	131,411				16.00
20.00 02000 NURSING SCHOOL	282	0	536,898			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0		129,293		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			239,441	22.00
23.00 02300 PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01 02301 PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02 02302 PARAMED ED (ENDT)	0	0				23.02
23.03 02303 PARAMED ED (PHARMACY)	0	0				23.03
23.04 02304 PARAMED ED (PASTORAL CARE)	0	0				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	45,243	63,036				30.00
31.00 03100 INTENSIVE CARE UNIT	16,321	2,809				31.00
35.00 02040 HIGH RISK NEONATAL	7,058	2,161				35.00
40.00 04000 SUBPROVIDER - IPF	228	1,148				40.00
43.00 04300 NURSERY	875	3,143				43.00
44.00 04400 SKILLED NURSING FACILITY	3,454	2,914				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	11,274	0				50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	0				50.01
50.02 05002 PAIN MANAGEMENT CENTER	49	0				50.02
51.00 05100 RECOVERY ROOM	5,241	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,105	0				52.00
53.00 05300 ANESTHESIOLOGY	37,000	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 MRI	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00 06000 LABORATORY	2,568	0				60.00
65.00 06500 RESPIRATORY THERAPY	238	0				65.00
66.00 06600 PHYSICAL THERAPY	31	0				66.00
69.00 06900 ELECTROCARDIOLOGY	1,034	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	16	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,279,569	0				73.00
74.00 07400 RENAL DIALYSIS	547	0				74.00
76.00 03020 OTHER ANCILLARY	2,025	0				76.00
76.97 07697 CARDIAC REHABILITATION	0	0				76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0				76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	27,253	56,200				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0				116.00
117.00 06950 HOME INFUSION	0	0				117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,444,411	131,411	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				15.00	16.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00 07950 NON REIMBURSABLE-OTHER	0	0				194.00
194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0				194.01
200.00 Cross Foot Adjustments			536,898	129,293	239,441	200.00
201.00 Negative Cost Centers	0	0	72,870	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,444,411	131,411	609,768	129,293	239,441	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 11:30 am			
Cost Center Description		PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
		23.00	23.01	23.02	23.03	23.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00540						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00560						5.05
5.06	00590						5.06
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
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300	17,939					23.00
23.01	02301		3,571				23.01
23.02	02302			0			23.02
23.03	02303				4,564		23.03
23.04	02304					3,971	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000						30.00
31.00	03100						31.00
35.00	02040						35.00
40.00	04000						40.00
43.00	04300						43.00
44.00	04400						44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000						50.00
50.01	05001						50.01
50.02	05002						50.02
51.00	05100						51.00
52.00	05200						52.00
53.00	05300						53.00
54.00	05400						54.00
55.00	05500						55.00
56.00	05600						56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
65.00	06500						65.00
66.00	06600						66.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
76.00	03020						76.00
76.97	07697						76.97
76.98	07698						76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100						91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100						101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600						116.00
117.00	06950						117.00
118.00		0	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000						190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description		PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
		23.00	23.01	23.02	23.03	23.04	
192.00	19200						192.00
194.00	07950						194.00
194.01	07951						194.01
200.00		17,939	3,571	0	4,564	3,971	200.00
201.00		0	0	0	0	0	201.00
202.00		17,939	3,571	0	4,564	3,971	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.01	00580				5.01
5.02	00540				5.02
5.03	00550				5.03
5.04	00570				5.04
5.05	00560				5.05
5.06	00590				5.06
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
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
23.04	02304				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	5,819,002	0	5,819,002	30.00
31.00	03100	1,666,851	0	1,666,851	31.00
35.00	02040	864,138	0	864,138	35.00
40.00	04000	566,160	0	566,160	40.00
43.00	04300	169,677	0	169,677	43.00
44.00	04400	563,335	0	563,335	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	6,865,982	0	6,865,982	50.00
50.01	05001	429,202	0	429,202	50.01
50.02	05002	47,970	0	47,970	50.02
51.00	05100	573,629	0	573,629	51.00
52.00	05200	796,840	0	796,840	52.00
53.00	05300	804,658	0	804,658	53.00
54.00	05400	2,685,948	0	2,685,948	54.00
55.00	05500	554,045	0	554,045	55.00
56.00	05600	471,804	0	471,804	56.00
57.00	05700	512,429	0	512,429	57.00
58.00	05800	458,492	0	458,492	58.00
59.00	05900	2,461,115	0	2,461,115	59.00
60.00	06000	1,388,691	0	1,388,691	60.00
65.00	06500	516,899	0	516,899	65.00
66.00	06600	695,427	0	695,427	66.00
69.00	06900	1,083,201	0	1,083,201	69.00
70.00	07000	234,549	0	234,549	70.00
71.00	07100	908,237	0	908,237	71.00
72.00	07200	1,361,437	0	1,361,437	72.00
73.00	07300	1,421,691	0	1,421,691	73.00
74.00	07400	194,024	0	194,024	74.00
76.00	03020	296,609	0	296,609	76.00
76.97	07697	324,527	0	324,527	76.97
76.98	07698	71,297	0	71,297	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	1,391,881	0	1,391,881	91.00
92.00	09200		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	488,941	0	488,941	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
116.00	11600	62,014	0	62,014	116.00
117.00	06950	155,402	0	155,402	117.00
118.00		36,906,104	0	36,906,104	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/29/2016 11:30 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	83,274	0	83,274	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,217,537	0	1,217,537	192.00
194.00	07950	NON REIMBURSABLE-OTHER	660,814	0	660,814	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	69,682	0	69,682	194.01
200.00		Cross Foot Adjustments	935,677	0	935,677	200.00
201.00		Negative Cost Centers	72,870	0	72,870	201.00
202.00		TOTAL (sum lines 118-201)	39,945,958	0	39,945,958	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	
	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,495,809				1.00
1.01 00101	CAP REL COSTS - CON	0	18,181			1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP			15,186,196		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,419	0	903	139,193,804	4.00
5.01 00580	COMMUNICATIONS	4,574	0	2,211,828	307,472	6,346 5.01
5.02 00540	INFORMATION SYSTEMS	17,470	0	0	88,663	91 5.02
5.03 00550	PURCHASING/RECEIVING/STORES	31,229	0	3,459	615,931	38 5.03
5.04 00570	ADMINISTRATIVE	4,153	0	25,716	1,506,078	120 5.04
5.05 00560	PATIENT ACCOUNTING	638	0	29,773	2,786,639	104 5.05
5.06 00590	OTHER ADMIN & GENERAL	98,775	0	385,071	14,044,371	1,102 5.06
6.00 00600	MAINTENANCE & REPAIRS	424,735	0	124,260	3,580,548	70 6.00
7.00 00700	OPERATION OF PLANT	86,754	0	49,884	1,612,533	235 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	11,392	0	565,976	1,153,814	15 8.00
9.00 00900	HOUSEKEEPING	10,048	0	1,429	2,458,176	24 9.00
10.00 01000	DIETARY	8,745	0	3,430	535,022	26 10.00
11.00 01100	CAFETERIA	23,909	0	9,379	1,529,981	0 11.00
13.00 01300	NURSING ADMINISTRATION	16,072	0	53,216	2,920,080	99 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	43,901	0	319,490	503,366	31 14.00
15.00 01500	PHARMACY	9,334	0	505,710	4,497,585	80 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	18,603	2,289,029	89 16.00
20.00 02000	NURSING SCHOOL	0	18,181	39,817	1,511,652	69 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	7,323,089	4 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,989	0	0	50,485	0 22.00
23.00 02300	PARAMEDICAL (CLINICAL LAB SCIENCE)	490	0	0	121,315	10 23.00
23.01 02301	PARAMEDICAL (RESPIRATORY THERAPY)	0	0	0	0	6 23.01
23.02 02302	PARAMEDICAL (ENDT)	0	0	0	0	0 23.02
23.03 02303	PARAMEDICAL (PHARMACY)	0	0	0	268,449	0 23.03
23.04 02304	PARAMEDICAL (PASTORAL CARE)	274	0	0	45,438	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	114,961	0	711,267	15,982,773	1,119 30.00
31.00 03100	INTENSIVE CARE UNIT	33,303	0	263,422	7,235,797	259 31.00
35.00 02040	HIGH RISK NEONATAL	14,355	0	192,578	5,656,785	81 35.00
40.00 04000	SUBPROVIDER - IPF	23,520	0	20,150	1,174,855	89 40.00
43.00 04300	NURSERY	3,625	0	17,695	675,625	0 43.00
44.00 04400	SKILLED NURSING FACILITY	17,938	0	42,918	2,254,256	93 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	118,507	0	2,973,534	10,277,818	557 50.00
50.01 05001	GASTRODIAGNOSTIC UNIT	10,339	0	203,821	796,024	26 50.01
50.02 05002	PAIN MANAGEMENT CENTER	0	0	38,898	96,534	7 50.02
51.00 05100	RECOVERY ROOM	15,859	0	161,942	1,995,001	94 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	17,010	0	83,045	3,160,358	2 52.00
53.00 05300	ANESTHESIOLOGY	1,114	0	481,621	953,338	29 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,685	0	1,710,614	3,390,655	202 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	483,760	357,978	33 55.00
56.00 05600	RADIOISOTOPE	8,281	0	264,469	607,294	24 56.00
57.00 05700	CT SCAN	3,260	0	352,230	594,033	14 57.00
58.00 05800	MRI	3,129	0	332,545	455,611	12 58.00
59.00 05900	CARDIAC CATHETERIZATION	24,558	0	1,504,715	5,325,831	145 59.00
60.00 06000	LABORATORY	21,050	0	215,388	4,327,697	178 60.00
65.00 06500	RESPIRATORY THERAPY	3,498	0	195,864	3,035,744	28 65.00
66.00 06600	PHYSICAL THERAPY	8,856	0	75,703	4,861,738	200 66.00
69.00 06900	ELECTROCARDIOLOGY	53,523	0	146,418	2,065,645	133 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,298	0	122,889	726,138	24 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	2,902	0	4,644	0	8 74.00
76.00 03020	OTHER ANCILLARY	6,932	0	5,771	2,552,189	93 76.00
76.97 07697	CARDIAC REHABILITATION	6,770	0	20,407	556,579	10 76.97
76.98 07698	HYPERTHERMIC OXYGEN THERAPY	3,182	0	5,530	0	18 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	22,822	0	160,684	4,233,612	259 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)					
101.00 10100	HOME HEALTH AGENCY	0	0	1,296	3,758,440	142 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	0	0	435,651	10 116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)		
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00				
117.00	06950	HOME INFUSION	0	0	24,608	690,836	11	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,384,178	18,181	15,166,370	137,984,551	6,113	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,961	0	145	37,165	8	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	100,626	0	17,691	0	30	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,691	0	1,990	657,400	149	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	3,353	0	0	514,688	46	194.01
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)	14,161,243	172,762	15,302,606	47,773,900	2,807,374	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.467280	9.502338	1.007666	0.343219	442.384809	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				80,615	2,272,265	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000579	358.062559	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMINISTRATIVE (REVENUE)	PATIENT ACCOUNTING (REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS	4,232				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	0	88,078,698			5.03
5.04	00570	ADMINISTRATIVE	87	79,135	1,553,973,416		5.04
5.05	00560	PATIENT ACCOUNTING	0	0	0	1,553,973,416	5.05
5.06	00590	OTHER ADMIN & GENERAL	266	73,446	0	0	-38,614,077
6.00	00600	MAINTENANCE & REPAIRS	45	1,562,394	0	0	0
7.00	00700	OPERATION OF PLANT	15	250,057	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	16	936,990	0	0	0
9.00	00900	HOUSEKEEPING	25	175,779	0	0	0
10.00	01000	DIETARY	16	5,606	0	0	0
11.00	01100	CAFETERIA	42	15,327	0	0	0
13.00	01300	NURSING ADMINISTRATION	134	88,485	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	35	98,453	0	0	0
15.00	01500	PHARMACY	98	12,424,323	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,407	0	0	0
20.00	02000	NURSING SCHOOL	152	44,941	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMEDICAL (CLINICAL LAB SCIENCE)	0	964	0	0	0
23.01	02301	PARAMEDICAL (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMEDICAL (ENDT)	0	0	0	0	0
23.03	02303	PARAMEDICAL (PHARMACY)	0	1,120	0	0	0
23.04	02304	PARAMEDICAL (PASTORAL CARE)	0	164	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	938	1,652,451	86,763,017	86,763,017	0
31.00	03100	INTENSIVE CARE UNIT	202	1,006,916	40,271,305	40,271,305	0
35.00	02040	HIGH RISK NEONATAL	63	365,090	33,522,747	33,522,747	0
40.00	04000	SUBPROVIDER - IPF	70	25,750	4,800,130	4,800,130	0
43.00	04300	NURSERY	27	86,481	3,799,595	3,799,595	0
44.00	04400	SKILLED NURSING FACILITY	38	129,106	6,758,317	6,758,317	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	535	2,826,687	187,009,882	187,009,882	0
50.01	05001	GASTRODIAGNOSTIC UNIT	0	167,963	22,370,151	22,370,151	0
50.02	05002	PAIN MANAGEMENT CENTER	0	1,174	1,758,324	1,758,324	0
51.00	05100	RECOVERY ROOM	36	155,900	18,463,786	18,463,786	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	128	339,230	16,430,323	16,430,323	0
53.00	05300	ANESTHESIOLOGY	0	1,316,884	35,827,854	35,827,854	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	183	224,250	66,385,155	66,385,155	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,485	4,065,651	4,065,651	0
56.00	05600	RADIOISOTOPE	26	768,532	23,989,948	23,989,948	0
57.00	05700	CT SCAN	35	85,810	90,195,943	90,195,943	0
58.00	05800	MRI	22	112,027	19,181,247	19,181,247	0
59.00	05900	CARDIAC CATHETERIZATION	106	1,909,668	186,179,458	186,179,458	0
60.00	06000	LABORATORY	151	3,151,537	111,504,671	111,504,671	0
65.00	06500	RESPIRATORY THERAPY	0	171,457	45,882,115	45,882,115	0
66.00	06600	PHYSICAL THERAPY	142	71,341	34,936,281	34,936,281	0
69.00	06900	ELECTROCARDIOLOGY	15	74,828	70,632,146	70,632,146	0
70.00	07000	ELECTROENCEPHALOGRAPHY	15	28,077	11,968,226	11,968,226	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,979,421	82,459,266	82,459,266	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,811,266	106,520,206	106,520,206	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	143,900,350	143,900,350	0
74.00	07400	RENAL DIALYSIS	5	1,892	3,205,134	3,205,134	0
76.00	03020	OTHER ANCILLARY	37	69,324	12,993,600	12,993,600	0
76.97	07697	CARDIAC REHABILITATION	74	14,432	2,578,720	2,578,720	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	307,119	5,325,702	5,325,702	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	213	982,138	74,294,166	74,294,166	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	166	229,244	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	21	130,973	0	0	0
117.00	06950	HOME INFUSION	32	1,637,542	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,211	87,619,586	1,553,973,416	1,553,973,416	-38,614,077

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMITTING (REVENUE)	PATIENT ACCOUNTING (REVENUE)	Reconciliation
			5.02	5.03	5.04	5.05	5A.06
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	237,251	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	272	0	0	0
194.00	07950	NON REIMBURSABLE-OTHER	21	91,629	0	0	0
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	129,960	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	29,651,029	1,261,616	2,877,070	4,483,412	
203.00		Unit cost multiplier (Wkst. B, Part I)	7,006.386815	0.014324	0.001851	0.002885	
204.00		Cost to be allocated (per Wkst. B, Part II)	7,847,301	313,103	270,674	74,893	
205.00		Unit cost multiplier (Wkst. B, Part II)	1,854.277174	0.003555	0.000174	0.000048	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

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Cost Center Description		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00540						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00560						5.05
5.06	00590						5.06
6.00	00600	346,229,698					6.00
7.00	00700		31,002				7.00
8.00	00800			837,243			8.00
9.00	00900				7,067,716		9.00
10.00	01000					137,622	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
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02302						23.02
23.03	02303						23.03
23.04	02304						23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	34,421,762	2,833	114,961	877,971	49,659	30.00
31.00	03100	13,819,148	1,343	33,303	177,636	7,190	31.00
35.00	02040	9,781,404	980	14,355	140,764	1,533	35.00
40.00	04000	2,499,764	229	23,520	44,161	2,912	40.00
43.00	04300	1,274,340	151	3,625	22,948	1,656	43.00
44.00	04400	3,749,802	378	17,938	93,342	11,300	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	27,419,808	2,773	118,507	350,693	14,244	50.00
50.01	05001	1,594,195	359	10,339	33,190	774	50.01
50.02	05002	181,512	18	0	1,960	0	50.02
51.00	05100	3,541,803	279	15,859	70,648	737	51.00
52.00	05200	5,999,980	711	17,010	107,702	7,773	52.00
53.00	05300	3,502,652	1,258	1,114	13,973	737	53.00
54.00	05400	8,922,738	891	23,685	90,198	4,092	54.00
55.00	05500	1,253,969	236	0	9,496	621	55.00
56.00	05600	2,240,968	117	8,281	4,047	621	56.00
57.00	05700	1,973,733	42	3,260	0	258	57.00
58.00	05800	1,371,545	153	3,129	0	0	58.00
59.00	05900	12,448,281	1,324	24,558	77,438	5,200	59.00
60.00	06000	15,156,200	546	21,050	773	4,698	60.00
65.00	06500	4,759,029	1,355	3,498	6,798	621	65.00
66.00	06600	8,940,052	326	8,856	52,892	3,192	66.00
69.00	06900	4,393,818	512	53,523	74,218	441	69.00
70.00	07000	1,614,886	128	2,298	24,908	459	70.00
71.00	07100	21,861,221	0	0	0	0	71.00
72.00	07200	33,785,711	0	0	0	0	72.00
73.00	07300	11,702,203	0	0	0	0	73.00
74.00	07400	801,503	28	2,902	955,719	0	74.00
76.00	03020	4,438,894	70	6,932	10,544	1,187	76.00
76.97	07697	1,363,282	470	6,770	0	153	76.97
76.98	07698	834,178	71	3,182	12,751	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	9,472,857	1,032	22,822	213,074	6,891	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	6,723,933	83	0	0	562	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	1,210,826	5	0	0	62	116.00
117.00	06950	2,948,900	164	0	0	0	117.00
118.00		342,811,246	30,647	725,612	3,518,939	137,058	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)		
		5.06	6.00	7.00	8.00	9.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	386,054	36	5,961	0	153	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	191,447	33	100,626	23,885	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,740,912	282	1,691	3,524,892	411	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	1,100,039	4	3,353	0	0	194.01
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)	38,614,077	18,563,784	15,726,313	2,376,745	7,157,886	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.111527	598.793110	18.783451	0.336282	52.011205	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,259,677	4,419,674	1,884,939	964,314	517,613	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009415	142.560932	2.251364	0.136439	3.761121	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
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To 06/30/2016

Worksheet B-1

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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00540						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00560						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	285,614					10.00
11.00	01100	0	188,154				11.00
13.00	01300	0	4,111	109,021			13.00
14.00	01400	0	1,618	0	54,956,503		14.00
15.00	01500	0	5,210	0	0	12,440,455	15.00
16.00	01600	0	4,814	0	0	0	16.00
20.00	02000	0	1,868	0	0	2,430	20.00
21.00	02100	0	13,582	0	0	0	21.00
22.00	02200	0	31	0	0	0	22.00
23.00	02300	0	170	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	376	0	0	0	23.03
23.04	02304	0	57	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	202,356	31,342	31,342	0	389,668	30.00
31.00	03100	20,258	12,809	12,809	0	140,571	31.00
35.00	02040	0	8,265	8,265	0	60,793	35.00
40.00	04000	16,232	2,203	2,203	0	1,965	40.00
43.00	04300	0	1,150	1,150	0	7,533	43.00
44.00	04400	20,651	3,978	3,978	0	29,751	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	17,485	17,485	0	97,104	50.00
50.01	05001	0	1,451	1,451	0	0	50.01
50.02	05002	0	130	130	0	419	50.02
51.00	05100	0	2,924	2,924	0	45,141	51.00
52.00	05200	17,038	5,426	5,426	0	35,355	52.00
53.00	05300	0	3,042	3,042	0	318,678	53.00
54.00	05400	0	6,069	0	0	0	54.00
55.00	05500	0	482	482	0	0	55.00
56.00	05600	0	862	0	0	0	56.00
57.00	05700	0	1,147	0	0	0	57.00
58.00	05800	0	721	0	0	0	58.00
59.00	05900	0	7,715	0	0	0	59.00
60.00	06000	0	9,218	0	0	22,119	60.00
65.00	06500	0	5,240	0	0	2,049	65.00
66.00	06600	0	7,134	0	0	266	66.00
69.00	06900	0	3,654	0	0	8,906	69.00
70.00	07000	0	1,444	0	0	142	70.00
71.00	07100	0	0	0	22,145,237	0	71.00
72.00	07200	0	0	0	32,811,266	0	72.00
73.00	07300	0	0	0	0	11,020,690	73.00
74.00	07400	0	0	0	0	4,713	74.00
76.00	03020	0	4,591	4,591	0	17,440	76.00
76.97	07697	0	894	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	4,340	7,900	7,900	0	234,722	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	5,162	5,162	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	681	681	0	0	116.00
117.00	06950	0	1,018	0	0	0	117.00
118.00		280,875	185,974	109,021	54,956,503	12,440,455	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	73	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	4,739	1,300	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	807	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,556,730	4,317,898	7,504,005	4,529,619	12,204,009
203.00		Unit cost multiplier (Wkst. B, Part I)	5.450468	22.948744	68.830822	0.082422	0.980994
204.00		Cost to be allocated (per Wkst. B, Part II)	200,524	520,108	727,941	1,512,596	1,444,411
205.00		Unit cost multiplier (Wkst. B, Part II)	0.702080	2.764268	6.677071	0.027524	0.116106

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS - CON						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00580 COMMUNICATIONS						5.01
5.02 00540 INFORMATION SYSTEMS						5.02
5.03 00550 PURCHASING/RECEIVING/STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00560 PATIENT ACCOUNTING						5.05
5.06 00590 OTHER ADMIN & GENERAL						5.06
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	33,872					16.00
20.00 02000 NURSING SCHOOL	0	21,914				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		234,579			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0			234,579		22.00
23.00 02300 PARAMED (CLINICAL LAB SCIENCE)	0				100	23.00
23.01 02301 PARAMED (RESPIRATORY THERAPY)	0					23.01
23.02 02302 PARAMED (ENDT)	0					23.02
23.03 02303 PARAMED (PHARMACY)	0					23.03
23.04 02304 PARAMED (PASTORAL CARE)	0					23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	16,248	12,591	126,792	126,792		30.00
31.00 03100 INTENSIVE CARE UNIT	724	2,174	20,088	20,088		31.00
35.00 02040 HIGH RISK NEONATAL	557	294	5,072	5,072		35.00
40.00 04000 SUBPROVIDER - IPF	296	0	6,295	6,295		40.00
43.00 04300 NURSERY	810	301	299	299		43.00
44.00 04400 SKILLED NURSING FACILITY	751	2,383	210	210		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	35,083	35,083		50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	185	4,223	4,223		50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,414	3,492	3,492		52.00
53.00 05300 ANESTHESIOLOGY	0	0	1,123	1,123		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	9,543	9,543		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	577	577		56.00
57.00 05700 CT SCAN	0	0	962	962		57.00
58.00 05800 MRI	0	0	1,000	1,000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	240	0	0		59.00
60.00 06000 LABORATORY	0	0	184	184	100	60.00
65.00 06500 RESPIRATORY THERAPY	0	141	113	113		65.00
66.00 06600 PHYSICAL THERAPY	0	0	895	895		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	79	79		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,558	1,558		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0	655	655		76.00
76.97 07697 CARDIAC REHABILITATION	0	120	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	252	19	19		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	14,486	619	16,317	16,317		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	0	1,200	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0		116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	16.00	20.00	21.00	22.00	23.00	
117.00 06950 HOME INFUSION	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	33,872	21,914	234,579	234,579	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,215,050	2,253,875	10,311,494	3,254,544	228,223	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	183.486360	102.850917	43.957447	13.873978	2,282.230000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	131,411	609,768	129,293	239,441	17,939	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.879635	24.500228	0.551170	1.020726	179.390000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
		23.01	23.02	23.03	23.04	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
1.01	00101					1.01
2.00	00200					2.00
4.00	00400					4.00
5.01	00580					5.01
5.02	00540					5.02
5.03	00550					5.03
5.04	00570					5.04
5.05	00560					5.05
5.06	00590					5.06
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
20.00	02000					20.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02301	100				23.01
23.02	02302		0			23.02
23.03	02303			100		23.03
23.04	02304				1,390	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	0	0	603	30.00
31.00	03100	0	0	0	331	31.00
35.00	02040	0	0	0	5	35.00
40.00	04000	0	0	0	23	40.00
43.00	04300	0	0	0	3	43.00
44.00	04400	0	0	0	115	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	0	0	12	50.00
50.01	05001	0	0	0	0	50.01
50.02	05002	0	0	0	0	50.02
51.00	05100	0	0	0	37	51.00
52.00	05200	0	0	0	15	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	0	2	54.00
55.00	05500	0	0	0	0	55.00
56.00	05600	0	0	0	0	56.00
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	10	59.00
60.00	06000	0	0	0	2	60.00
65.00	06500	100	0	0	0	65.00
66.00	06600	0	0	0	1	66.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	100	0	73.00
74.00	07400	0	0	0	0	74.00
76.00	03020	0	0	0	3	76.00
76.97	07697	0	0	0	0	76.97
76.98	07698	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	0	0	0	228	91.00
92.00	09200	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					113.00
116.00	11600	0	0	0	0	116.00
117.00	06950	0	0	0	0	117.00
118.00		100	0	100	1,390	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
		23.01	23.02	23.03	23.04		
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	194.01
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)	18,165	0	389,792	74,337	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	181.650000	0.000000	3,897.920000	53.479856	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,571	0	4,564	3,971	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	35.710000	0.000000	45.640000	2.856835	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		53,664,936	36,443	53,701,379	30.00
31.00	03100	INTENSIVE CARE UNIT		19,021,840	0	19,021,840	31.00
35.00	02040	HIGH RISK NEONATAL		12,806,720	0	12,806,720	35.00
40.00	04000	SUBPROVIDER - IPF		3,871,906	1,673	3,873,579	40.00
43.00	04300	NURSERY		1,961,497	0	1,961,497	43.00
44.00	04400	SKILLED NURSING FACILITY		6,246,289	3,447	6,249,736	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		36,923,723	0	36,923,723	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		2,384,778	0	2,384,778	50.01
50.02	05002	PAIN MANAGEMENT CENTER		225,534	0	225,534	50.02
51.00	05100	RECOVERY ROOM		4,778,475	0	4,778,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		8,626,667	0	8,626,667	52.00
53.00	05300	ANESTHESIOLOGY		5,302,344	229,401	5,531,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		11,278,820	0	11,278,820	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,614,864	0	1,614,864	55.00
56.00	05600	RADIOISOTOPE		2,769,943	0	2,769,943	56.00
57.00	05700	CT SCAN		2,319,982	0	2,319,982	57.00
58.00	05800	MRI		1,691,443	0	1,691,443	58.00
59.00	05900	CARDIAC CATHETERIZATION		15,589,454	0	15,589,454	59.00
60.00	06000	LABORATORY		18,275,039	0	18,275,039	60.00
65.00	06500	RESPIRATORY THERAPY	0	6,356,372	0	6,356,372	65.00
66.00	06600	PHYSICAL THERAPY	0	10,646,499	0	10,646,499	66.00
69.00	06900	ELECTROCARDIOLOGY		6,336,263	190,651	6,526,914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,980,325	3,640	1,983,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		26,124,592	0	26,124,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		40,258,094	0	40,258,094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		24,208,334	0	24,208,334	73.00
74.00	07400	RENAL DIALYSIS		1,288,182	0	1,288,182	74.00
76.00	03020	OTHER ANCILLARY		5,609,986	0	5,609,986	76.00
76.97	07697	CARDIAC REHABILITATION		1,964,738	0	1,964,738	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY		1,059,700	4,819	1,064,519	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY		15,718,843	0	15,718,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		3,112,970	0	3,112,970	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY		8,149,950	0	8,149,950	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		1,414,587		1,414,587	116.00
117.00	06950	HOME INFUSION		3,399,346		3,399,346	117.00
200.00		Subtotal (see instructions)	0	366,983,035	470,074	367,453,109	200.00
201.00		Less Observation Beds		3,112,970		3,112,970	201.00
202.00		Total (see instructions)	0	363,870,065	470,074	364,340,139	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

		Title XVIIII			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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	83,138,758		83,138,758		30.00
31.00	03100	INTENSIVE CARE UNIT	38,589,095		38,589,095		31.00
35.00	02040	HIGH RISK NEONATAL	32,122,437		32,122,437		35.00
40.00	04000	SUBPROVIDER - I/PF	4,599,619		4,599,619		40.00
43.00	04300	NURSERY	3,640,879		3,640,879		43.00
44.00	04400	SKILLED NURSING FACILITY	6,476,009		6,476,009		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	95,275,784	91,734,098	187,009,882	0.197443	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,262,202	17,107,949	22,370,151	0.106605	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	1,758,324	1,758,324	0.128266	50.02
51.00	05100	RECOVERY ROOM	6,388,952	12,074,834	18,463,786	0.258803	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,585,689	844,634	16,430,323	0.525045	52.00
53.00	05300	ANESTHESIOLOGY	15,208,109	20,619,745	35,827,854	0.147995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,144,539	44,240,616	66,385,155	0.169900	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	706,224	3,359,427	4,065,651	0.397197	55.00
56.00	05600	RADIOISOTOPE	3,006,950	20,982,998	23,989,948	0.115463	56.00
57.00	05700	CT SCAN	35,112,867	55,083,077	90,195,944	0.025722	57.00
58.00	05800	MRI	8,192,712	10,988,535	19,181,247	0.088182	58.00
59.00	05900	CARDIAC CATHETERIZATION	59,139,482	127,039,976	186,179,458	0.083733	59.00
60.00	06000	LABORATORY	65,209,975	46,294,695	111,504,670	0.163895	60.00
65.00	06500	RESPIRATORY THERAPY	42,951,794	2,930,321	45,882,115	0.138537	65.00
66.00	06600	PHYSICAL THERAPY	15,314,208	19,622,074	34,936,282	0.304740	66.00
69.00	06900	ELECTROCARDIOLOGY	28,231,504	42,400,642	70,632,146	0.089708	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,529,542	8,438,684	11,968,226	0.165465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,774,322	36,684,944	82,459,266	0.316818	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,065,443	42,454,763	106,520,206	0.377939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,751,038	41,149,312	143,900,350	0.168230	73.00
74.00	07400	RENAL DIALYSIS	2,947,745	257,389	3,205,134	0.401912	74.00
76.00	03020	OTHER ANCILLARY	750,917	12,242,683	12,993,600	0.431750	76.00
76.97	07697	CARDIAC REHABILITATION	1,028,363	1,550,357	2,578,720	0.761904	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	265,793	5,059,909	5,325,702	0.198978	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	22,498,053	51,796,112	74,294,165	0.211576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,262,250	6,086,065	7,348,315	0.423630	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	5,636,926	5,636,926		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,470,577	2,470,577		116.00
117.00	06950	HOME INFUSION	0	4,105,866	4,105,866		117.00
200.00		Subtotal (see instructions)	831,171,254	735,015,532	1,566,186,786		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	831,171,254	735,015,532	1,566,186,786		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 11:30 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 HIGH RISK NEONATAL			35.00
40.00	04000 SUBPROVIDER - I/PF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.197443		50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	0.106605		50.01
50.02	05002 PAIN MANAGEMENT CENTER	0.128266		50.02
51.00	05100 RECOVERY ROOM	0.258803		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.525045		52.00
53.00	05300 ANESTHESIOLOGY	0.154398		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169900		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.397197		55.00
56.00	05600 RADIOISOTOPE	0.115463		56.00
57.00	05700 CT SCAN	0.025722		57.00
58.00	05800 MRI	0.088182		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083733		59.00
60.00	06000 LABORATORY	0.163895		60.00
65.00	06500 RESPIRATORY THERAPY	0.138537		65.00
66.00	06600 PHYSICAL THERAPY	0.304740		66.00
69.00	06900 ELECTROCARDIOLOGY	0.092407		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165769		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.316818		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.377939		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.168230		73.00
74.00	07400 RENAL DIALYSIS	0.401912		74.00
76.00	03020 OTHER ANCILLARY	0.431750		76.00
76.97	07697 CARDIAC REHABILITATION	0.761904		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.199883		76.98
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.211576		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.423630		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
117.00	06950 HOME INFUSION			117.00
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: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		53,664,936	36,443	53,701,379	30.00
31.00	03100	INTENSIVE CARE UNIT		19,021,840	0	19,021,840	31.00
35.00	02040	HIGH RISK NEONATAL		12,806,720	0	12,806,720	35.00
40.00	04000	SUBPROVIDER - IPF		3,871,906	1,673	3,873,579	40.00
43.00	04300	NURSERY		1,961,497	0	1,961,497	43.00
44.00	04400	SKILLED NURSING FACILITY		6,246,289	3,447	6,249,736	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		36,923,723	0	36,923,723	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		2,384,778	0	2,384,778	50.01
50.02	05002	PAIN MANAGEMENT CENTER		225,534	0	225,534	50.02
51.00	05100	RECOVERY ROOM		4,778,475	0	4,778,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		8,626,667	0	8,626,667	52.00
53.00	05300	ANESTHESIOLOGY		5,302,344	229,401	5,531,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		11,278,820	0	11,278,820	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,614,864	0	1,614,864	55.00
56.00	05600	RADIOISOTOPE		2,769,943	0	2,769,943	56.00
57.00	05700	CT SCAN		2,319,982	0	2,319,982	57.00
58.00	05800	MRI		1,691,443	0	1,691,443	58.00
59.00	05900	CARDIAC CATHETERIZATION		15,589,454	0	15,589,454	59.00
60.00	06000	LABORATORY		18,275,039	0	18,275,039	60.00
65.00	06500	RESPIRATORY THERAPY	0	6,356,372	0	6,356,372	65.00
66.00	06600	PHYSICAL THERAPY	0	10,646,499	0	10,646,499	66.00
69.00	06900	ELECTROCARDIOLOGY		6,336,263	190,651	6,526,914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,980,325	3,640	1,983,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		26,124,592	0	26,124,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		40,258,094	0	40,258,094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		24,208,334	0	24,208,334	73.00
74.00	07400	RENAL DIALYSIS		1,288,182	0	1,288,182	74.00
76.00	03020	OTHER ANCILLARY		5,609,986	0	5,609,986	76.00
76.97	07697	CARDIAC REHABILITATION		1,964,738	0	1,964,738	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY		1,059,700	4,819	1,064,519	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY		15,718,843	0	15,718,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		3,112,970	0	3,112,970	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY		8,149,950	0	8,149,950	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		1,414,587		1,414,587	116.00
117.00	06950	HOME INFUSION		3,399,346		3,399,346	117.00
200.00		Subtotal (see instructions)	0	366,983,035	470,074	367,453,109	200.00
201.00		Less Observation Beds		3,112,970		3,112,970	201.00
202.00		Total (see instructions)	0	363,870,065	470,074	364,340,139	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	83,138,758		83,138,758		30.00
31.00	03100	INTENSIVE CARE UNIT	38,589,095		38,589,095		31.00
35.00	02040	HIGH RISK NEONATAL	32,122,437		32,122,437		35.00
40.00	04000	SUBPROVIDER - I/PF	4,599,619		4,599,619		40.00
43.00	04300	NURSERY	3,640,879		3,640,879		43.00
44.00	04400	SKILLED NURSING FACILITY	6,476,009		6,476,009		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	95,275,784	91,734,098	187,009,882	0.197443	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,262,202	17,107,949	22,370,151	0.106605	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	1,758,324	1,758,324	0.128266	50.02
51.00	05100	RECOVERY ROOM	6,388,952	12,074,834	18,463,786	0.258803	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,585,689	844,634	16,430,323	0.525045	52.00
53.00	05300	ANESTHESIOLOGY	15,208,109	20,619,745	35,827,854	0.147995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,144,539	44,240,616	66,385,155	0.169900	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	706,224	3,359,427	4,065,651	0.397197	55.00
56.00	05600	RADIOISOTOPE	3,006,950	20,982,998	23,989,948	0.115463	56.00
57.00	05700	CT SCAN	35,112,867	55,083,077	90,195,944	0.025722	57.00
58.00	05800	MRI	8,192,712	10,988,535	19,181,247	0.088182	58.00
59.00	05900	CARDIAC CATHETERIZATION	59,139,482	127,039,976	186,179,458	0.083733	59.00
60.00	06000	LABORATORY	65,209,975	46,294,695	111,504,670	0.163895	60.00
65.00	06500	RESPIRATORY THERAPY	42,951,794	2,930,321	45,882,115	0.138537	65.00
66.00	06600	PHYSICAL THERAPY	15,314,208	19,622,074	34,936,282	0.304740	66.00
69.00	06900	ELECTROCARDIOLOGY	28,231,504	42,400,642	70,632,146	0.089708	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,529,542	8,438,684	11,968,226	0.165465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,774,322	36,684,944	82,459,266	0.316818	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,065,443	42,454,763	106,520,206	0.377939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,751,038	41,149,312	143,900,350	0.168230	73.00
74.00	07400	RENAL DIALYSIS	2,947,745	257,389	3,205,134	0.401912	74.00
76.00	03020	OTHER ANCILLARY	750,917	12,242,683	12,993,600	0.431750	76.00
76.97	07697	CARDIAC REHABILITATION	1,028,363	1,550,357	2,578,720	0.761904	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	265,793	5,059,909	5,325,702	0.198978	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	22,498,053	51,796,112	74,294,165	0.211576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,262,250	6,086,065	7,348,315	0.423630	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	5,636,926	5,636,926		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,470,577	2,470,577		116.00
117.00	06950	HOME INFUSION	0	4,105,866	4,105,866		117.00
200.00		Subtotal (see instructions)	831,171,254	735,015,532	1,566,186,786		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	831,171,254	735,015,532	1,566,186,786		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/29/2016 11:30 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 HIGH RISK NEONATAL			35.00
40.00	04000 SUBPROVIDER - I/PF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	0.000000		50.01
50.02	05002 PAIN MANAGEMENT CENTER	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 OTHER ANCILLARY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
117.00	06950 HOME INFUSION			117.00
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: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/29/2016 11:30 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	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	5,819,002	0	5,819,002	64,553	90.14	30.00
31.00	INTENSIVE CARE UNIT	1,666,851		1,666,851	13,232	125.97	31.00
35.00	HIGH RISK NEONATAL	864,138		864,138	12,281	70.36	35.00
40.00	SUBPROVIDER - IPF	566,160	0	566,160	4,524	125.15	40.00
43.00	NURSERY	169,677		169,677	2,896	58.59	43.00
44.00	SKILLED NURSING FACILITY	563,335		563,335	8,989	62.67	44.00
200.00	Total (lines 30-199)	9,649,163		9,649,163	106,475		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	19,484	1,756,288				
31.00	INTENSIVE CARE UNIT	10,520	1,325,204				
35.00	HIGH RISK NEONATAL	0	0				
40.00	SUBPROVIDER - IPF	2,659	332,774				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	5,121	320,933				
200.00	Total (lines 30-199)	37,784	3,735,199				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/29/2016 11:30 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,865,982	187,009,882	0.036715	40,706,471	1,494,538	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	429,202	22,370,151	0.019186	2,540,922	48,750	50.01
50.02	05002	PAIN MANAGEMENT CENTER	47,970	1,758,324	0.027282	0	0	50.02
51.00	05100	RECOVERY ROOM	573,629	18,463,786	0.031068	3,446,994	107,091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	796,840	16,430,323	0.048498	1,176,787	57,072	52.00
53.00	05300	ANESTHESIOLOGY	804,658	35,827,854	0.022459	5,533,366	124,274	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,685,948	66,385,155	0.040460	13,108,450	530,368	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	554,045	4,065,651	0.136275	231,586	31,559	55.00
56.00	05600	RADIOISOTOPE	471,804	23,989,948	0.019667	1,568,420	30,846	56.00
57.00	05700	CT SCAN	512,429	90,195,944	0.005681	14,311,791	81,305	57.00
58.00	05800	MRI	458,492	19,181,247	0.023903	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,461,115	186,179,458	0.013219	31,610,751	417,863	59.00
60.00	06000	LABORATORY	1,388,691	111,504,670	0.012454	26,555,109	330,717	60.00
65.00	06500	RESPIRATORY THERAPY	516,899	45,882,115	0.011266	15,862,878	178,711	65.00
66.00	06600	PHYSICAL THERAPY	695,427	34,936,282	0.019906	5,734,554	114,152	66.00
69.00	06900	ELECTROCARDIOLOGY	1,083,201	70,632,146	0.015336	14,122,956	216,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,549	11,968,226	0.019598	1,077,136	21,110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	908,237	82,459,266	0.011014	19,582,383	215,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,361,437	106,520,206	0.012781	31,663,002	404,685	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,421,691	143,900,350	0.009880	36,321,119	358,853	73.00
74.00	07400	RENAL DIALYSIS	194,024	3,205,134	0.060535	2,187,129	132,398	74.00
76.00	03020	OTHER ANCILLARY	296,609	12,993,600	0.022827	3,054	70	76.00
76.97	07697	CARDIAC REHABILITATION	324,527	2,578,720	0.125848	533,093	67,089	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	71,297	5,325,702	0.013387	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,391,881	74,294,165	0.018735	7,975,930	149,429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	337,318	7,348,315	0.045904	511,350	23,473	92.00
200.00		Total (Lines 50-199)	26,887,902	1,385,406,620		276,365,231	5,136,623	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part III Date/Time Prepared: 11/29/2016 11:30 am
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Cost Center Description		Title XVIII			Hospital		Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	5.00		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,294,997	32,250	0	0	1,327,247	30.00
31.00	03100	INTENSIVE CARE UNIT	223,598	17,702	0	0	241,300	31.00
35.00	02040	HIGH RISK NEONATAL	30,238	267	0	0	30,505	35.00
40.00	04000	SUBPROVIDER - I/PF	0	1,230	0	0	1,230	40.00
43.00	04300	NURSERY	30,958	160	0	0	31,118	43.00
44.00	04400	SKILLED NURSING FACILITY	245,094	6,150	0	0	251,244	44.00
200.00		Total (lines 30-199)	1,824,885	57,759	0	0	1,882,644	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	64,553	20.56	19,484	400,591		30.00
31.00	03100	INTENSIVE CARE UNIT	13,232	18.24	10,520	191,885		31.00
35.00	02040	HIGH RISK NEONATAL	12,281	2.48	0	0		35.00
40.00	04000	SUBPROVIDER - I/PF	4,524	0.27	2,659	718		40.00
43.00	04300	NURSERY	2,896	10.75	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	8,989	27.95	5,121	143,132		44.00
200.00		Total (lines 30-199)	106,475		37,784	736,326		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 11:30 am
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	642	0	642	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	19,027	0	0	19,027	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	1,979	0	1,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	145,431	802	0	146,233	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	107	0	107	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,684	535	0	25,219	59.00
60.00	06000	LABORATORY	0	0	228,330	0	228,330	60.00
65.00	06500	RESPIRATORY THERAPY	0	14,502	18,165	0	32,667	65.00
66.00	06600	PHYSICAL THERAPY	0	0	53	0	53	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	389,792	0	389,792	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	160	0	160	76.00
76.97	07697	CARDIAC REHABILITATION	0	12,342	0	0	12,342	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	25,918	0	0	25,918	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	63,665	12,193	0	75,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	75,069	1,871	0	76,940	92.00
200.00		Total (lines 50-199)	0	380,638	654,629	0	1,035,267	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 11:30 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	642	187,009,882	0.000003	0.000003	40,706,471	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	19,027	22,370,151	0.000851	0.000851	2,540,922	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	1,758,324	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	1,979	18,463,786	0.000107	0.000107	3,446,994	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	146,233	16,430,323	0.008900	0.008900	1,176,787	52.00
53.00	05300 ANESTHESIOLOGY	0	35,827,854	0.000000	0.000000	5,533,366	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	107	66,385,155	0.000002	0.000002	13,108,450	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,065,651	0.000000	0.000000	231,586	55.00
56.00	05600 RADIOISOTOPE	0	23,989,948	0.000000	0.000000	1,568,420	56.00
57.00	05700 CT SCAN	0	90,195,944	0.000000	0.000000	14,311,791	57.00
58.00	05800 MRI	0	19,181,247	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	25,219	186,179,458	0.000135	0.000135	31,610,751	59.00
60.00	06000 LABORATORY	228,330	111,504,670	0.002048	0.002048	26,555,109	60.00
65.00	06500 RESPIRATORY THERAPY	32,667	45,882,115	0.000712	0.000712	15,862,878	65.00
66.00	06600 PHYSICAL THERAPY	53	34,936,282	0.000002	0.000002	5,734,554	66.00
69.00	06900 ELECTROCARDIOLOGY	0	70,632,146	0.000000	0.000000	14,122,956	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	11,968,226	0.000000	0.000000	1,077,136	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	82,459,266	0.000000	0.000000	19,582,383	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	106,520,206	0.000000	0.000000	31,663,002	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	389,792	143,900,350	0.002709	0.002709	36,321,119	73.00
74.00	07400 RENAL DIALYSIS	0	3,205,134	0.000000	0.000000	2,187,129	74.00
76.00	03020 OTHER ANCILLARY	160	12,993,600	0.000012	0.000012	3,054	76.00
76.97	07697 CARDIAC REHABILITATION	12,342	2,578,720	0.004786	0.004786	533,093	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	25,918	5,325,702	0.004867	0.004867	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	75,858	74,294,165	0.001021	0.001021	7,975,930	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	76,940	7,348,315	0.010470	0.010470	511,350	92.00
200.00	Total (Lines 50-199)	1,035,267	1,385,406,620			276,365,231	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 11:30 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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	122	26,967,898	81	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	2,162	4,054,323	3,450	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	591,431	0	50.02
51.00	05100 RECOVERY ROOM	369	2,800,256	300	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,473	70,405	627	52.00
53.00	05300 ANESTHESIOLOGY	0	4,740,907	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	26	9,473,108	19	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,185,002	0	55.00
56.00	05600 RADIOISOTOPE	0	8,012,487	0	56.00
57.00	05700 CT SCAN	0	16,973,092	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,267	49,363,694	6,664	59.00
60.00	06000 LABORATORY	54,385	6,801,486	13,929	60.00
65.00	06500 RESPIRATORY THERAPY	11,294	727,094	518	65.00
66.00	06600 PHYSICAL THERAPY	11	276,207	1	66.00
69.00	06900 ELECTROCARDIOLOGY	0	19,354,306	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,744,603	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,190,875	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,809,109	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	98,394	11,203,969	30,352	73.00
74.00	07400 RENAL DIALYSIS	0	82,253	0	74.00
76.00	03020 OTHER ANCILLARY	0	1,737,740	21	76.00
76.97	07697 CARDIAC REHABILITATION	2,551	636,538	3,046	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	8,143	8,414,815	8,592	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,354	976,450	10,223	92.00
200.00	Total (Lines 50-199)	197,551	209,188,048	77,823	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 11:30 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.197443	26,967,898	19	0	5,324,623	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.106605	4,054,323	0	0	432,211	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.128266	591,431	0	0	75,860	50.02
51.00	05100	RECOVERY ROOM	0.258803	2,800,256	0	0	724,715	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.525045	70,405	0	0	36,966	52.00
53.00	05300	ANESTHESIOLOGY	0.147995	4,740,907	0	0	701,631	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169900	9,473,108	2	0	1,609,481	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.397197	1,185,002	0	0	470,679	55.00
56.00	05600	RADIOISOTOPE	0.115463	8,012,487	0	0	925,146	56.00
57.00	05700	CT SCAN	0.025722	16,973,092	0	0	436,582	57.00
58.00	05800	MRI	0.088182	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083733	49,363,694	83	0	4,133,370	59.00
60.00	06000	LABORATORY	0.163895	6,801,486	4,022	0	1,114,730	60.00
65.00	06500	RESPIRATORY THERAPY	0.138537	727,094	0	0	100,729	65.00
66.00	06600	PHYSICAL THERAPY	0.304740	276,207	0	0	84,171	66.00
69.00	06900	ELECTROCARDIOLOGY	0.089708	19,354,306	265	0	1,736,236	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165465	1,744,603	0	0	288,671	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.316818	13,190,875	0	0	4,179,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377939	19,809,109	83,100	0	7,486,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168230	11,203,969	0	246,007	1,884,844	73.00
74.00	07400	RENAL DIALYSIS	0.401912	82,253	0	0	33,058	74.00
76.00	03020	OTHER ANCILLARY	0.431750	1,737,740	9	0	750,269	76.00
76.97	07697	CARDIAC REHABILITATION	0.761904	636,538	0	0	484,981	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.198978	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.211576	8,414,815	54	67	1,780,373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.423630	976,450	0	0	413,654	92.00
200.00		Subtotal (see instructions)		209,188,048	87,554	246,074	35,208,722	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		209,188,048	87,554	246,074	35,208,722	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 11:30 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			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	4	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
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	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7	0	59.00
60.00	06000	LABORATORY	659	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	24	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,407	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,386	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY	4	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	11	14	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	32,116	41,400	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	32,116	41,400	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140053 Component CCN: 14S053		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/29/2016 11:30 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	6,865,982	187,009,882	0.036715	1,447	53	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	429,202	22,370,151	0.019186	7,490	144	50.01
50.02	05002 PAIN MANAGEMENT CENTER	47,970	1,758,324	0.027282	0	0	50.02
51.00	05100 RECOVERY ROOM	573,629	18,463,786	0.031068	3,037	94	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	796,840	16,430,323	0.048498	3,935	191	52.00
53.00	05300 ANESTHESIOLOGY	804,658	35,827,854	0.022459	5,458	123	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,685,948	66,385,155	0.040460	58,863	2,382	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	554,045	4,065,651	0.136275	132	18	55.00
56.00	05600 RADIOISOTOPE	471,804	23,989,948	0.019667	0	0	56.00
57.00	05700 CT SCAN	512,429	90,195,944	0.005681	99,946	568	57.00
58.00	05800 MRI	458,492	19,181,247	0.023903	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,461,115	186,179,458	0.013219	5,613	74	59.00
60.00	06000 LABORATORY	1,388,691	111,504,670	0.012454	333,289	4,151	60.00
65.00	06500 RESPIRATORY THERAPY	516,899	45,882,115	0.011266	13,659	154	65.00
66.00	06600 PHYSICAL THERAPY	695,427	34,936,282	0.019906	73,493	1,463	66.00
69.00	06900 ELECTROCARDIOLOGY	1,083,201	70,632,146	0.015336	117,420	1,801	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	234,549	11,968,226	0.019598	13,385	262	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	908,237	82,459,266	0.011014	74,263	818	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,361,437	106,520,206	0.012781	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,421,691	143,900,350	0.009880	725,876	7,172	73.00
74.00	07400 RENAL DIALYSIS	194,024	3,205,134	0.060535	17,527	1,061	74.00
76.00	03020 OTHER ANCILLARY	296,609	12,993,600	0.022827	2,049	47	76.00
76.97	07697 CARDIAC REHABILITATION	324,527	2,578,720	0.125848	221	28	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	71,297	5,325,702	0.013387	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	1,391,881	74,294,165	0.018735	93,964	1,760	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,348,315	0.000000	910	0	92.00
200.00	Total (lines 50-199)	26,550,584	1,385,406,620		1,651,977	22,364	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 11:30 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	642	0	642 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	19,027	0	0	19,027 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	1,979	0	1,979 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	145,431	802	0	146,233 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	107	0	107 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,684	535	0	25,219 59.00
60.00	06000	LABORATORY	0	0	228,330	0	228,330 60.00
65.00	06500	RESPIRATORY THERAPY	0	14,502	18,165	0	32,667 65.00
66.00	06600	PHYSICAL THERAPY	0	0	53	0	53 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	389,792	0	389,792 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03020	OTHER ANCILLARY	0	0	160	0	160 76.00
76.97	07697	CARDIAC REHABILITATION	0	12,342	0	0	12,342 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	25,918	0	0	25,918 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	63,665	12,193	0	75,858 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	0	305,569	652,758	0	958,327 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 11:30 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	642	187,009,882	0.000003	0.000003	1,447	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	19,027	22,370,151	0.000851	0.000851	7,490	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	1,758,324	0.000000	0.000000	0	50.02
51.00 05100 RECOVERY ROOM	1,979	18,463,786	0.000107	0.000107	3,037	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	146,233	16,430,323	0.008900	0.008900	3,935	52.00
53.00 05300 ANESTHESIOLOGY	0	35,827,854	0.000000	0.000000	5,458	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	107	66,385,155	0.000002	0.000002	58,863	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	4,065,651	0.000000	0.000000	132	55.00
56.00 05600 RADIOISOTOPE	0	23,989,948	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	90,195,944	0.000000	0.000000	99,946	57.00
58.00 05800 MRI	0	19,181,247	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	25,219	186,179,458	0.000135	0.000135	5,613	59.00
60.00 06000 LABORATORY	228,330	111,504,670	0.002048	0.002048	333,289	60.00
65.00 06500 RESPIRATORY THERAPY	32,667	45,882,115	0.000712	0.000712	13,659	65.00
66.00 06600 PHYSICAL THERAPY	53	34,936,282	0.000002	0.000002	73,493	66.00
69.00 06900 ELECTROCARDIOLOGY	0	70,632,146	0.000000	0.000000	117,420	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	11,968,226	0.000000	0.000000	13,385	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	82,459,266	0.000000	0.000000	74,263	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	106,520,206	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	389,792	143,900,350	0.002709	0.002709	725,876	73.00
74.00 07400 RENAL DIALYSIS	0	3,205,134	0.000000	0.000000	17,527	74.00
76.00 03020 OTHER ANCILLARY	160	12,993,600	0.000012	0.000012	2,049	76.00
76.97 07697 CARDIAC REHABILITATION	12,342	2,578,720	0.004786	0.004786	221	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	25,918	5,325,702	0.004867	0.004867	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	75,858	74,294,165	0.001021	0.001021	93,964	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,348,315	0.000000	0.000000	910	92.00
200.00 Total (lines 50-199)	958,327	1,385,406,620			1,651,977	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 11:30 am
	Component CCN: 14S053	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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	139	0	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	6	6,431	5	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	974	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	35	82	1	52.00
53.00	05300 ANESTHESIOLOGY	0	2,675	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,447	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	0	19,263	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1	65	0	59.00
60.00	06000 LABORATORY	683	23,061	47	60.00
65.00	06500 RESPIRATORY THERAPY	10	1,467	1	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,979	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,444	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,966	5,352	14	73.00
74.00	07400 RENAL DIALYSIS	0	3,020	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	96	53,078	54	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	21,320	0	92.00
200.00	Total (lines 50-199)	2,798	144,797	122	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 11:30 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.)	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.197443	139	0	0	27	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0.106605	6,431	0	0	686	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0.128266	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.258803	974	0	0	252	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.525045	82	0	0	43	52.00
53.00 05300 ANESTHESIOLOGY	0.147995	2,675	0	0	396	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.169900	2,447	0	0	416	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.397197	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.115463	0	0	0	0	56.00
57.00 05700 CT SCAN	0.025722	19,263	0	0	495	57.00
58.00 05800 MRI	0.088182	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.083733	65	0	0	5	59.00
60.00 06000 LABORATORY	0.163895	23,061	0	0	3,780	60.00
65.00 06500 RESPIRATORY THERAPY	0.138537	1,467	0	0	203	65.00
66.00 06600 PHYSICAL THERAPY	0.304740	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.089708	3,979	0	0	357	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.165465	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.316818	1,444	0	0	457	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.377939	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.168230	5,352	0	0	900	73.00
74.00 07400 RENAL DIALYSIS	0.401912	3,020	0	0	1,214	74.00
76.00 03020 OTHER ANCILLARY	0.431750	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.761904	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.198978	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.211576	53,078	0	0	11,230	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.423630	21,320	0	0	9,032	92.00
200.00 Subtotal (see instructions)		144,797	0	0	29,493	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		144,797	0	0	29,493	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 11:30 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	0		50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 11:30 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	642	0	642 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	19,027	0	0	19,027 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	1,979	0	1,979 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	145,431	802	0	146,233 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	107	0	107 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,684	535	0	25,219 59.00
60.00	06000	LABORATORY	0	0	228,330	0	228,330 60.00
65.00	06500	RESPIRATORY THERAPY	0	14,502	18,165	0	32,667 65.00
66.00	06600	PHYSICAL THERAPY	0	0	53	0	53 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	389,792	0	389,792 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03020	OTHER ANCILLARY	0	0	160	0	160 76.00
76.97	07697	CARDIAC REHABILITATION	0	12,342	0	0	12,342 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	25,918	0	0	25,918 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	63,665	12,193	0	75,858 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	0	305,569	652,758	0	958,327 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 11:30 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	642	187,009,882	0.000003	0.000003	13,387	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	19,027	22,370,151	0.000851	0.000851	51	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	1,758,324	0.000000	0.000000	0	50.02
51.00 05100 RECOVERY ROOM	1,979	18,463,786	0.000107	0.000107	175	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	146,233	16,430,323	0.008900	0.008900	33,213	52.00
53.00 05300 ANESTHESIOLOGY	0	35,827,854	0.000000	0.000000	17,695	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	107	66,385,155	0.000002	0.000002	142,448	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	4,065,651	0.000000	0.000000	13,124	55.00
56.00 05600 RADIOISOTOPE	0	23,989,948	0.000000	0.000000	1,800	56.00
57.00 05700 CT SCAN	0	90,195,944	0.000000	0.000000	22,011	57.00
58.00 05800 MRI	0	19,181,247	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	25,219	186,179,458	0.000135	0.000135	55,409	59.00
60.00 06000 LABORATORY	228,330	111,504,670	0.002048	0.002048	381,842	60.00
65.00 06500 RESPIRATORY THERAPY	32,667	45,882,115	0.000712	0.000712	241,446	65.00
66.00 06600 PHYSICAL THERAPY	53	34,936,282	0.000002	0.000002	1,895,297	66.00
69.00 06900 ELECTROCARDIOLOGY	0	70,632,146	0.000000	0.000000	67,132	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	11,968,226	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	82,459,266	0.000000	0.000000	587,864	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	106,520,206	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	389,792	143,900,350	0.002709	0.002709	2,657,824	73.00
74.00 07400 RENAL DIALYSIS	0	3,205,134	0.000000	0.000000	177,349	74.00
76.00 03020 OTHER ANCILLARY	160	12,993,600	0.000012	0.000012	0	76.00
76.97 07697 CARDIAC REHABILITATION	12,342	2,578,720	0.004786	0.004786	888	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	25,918	5,325,702	0.004867	0.004867	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	75,858	74,294,165	0.001021	0.001021	32,496	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,348,315	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	958,327	1,385,406,620			6,341,451	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/29/2016 11:30 am
	Component CCN: 145225	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	0	0	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	296	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	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	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	7	0	0	59.00
60.00 06000 LABORATORY	782	1,060	2	60.00
65.00 06500 RESPIRATORY THERAPY	172	0	0	65.00
66.00 06600 PHYSICAL THERAPY	4	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,200	1,719	5	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	4	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	33	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	8,498	2,779	7	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 11:30 am
	Title XVIII	Skilled Nursing Facility	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.197443	0	0	0	0	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0.106605	0	0	0	0	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0.128266	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.258803	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.525045	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.147995	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.169900	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.397197	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.115463	0	0	0	0	56.00
57.00 05700 CT SCAN	0.025722	0	0	0	0	57.00
58.00 05800 MRI	0.088182	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.083733	0	0	0	0	59.00
60.00 06000 LABORATORY	0.163895	1,060	0	0	0	174 60.00
65.00 06500 RESPIRATORY THERAPY	0.138537	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.304740	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.089708	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.165465	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.316818	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.377939	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.168230	1,719	0	0	0	289 73.00
74.00 07400 RENAL DIALYSIS	0.401912	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0.431750	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.761904	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.198978	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.211576	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.423630	0	0	0	0	92.00
200.00 Subtotal (see instructions)		2,779	0	0	0	463 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		2,779	0	0	0	463 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/29/2016 11:30 am PPS
		Title XVIII	Skilled Nursing Facility

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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	0		50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/29/2016 11:30 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		64,553	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,553	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		60,811	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)		19,484	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		53,701,379	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)		53,701,379	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		53,701,379	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		831.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,208,740	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)		16,208,740	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	19,021,840	13,232	1,437.56	10,520	15,123,131	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	HIGH RISK NEONATAL	12,806,720	12,281	1,042.81	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					53,440,280	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					84,772,151	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)					3,673,968	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,334,174	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,008,142	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					75,764,009	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,742	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					831.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,112,970	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 11:30 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,819,002	53,701,379	0.108359	3,112,970	337,318	90.00
91.00	Nursing School cost	1,294,997	53,701,379	0.024115	3,112,970	75,069	91.00
92.00	Allied health cost	32,250	53,701,379	0.000601	3,112,970	1,871	92.00
93.00	All other Medical Education	0	53,701,379	0.000000	3,112,970	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 11:30 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,524	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,524	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,524	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,659	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,873,579	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,873,579	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,873,579	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		856.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,276,716	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,276,716	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14S053				Date/Time Prepared: 11/29/2016 11:30 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
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 HIGH RISK NEONATAL	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					283,860		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,560,576		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					333,492		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,162		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					358,654		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,201,922		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140053 Component CCN: 14S053		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 11:30 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	566,160	3,873,579	0.146159	0	0	90.00
91.00	Nursing School cost	0	3,873,579	0.000000	0	0	91.00
92.00	Allied health cost	1,230	3,873,579	0.000318	0	0	92.00
93.00	All other Medical Education	0	3,873,579	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/29/2016 11:30 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,989	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,989	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,989	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,121	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		6,249,736	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)		6,249,736	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,249,736	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1	
		Component CCN: 145225		Date/Time Prepared: 11/29/2016 11:30 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
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	HIGH RISK NEONATAL				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				6,249,736 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				695.26 71.00
72.00	Program routine service cost (line 9 x line 71)				3,560,426 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				3,560,426 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				3,560,426 83.00
84.00	Program inpatient ancillary services (see instructions)				1,449,408 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				5,009,834 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: 140053 Component CCN: 145225		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/29/2016 11:30 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/29/2016 11:30 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		23,392,792		30.00
31.00	03100 INTENSIVE CARE UNIT		23,507,926		31.00
35.00	02040 HIGH RISK NEONATAL		0		35.00
40.00	04000 SUBPROVIDER - I/PF		0		40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.197443	40,706,471	8,037,208	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	0.106605	2,540,922	270,875	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0.128266	0	0	50.02
51.00	05100 RECOVERY ROOM	0.258803	3,446,994	892,092	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.525045	1,176,787	617,866	52.00
53.00	05300 ANESTHESIOLOGY	0.154398	5,533,366	854,341	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169900	13,108,450	2,227,126	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.397197	231,586	91,985	55.00
56.00	05600 RADIOISOTOPE	0.115463	1,568,420	181,094	56.00
57.00	05700 CT SCAN	0.025722	14,311,791	368,128	57.00
58.00	05800 MRI	0.088182	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083733	31,610,751	2,646,863	59.00
60.00	06000 LABORATORY	0.163895	26,555,109	4,352,250	60.00
65.00	06500 RESPIRATORY THERAPY	0.138537	15,862,878	2,197,596	65.00
66.00	06600 PHYSICAL THERAPY	0.304740	5,734,554	1,747,548	66.00
69.00	06900 ELECTROCARDIOLOGY	0.092407	14,122,956	1,305,060	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165769	1,077,136	178,556	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.316818	19,582,383	6,204,051	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.377939	31,663,002	11,966,683	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.168230	36,321,119	6,110,302	73.00
74.00	07400 RENAL DIALYSIS	0.401912	2,187,129	879,033	74.00
76.00	03020 OTHER ANCILLARY	0.431750	3,054	1,319	76.00
76.97	07697 CARDIAC REHABILITATION	0.761904	533,093	406,166	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.199883	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.211576	7,975,930	1,687,515	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.423630	511,350	216,623	92.00
200.00	Total (sum of lines 50-94 and 96-98)		276,365,231	53,440,280	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)		276,365,231		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/29/2016 11:30 am	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	HIGH RISK NEONATAL		0	35.00
40.00	04000	SUBPROVIDER - IPF		2,685,590	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.197443	1,447	286 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.106605	7,490	798 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.128266	0	0 50.02
51.00	05100	RECOVERY ROOM	0.258803	3,037	786 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.525045	3,935	2,066 52.00
53.00	05300	ANESTHESIOLOGY	0.154398	5,458	843 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169900	58,863	10,001 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.397197	132	52 55.00
56.00	05600	RADIOISOTOPE	0.115463	0	0 56.00
57.00	05700	CT SCAN	0.025722	99,946	2,571 57.00
58.00	05800	MRI	0.088182	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083733	5,613	470 59.00
60.00	06000	LABORATORY	0.163895	333,289	54,624 60.00
65.00	06500	RESPIRATORY THERAPY	0.138537	13,659	1,892 65.00
66.00	06600	PHYSICAL THERAPY	0.304740	73,493	22,396 66.00
69.00	06900	ELECTROCARDIOLOGY	0.092407	117,420	10,850 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165769	13,385	2,219 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.316818	74,263	23,528 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377939	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168230	725,876	122,114 73.00
74.00	07400	RENAL DIALYSIS	0.401912	17,527	7,044 74.00
76.00	03020	OTHER ANCILLARY	0.431750	2,049	885 76.00
76.97	07697	CARDIAC REHABILITATION	0.761904	221	168 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.199883	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.211576	93,964	19,881 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.423630	910	386 92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,651,977	283,860 200.00
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)		1,651,977	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/29/2016 11:30 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	HIGH RISK NEONATAL		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.197443	13,387	2,643 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.106605	51	5 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.128266	0	0 50.02
51.00	05100	RECOVERY ROOM	0.258803	175	45 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.525045	33,213	17,438 52.00
53.00	05300	ANESTHESIOLOGY	0.147995	17,695	2,619 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169900	142,448	24,202 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.397197	13,124	5,213 55.00
56.00	05600	RADIOISOTOPE	0.115463	1,800	208 56.00
57.00	05700	CT SCAN	0.025722	22,011	566 57.00
58.00	05800	MRI	0.088182	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083733	55,409	4,640 59.00
60.00	06000	LABORATORY	0.163895	381,842	62,582 60.00
65.00	06500	RESPIRATORY THERAPY	0.138537	241,446	33,449 65.00
66.00	06600	PHYSICAL THERAPY	0.304740	1,895,297	577,573 66.00
69.00	06900	ELECTROCARDIOLOGY	0.089708	67,132	6,022 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165465	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.316818	587,864	186,246 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377939	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168230	2,657,824	447,126 73.00
74.00	07400	RENAL DIALYSIS	0.401912	177,349	71,279 74.00
76.00	03020	OTHER ANCILLARY	0.431750	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.761904	888	677 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.198978	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.211576	32,496	6,875 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.423630	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,341,451	1,449,408 200.00
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)		6,341,451	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 11:30 am
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		15,081,998	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		45,142,631	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,202,084	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		17,779,828	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		347.78	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		59.19	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		59.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		91.16	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)		59.19	12.00
13.00	Total allowable FTE count for the prior year.		59.19	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.		59.19	14.00
15.00	Sum of lines 12 through 14 divided by 3.		59.19	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		59.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.170194	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.165845	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.165845	21.00
22.00	IME payment adjustment (see instructions)		5,212,923	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,538,986	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		31.97	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		5,212,923	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,538,986	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.27	31.00
32.00	Sum of lines 30 and 31		37.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.06	33.00
34.00	Disproportionate share adjustment (see instructions)		3,020,265	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 11:30 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000718001	0.000715941	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,491,018	4,586,424	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,384,039	3,433,553	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,817,592		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)	75,477,493		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		77,016,479	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,759,508	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).		1,870,116	52.00
53.00	Nursing and Allied Health Managed Care payment		145,123	53.00
54.00	Special add-on payments for new technologies		23,415	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		592,476	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		197,551	58.00
59.00	Total (sum of amounts on lines 49 through 58)		85,604,668	59.00
60.00	Primary payer payments		31,280	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		85,573,388	61.00
62.00	Deductibles billed to program beneficiaries		5,232,948	62.00
63.00	Coinurance billed to program beneficiaries		233,996	63.00
64.00	Allowable bad debts (see instructions)		1,102,953	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		716,919	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		797,067	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		80,823,363	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)		5,284	70.93
70.94	HRR adjustment amount (see instructions)		-9,043	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/29/2016 11:30 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)		201,701		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		80,617,903		71.00
71.01	Sequestration adjustment (see instructions)		1,612,358		71.01
72.00	Interim payments		77,477,519		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)		1,528,026		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		222,831		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)		0		100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 11:30 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		73,516	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,130,899	2.00
3.00	PPS payments		36,084,438	3.00
4.00	Outlier payment (see instructions)		37,978	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		77,823	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		73,516	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		333,628	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)		333,628	14.00
<b>Customary charges</b>				
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)		333,628	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		260,112	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)		73,516	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)		36,200,239	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		114,479	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,996,505	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)		30,162,771	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		710,953	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)		30,873,724	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		30,873,724	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		798,709	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		519,161	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		523,386	36.00
37.00	Subtotal (see instructions)		31,392,885	37.00
38.00	MSP-LCC reconciliation amount from PS&R		3,999	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)		31,388,886	40.00
40.01	Sequestration adjustment (see instructions)		627,778	40.01
41.00	Interim payments		30,456,282	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		304,826	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 11:30 am
		Component CCN: 14S053	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,371	2.00
3.00	PPS payments		37,717	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		122	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		37,839	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,650	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)		30,189	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)		30,189	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		30,189	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		154	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		100	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		154	36.00
37.00	Subtotal (see instructions)		30,289	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)		30,289	40.00
40.01	Sequestration adjustment (see instructions)		606	40.01
41.00	Interim payments		29,466	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		217	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140053 Component CCN: 145225	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/29/2016 11:30 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		456	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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		7	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		7	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		7	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)		7	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		7	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		7	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		7	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		354	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-347	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 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		77,427,118		30,728,825	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	06/21/2016	76,009	06/21/2016	12,030	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	02/04/2016	25,608	02/04/2016	284,573	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)		50,401		-272,543	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)		77,477,519		30,456,282	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		1,528,026		304,826	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		79,005,545		30,761,108	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: 140053  
Component CCN: 14S053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 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		1,991,702		29,466	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,991,702		29,466	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		217	6.01
6.02	SETTLEMENT TO PROGRAM		13,923		0	6.02
7.00	Total Medicare program liability (see instructions)		1,977,779		29,683	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: 140053  
Component CCN: 145225

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2016 11:30 am  
PPS

Title XVIII

Skilled Nursing  
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,584,886		354	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,584,886		354	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		151,793		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		347	6.02
7.00	Total Medicare program liability (see instructions)		1,736,679		7	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: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/29/2016 11:30 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			17,057 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			30,004 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			9,374 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			86,324 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,566,186,786 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			38,383,924 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)			605,729 8.00
9.00	Sequestration adjustment amount (see instructions)			12,115 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			593,614 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			628,406 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)			-34,792 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/29/2016 11:30 am
		Title XVII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,230,411 1.00
2.00	Net IPF PPS Outlier Payments			1,874 2.00
3.00	Net IPF PPS ECT Payments			6,873 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			12.360656 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,239,158 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)			2,239,158 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,239,158 18.00
19.00	Deductibles			141,064 19.00
20.00	Subtotal (line 18 minus line 19)			2,098,094 20.00
21.00	Coinsurance			110,348 21.00
22.00	Subtotal (line 20 minus line 21)			1,987,746 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			41,354 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			26,880 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			22,050 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,014,626 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)			3,516 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)			2,018,142 31.00
31.01	Sequestration adjustment (see instructions)			40,363 31.01
32.00	Interim payments			1,991,702 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)			-13,923 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			1,874 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VI Date/Time Prepared: 11/29/2016 11:30 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,872,847	1.00
2.00	Routine service other pass through costs		143,132	2.00
3.00	Ancillary service other pass through costs		8,498	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,024,477	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		255,616	7.00
8.00	Allowable bad debts (see instructions)		5,016	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		3,260	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,772,121	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,772,121	15.00
15.01	Sequestration adjustment (see instructions)		35,442	15.01
16.00	Interim payments		1,584,886	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		151,793	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 11:30 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			72.35	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			12.38	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			59.97	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			92.50	6.00
7.00	Enter the lesser of line 5 or line 6			59.97	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.	46.39	42.41	88.80	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.	30.08	27.50	57.58	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	30.08	27.50		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	51.00	45.45		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	29.16	29.10		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	36.75	34.02		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	36.75	34.02		17.00
18.00	Per resident amount	81,929.41	81,929.41		18.00
19.00	Approved amount for resident costs	3,010,906	2,787,239	5,798,145	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			32.53	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,798,145	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	32,663	9,374		26.00
27.00	Total Inpatient Days (see instructions)	91,457	91,457		27.00
28.00	Ratio of inpatient days to total inpatient days	0.357141	0.102496		28.00
29.00	Program direct GME amount	2,070,755	594,287		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		83,973		30.00
31.00	Net Program direct GME amount			2,581,069	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet E-4 Date/Time Prepared: 11/29/2016 11:30 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,205,134	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		92,917,630	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		31,280	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		92,886,350	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		35,312,194	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		35,312,194	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		128,198,544	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.724551	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.275449	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		2,581,069	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,870,116	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		710,953	50.00

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

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet G

Date/Time Prepared: 11/29/2016 11:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	3,050,130	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	306,962,408	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-184,785,051	0	0	0	6.00
7.00	Inventory	11,740,185	0	0	0	7.00
8.00	Prepaid expenses	3,024,107	0	0	0	8.00
9.00	Other current assets	94,075,382	0	0	0	9.00
10.00	Due from other funds	7,860,518	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	241,927,679	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	23,002,177	0	0	0	12.00
13.00	Land improvements	6,363,855	0	0	0	13.00
14.00	Accumulated depreciation	-4,300,818	0	0	0	14.00
15.00	Buildings	279,447,557	0	0	0	15.00
16.00	Accumulated depreciation	-106,520,512	0	0	0	16.00
17.00	Leasehold improvements	4,805,783	0	0	0	17.00
18.00	Accumulated depreciation	-2,477,605	0	0	0	18.00
19.00	Fixed equipment	226,701,459	0	0	0	19.00
20.00	Accumulated depreciation	-116,453,956	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	172,009,653	0	0	0	23.00
24.00	Accumulated depreciation	-161,146,117	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	42,138,146	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)	363,569,622	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	113,762,501	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	7,754,321	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	121,516,822	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	727,014,123	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	18,613,968	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	89,616,897	0	0	0	40.00
41.00	Deferred income	99,870	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	20,452,922	0	0	0	43.00
44.00	Other current liabilities	21,299,230	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	150,082,887	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	185,472,460	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	110,331,076	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	295,803,536	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	445,886,423	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	281,127,700	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	281,127,700	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	727,014,123	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet G-1

Date/Time Prepared:  
11/29/2016 11:30 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		401,338,550			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-64,328,084				2.00
3.00	Total (sum of line 1 and line 2)		337,010,466			0	3.00
4.00	PERMANENT RESTRICTED CHANGE	155,463		0		0	4.00
5.00	NET ASSETS CHANGE	3,794,760		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3,950,223			0	10.00
11.00	Subtotal (line 3 plus line 10)		340,960,689			0	11.00
12.00	FUND BALANCE CHANGE	57,944,536		0		0	12.00
13.00	TEMP RESTRICTED CHANGE	1,888,453		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		59,832,989			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		281,127,700			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	PERMANENT RESTRICTED CHANGE		0				4.00
5.00	NET ASSETS CHANGE		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	FUND BALANCE CHANGE		0				12.00
13.00	TEMP RESTRICTED CHANGE		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	88,256,661		88,256,661	1.00
2.00	SUBPROVIDER - IPF	4,599,619		4,599,619	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	6,514,979		6,514,979	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)	99,371,259		99,371,259	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,951,155		38,951,155	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	HIGH RISK NEONATAL	32,612,238		32,612,238	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	71,563,393		71,563,393	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	170,934,652		170,934,652	17.00
18.00	Ancillary services	648,419,904	690,000,988	1,338,420,892	18.00
19.00	Outpatient services	24,142,679	59,269,535	83,412,214	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		5,636,926	5,636,926	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	0	2,470,577	2,470,577	26.00
27.00	HOME INFUSION	0	4,105,866	4,105,866	27.00
27.01	PROFESSIONAL SERVICES	4,364,203	7,683,501	12,047,704	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	847,861,438	769,167,393	1,617,028,831	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		539,511,983		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		539,511,983		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140053

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet G-3

Date/Time Prepared:  
11/29/2016 11:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,617,028,831	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,155,562,848	2.00
3.00	Net patient revenues (line 1 minus line 2)	461,465,983	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	539,511,983	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-78,046,000	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,091,147	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	80,533	12.00
13.00	Revenue from laundry and linen service	63,177	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	61,441	17.00
18.00	Revenue from sale of medical records and abstracts	650	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,252,655	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	147	21.00
22.00	Rental of hospital space	2,656,009	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER - MISC	1,764,152	24.00
24.01	OTHER - GRANTS	571,662	24.01
24.02	OTHER - INTERCOMPANY	9,370,099	24.02
24.03	OTHER - NET ASSETS RELEASED	1,446,408	24.03
24.04	OTHER - GIFT SHOP	422,009	24.04
24.05	OTHER - EHR MEANINGFUL USE	628,406	24.05
25.00	Total other income (sum of lines 6-24)	20,408,495	25.00
26.00	Total (line 5 plus line 25)	-57,637,505	26.00
27.00	NON OPERATING EXPENSES	6,690,579	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,690,579	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-64,328,084	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet H

HHA CCN: 147222

To 06/30/2016

Date/Time Prepared: 11/29/2016 11:30 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	780,090	0	48	0	408,324	1,188,462	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	2,022,666	0	151,944	0	0	2,174,610	6.00
7.00	647,914	0	56,129	0	0	704,043	7.00
8.00	265,095	0	20,230	0	0	285,325	8.00
9.00	310	0	118	0	0	428	9.00
10.00	52,796	0	2,664	0	0	55,460	10.00
11.00	65,707	0	16,495	0	0	82,202	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	3,834,578	0	247,628	0	408,324	4,490,530	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	-210,146	978,316	-750	977,566			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	-42,617	2,131,993	0	2,131,993			6.00
7.00	0	704,043	0	704,043			7.00
8.00	0	285,325	0	285,325			8.00
9.00	0	428	0	428			9.00
10.00	-33,521	21,939	0	21,939			10.00
11.00	0	82,202	0	82,202			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-286,284	4,204,246	-750	4,203,496			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140053	Period: From 07/01/2015	Worksheet H-1 Part I
		HHA CCN: 147222	To 06/30/2016	Date/Time Prepared: 11/29/2016 11:30 am
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	977,566	0	0	0	977,566	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	2,131,993	0	0	0	2,131,993	6.00	
7.00	Physical Therapy	704,043	0	0	0	704,043	7.00	
8.00	Occupational Therapy	285,325	0	0	0	285,325	8.00	
9.00	Speech Pathology	428	0	0	0	428	9.00	
10.00	Medical Social Services	21,939	0	0	0	21,939	10.00	
11.00	Home Health Aide	82,202	0	0	0	82,202	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	4,203,496	0	0	0	4,203,496	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	977,566					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	646,066	2,778,059				6.00	
7.00	Physical Therapy	213,349	917,392				7.00	
8.00	Occupational Therapy	86,463	371,788				8.00	
9.00	Speech Pathology	130	558				9.00	
10.00	Medical Social Services	6,648	28,587				10.00	
11.00	Home Health Aide	24,910	107,112				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		4,203,496				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140053 HHA CCN: 147222	Period: From 07/01/2015 To 06/30/2016	Worksheet H-1 Part II Date/Time Prepared: 11/29/2016 11:30 am PPS
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-977,566	3,225,930
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	2,131,993
7.00	Physical Therapy	0	0	0	0	0	704,043
8.00	Occupational Therapy	0	0	0	0	0	285,325
9.00	Speech Pathology	0	0	0	0	0	428
10.00	Medical Social Services	0	0	0	0	0	21,939
11.00	Home Health Aide	0	0	0	0	0	82,202
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-977,566	3,225,930
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		977,566
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.303034

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140053

Period: From 07/01/2015 To 06/30/2016

Worksheet H-2 Part I

HHA CCN: 147222

Date/Time Prepared: 11/29/2016 11:30 am

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP			
		1.00	1.01	2.00			
	0	1.00	1.01	2.00	4.00	5.01	
1.00 Administrative and General	0	0	0	1,306	267,742	62,819	1.00
2.00 Skilled Nursing Care	2,778,059	0	0	0	679,590	0	2.00
3.00 Physical Therapy	917,392	0	0	0	222,376	0	3.00
4.00 Occupational Therapy	371,788	0	0	0	90,986	0	4.00
5.00 Speech Pathology	558	0	0	0	106	0	5.00
6.00 Medical Social Services	28,587	0	0	0	6,616	0	6.00
7.00 Home Health Aide	107,112	0	0	0	22,552	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	4,203,496	0	0	1,306	1,289,968	62,819	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMIN & GENERAL	
	5.02	5.03	5.04	5.05	5A.05	5.06	
1.00 Administrative and General	1,163,060	3,284	0	0	1,498,211	167,091	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,457,649	385,621	2.00
3.00 Physical Therapy	0	0	0	0	1,139,768	127,115	3.00
4.00 Occupational Therapy	0	0	0	0	462,774	51,612	4.00
5.00 Speech Pathology	0	0	0	0	664	74	5.00
6.00 Medical Social Services	0	0	0	0	35,203	3,926	6.00
7.00 Home Health Aide	0	0	0	0	129,664	14,461	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,163,060	3,284	0	0	6,723,933	749,900	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet H-2

HHA CCN: 147222

To 06/30/2016

Part I Date/Time Prepared: 11/29/2016 11:30 am

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	49,700	0	0	29,230	0	118,461	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	49,700	0	0	29,230	0	118,461	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		13.00	14.00	15.00	16.00	20.00	21.00	
1.00	Administrative and General	355,305	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	123,421	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	355,305	0	0	0	123,421	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet H-2

HHA CCN: 147222

To 06/30/2016

Part I Date/Time Prepared: 11/29/2016 11:30 am

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00						
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
<b>Cost Center Description</b>	<b>Subtotal</b>	<b>Intern &amp; Residents Cost &amp; Post Stepdown Adjustments</b>	<b>Subtotal</b>	<b>Allocated HHA A&amp;G (see Part II)</b>	<b>Total HHA Costs</b>		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	2,217,998	0	2,217,998				1.00
2.00 Skilled Nursing Care	3,966,691	0	3,966,691	1,483,173	5,449,864		2.00
3.00 Physical Therapy	1,266,883	0	1,266,883	473,696	1,740,579		3.00
4.00 Occupational Therapy	514,386	0	514,386	192,333	706,719		4.00
5.00 Speech Pathology	738	0	738	276	1,014		5.00
6.00 Medical Social Services	39,129	0	39,129	14,631	53,760		6.00
7.00 Home Health Aide	144,125	0	144,125	53,889	198,014		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	8,149,950	0	8,149,950	2,217,998	8,149,950		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.373907			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140053  
HHA CCN: 147222

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet H-2  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am  
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00				
1.00	Administrative and General	0	0	1,296	780,090	142	166	1.00
2.00	Skilled Nursing Care	0	0	0	1,980,049	0	0	2.00
3.00	Physical Therapy	0	0	0	647,914	0	0	3.00
4.00	Occupational Therapy	0	0	0	265,095	0	0	4.00
5.00	Speech Pathology	0	0	0	310	0	0	5.00
6.00	Medical Social Services	0	0	0	19,275	0	0	6.00
7.00	Home Health Aide	0	0	0	65,707	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	1,296	3,758,440	142	166	20.00
21.00	Total cost to be allocated	0	0	1,306	1,289,968	62,819	1,163,060	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.007716	0.343219	442.387324	7,006.385542	22.00
Cost Center Description		PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMINISTRATIVE (REVENUE)	PATIENT ACCOUNTING (REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	
		5.03	5.04	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	229,244	0	0	0	1,498,211	83	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,457,649	0	2.00
3.00	Physical Therapy	0	0	0	0	1,139,768	0	3.00
4.00	Occupational Therapy	0	0	0	0	462,774	0	4.00
5.00	Speech Pathology	0	0	0	0	664	0	5.00
6.00	Medical Social Services	0	0	0	0	35,203	0	6.00
7.00	Home Health Aide	0	0	0	0	129,664	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	229,244	0	0	0	6,723,933	83	20.00
21.00	Total cost to be allocated	3,284	0	0	0	749,900	49,700	21.00
22.00	Unit cost multiplier	0.014325	0.000000	0.000000		0.111527	598.795181	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140053  
HHA CCN: 147222

Period: From 07/01/2015 To 06/30/2016

Worksheet H-2 Part II  
Date/Time Prepared: 11/29/2016 11:30 am  
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Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	0	562	0	5,162	5,162	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	562	0	5,162	5,162	20.00
21.00 Total cost to be allocated	0	0	29,230	0	118,461	355,305	21.00
22.00 Unit cost multiplier	0.000000	0.000000	52.010676	0.000000	22.948663	68.830880	22.00

  

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	20.00	21.00	22.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	1,200	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	1,200	0	0	20.00
21.00 Total cost to be allocated	0	0	0	123,421	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	102.850833	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140053  
HHA CCN: 147222

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet H-2  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am  
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Cost Center Description	PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
	23.00	23.01	23.02	23.03	23.04		
1.00 Administrative and General	0	0	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet H-3

HHA CCN: 147222

To 06/30/2016

Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,449,864		5,449,864	19,876	274.19	1.00
2.00	Physical Therapy	3.00	1,740,579	0	1,740,579	6,507	267.49	2.00
3.00	Occupational Therapy	4.00	706,719	0	706,719	2,508	281.79	3.00
4.00	Speech Pathology	5.00	1,014	0	1,014	19	53.37	4.00
5.00	Medical Social Services	6.00	53,760		53,760	257	209.18	5.00
6.00	Home Health Aide	7.00	198,014		198,014	1,731	114.39	6.00
7.00	Total (sum of lines 1-6)		8,149,950	0	8,149,950	30,898		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits				
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		14010	0	8			8.00
8.01	Skilled Nursing Care		16580	0	49			8.01
8.02	Skilled Nursing Care		19500	0	3,169			8.02
8.03	Skilled Nursing Care		41180	0	174			8.03
8.04	Skilled Nursing Care		44100	0	3,752			8.04
8.05	Skilled Nursing Care		99914	0	792			8.05
9.00	Physical Therapy		14010	0	0			9.00
9.01	Physical Therapy		16580	0	28			9.01
9.02	Physical Therapy		19500	0	1,379			9.02
9.03	Physical Therapy		41180	0	67			9.03
9.04	Physical Therapy		44100	0	1,000			9.04
9.05	Physical Therapy		99914	0	314			9.05
10.00	Occupational Therapy		14010	0	3			10.00
10.01	Occupational Therapy		16580	0	9			10.01
10.02	Occupational Therapy		19500	0	602			10.02
10.03	Occupational Therapy		41180	0	24			10.03
10.04	Occupational Therapy		44100	0	417			10.04
10.05	Occupational Therapy		99914	0	116			10.05
11.00	Speech Pathology		14010	0	0			11.00
11.01	Speech Pathology		16580	0	0			11.01
11.02	Speech Pathology		19500	0	0			11.02
11.03	Speech Pathology		41180	0	0			11.03
11.04	Speech Pathology		44100	0	1			11.04
11.05	Speech Pathology		99914	0	0			11.05
12.00	Medical Social Services		14010	0	1			12.00
12.01	Medical Social Services		16580	0	0			12.01
12.02	Medical Social Services		19500	0	36			12.02
12.03	Medical Social Services		41180	0	4			12.03
12.04	Medical Social Services		44100	0	58			12.04
12.05	Medical Social Services		99914	0	10			12.05
13.00	Home Health Aide		14010	0	0			13.00
13.01	Home Health Aide		16580	0	0			13.01
13.02	Home Health Aide		19500	0	293			13.02
13.03	Home Health Aide		41180	0	4			13.03
13.04	Home Health Aide		44100	0	571			13.04
13.05	Home Health Aide		99914	0	74			13.05
14.00	Total (sum of lines 8-13)			0	12,955			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part I Date/Time Prepared: 11/29/2016 11:30 am
				HHA CCN: 147222	Title XVIII	Home Health Agency I PPS
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (From HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	8.00	0	39,944	126,078	0.316820
16.00	Cost of Drugs	9.00	0	0	0	0.000000
<b>Program Visits</b>						
Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	0	7,944	0	2,178,165	1.00
2.00	Physical Therapy	0	2,788	0	745,762	2.00
3.00	Occupational Therapy	0	1,171	0	329,976	3.00
4.00	Speech Pathology	0	1	0	53	4.00
5.00	Medical Social Services	0	109	0	22,801	5.00
6.00	Home Health Aide	0	942	0	107,755	6.00
7.00	Total (sum of lines 1-6)	0	12,955	0	3,384,512	7.00
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140053	Period: From 07/01/2015	Worksheet H-3
				HHA CCN: 147222	To 06/30/2016	Part I Date/Time Prepared: 11/29/2016 11:30 am
				Title XVII I	Home Health Agency I	PPS
Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	0	2,640,082	0	836,431	0
16.00	Cost of Drugs		0	0	0	0
Cost Center Description		Total Program Cost (sum of col.s. 9-10)				
		12.00				
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	2,178,165				1.00
2.00	Physical Therapy	745,762				2.00
3.00	Occupational Therapy	329,976				3.00
4.00	Speech Pathology	53				4.00
5.00	Medical Social Services	22,801				5.00
6.00	Home Health Aide	107,755				6.00
7.00	Total (sum of lines 1-6)	3,384,512				7.00
Cost Center Description						
		12.00				
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140053 HHA CCN: 147222	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part II Date/Time Prepared: 11/29/2016 11:30 am PPS
			Title XVIII	Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.304740	0	0	col. 2, line 2.00
2.00	Occupational Therapy					
3.00	Speech Pathology					
4.00	Cost of Medical Supplies	71.00	0.316818	126,078	39,944	col. 2, line 15.00
5.00	Cost of Drugs	73.00	0.168230	0	0	col. 2, line 16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140053 HHA CCN: 147222	Period: From 07/01/2015 To 06/30/2016	Worksheet H-4 Part I-11 Date/Time Prepared: 11/29/2016 11:30 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,015,371
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	62,093
13.00	Total PPS Reimbursement - LUPA Episodes		0	51,220
14.00	Total PPS Reimbursement - PEP Episodes		0	19,408
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	30,021
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,204
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,180,317
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,180,317
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,180,317
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,180,317
30.00	OTHER ADJUSTMENT		0	-1,684
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	2,178,633
31.01	Sequestration adjustment (see instructions)		0	43,573
32.00	Interim payments (see instructions)		0	2,135,060
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 140053  
HHA CCN: 147222

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet H-5  
Date/Time Prepared:  
11/29/2016 11:30 am  
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		0		2,135,060	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,135,060	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,135,060	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K

Hospice CCN: 141503

To 06/30/2016

Date/Time Prepared: 11/29/2016 11:30 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	74,020	0	34,674	0	375,065	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	16,438	0	9.00
10.00	Nursing Care	294,189	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	74	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	22,365	0	0	0	0	15.00
16.00	Spiritual Counseling	0	15,654	0	46,040	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	31,578	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	422,226	15,654	34,674	62,478	375,065	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K

Hospice CCN: 141503

To 06/30/2016

Date/Time Prepared: 11/29/2016 11:30 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	483,759	-759	483,000	0	483,000	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	16,438	0	16,438	0	16,438	9.00
10.00	Nursing Care	294,189	0	294,189	0	294,189	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	74	0	74	0	74	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	22,365	33,521	55,886	0	55,886	15.00
16.00	Spiritual Counseling	61,694	-34,991	26,703	0	26,703	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	31,578	0	31,578	0	31,578	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	910,097	-2,229	907,868	0	907,868	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K-1

Hospice CCN: 141503

To 06/30/2016

Date/Time Prepared: 11/29/2016 11:30 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	294,189	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	22,365	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	22,365	0	294,189	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K-1

Hospice CCN: 141503

To 06/30/2016

Date/Time Prepared: 11/29/2016 11:30 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	74,020	74,020	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	294,189	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	74	0	0	74	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	22,365	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		31,578	0	31,578	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	74	31,578	74,020	422,226	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K-2

Hospice CCN: 141503

To 06/30/2016

Date/Time Prepared: 11/29/2016 11:30 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K-2

Hospice CCN: 141503

To 06/30/2016

Date/Time Prepared: 11/29/2016 11:30 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	15,654	15,654	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	15,654	15,654	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140053	Period: From 07/01/2015	Worksheet K-3
		Hospice CCN: 141503	To 06/30/2016	Date/Time Prepared: 11/29/2016 11:30 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140053	Period: From 07/01/2015	Worksheet K-3
		Hospice CCN: 141503	To 06/30/2016	Date/Time Prepared: 11/29/2016 11:30 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	16,438	16,438	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	46,040	46,040	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	62,478	62,478	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140053  
 Hospice CCN: 141503

Period:  
 From 07/01/2015  
 To 06/30/2016

Worksheet K-4  
 Part I  
 Date/Time Prepared:  
 11/29/2016 11:30 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	483,000	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	16,438	0	0	0	0	9.00
10.00	Nursing Care	294,189	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	74	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	55,886	0	0	0	0	15.00
16.00	Spiritual Counseling	26,703	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	31,578	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	907,868	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140053	Period: From 07/01/2015	Worksheet K-4
		Hospice CCN: 141503	To 06/30/2016	Part I
		Hospice I		Date/Time Prepared: 11/29/2016 11:30 am

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
	5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	483,000	483,000	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services	0	16,438	18,687	9.00
10.00	Nursing Care	0	294,189	334,440	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	74	84	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	55,886	63,533	15.00
16.00	Spiritual Counseling	0	26,703	30,357	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	31,578	35,899	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	907,868	907,868	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K-4

Hospice CCN: 141503

To 06/30/2016

Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053  
Hospice CCN: 141503

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet K-4  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-483,000	424,868	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	16,438	9.00
10.00	Nursing Care	0	294,189	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	74	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	55,886	15.00
16.00	Spiritual Counseling	0	26,703	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	31,578	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		483,000	39.00
40.00	Unit Cost Multiplier		1.136824	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 141503

To 06/30/2016

Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
		1.00	1.01	2.00		
1.00 Administrative and General		0	0	0	22,741	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	35,125	0	0	0	0	4.00
5.00 Nursing Care	628,629	0	0	0	91,321	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	158	0	0	0	23	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	119,419	0	0	0	17,348	10.00
11.00 Spiritual Counseling	57,060	0	0	0	8,289	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	67,477	0	0	0	9,802	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	907,868	0	0	0	149,524	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period:

Worksheet K-5

Hospice CCN: 141503

From 07/01/2015  
To 06/30/2016

Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description		Hospice I					
		COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMINISTRATIVE	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	4,424	147,134	1,876	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,424	147,134	1,876	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period:

Worksheet K-5

Hospice CCN: 141503

From 07/01/2015  
To 06/30/2016

Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description		Hospice I					
		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	7.00	8.00	
1.00	Administrative and General	176,175	19,648	2,994	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	35,125	3,917	0	0	0	4.00
5.00	Nursing Care	719,950	80,295	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	181	20	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	136,767	15,253	0	0	0	10.00
11.00	Spiritual Counseling	65,349	7,288	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	77,279	8,619	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,210,826	135,040	2,994	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 141503

To 06/30/2016

Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	Hospice I					
	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	3,225	0	15,628	46,874	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	3,225	0	15,628	46,874	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 141503

To 06/30/2016

Part I  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	Hospice I						
	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	15.00	16.00	20.00	21.00	22.00		
1.00 Administrative and General	0	0	0	0	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00	
35.00 Unit Cost Multiplier (see instructions)						35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140053	Period: From 07/01/2015	Worksheet K-5
		Hospice CCN: 141503	To 06/30/2016	Part I Date/Time Prepared: 11/29/2016 11:30 am

Cost Center Description	Hospice I					
	PARAMED ED (CLINICAL LAB SCIENCE) 23.00	PARAMED ED (RESPIRATORY THERAPY) 23.01	PARAMED ED (ENDT) 23.02	PARAMED ED (PHARMACY) 23.03	PARAMED ED (PASTORAL CARE) 23.04	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140053	Period: From 07/01/2015	Worksheet K-5
		Hospice CCN: 141503	To 06/30/2016	Part I Date/Time Prepared: 11/29/2016 11:30 am

Cost Center Description	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Hospice I Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)	
	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	264,544					1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	39,042	0	39,042	8,981	48,023	4.00
5.00 Nursing Care	800,245	0	800,245	184,080	984,325	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	201	0	201	46	247	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	152,020	0	152,020	34,969	186,989	10.00
11.00 Spiritual Counseling	72,637	0	72,637	16,709	89,346	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	85,898	0	85,898	19,759	105,657	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,414,587	0	1,414,587		1,414,587	34.00
35.00 Unit Cost Multiplier (see instructions)				0.230030		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140053  
Hospice CCN: 141503

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
1.00	Administrative and General	0	0	0	73,261	10	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	294,189	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	74	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	55,886	0	10.00
11.00	Spiritual Counseling	0	0	0	26,703	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	31,578	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	481,691	10	34.00
35.00	Total cost to be allocated	0	0	0	149,524	4,424	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.310415	442.400000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140053

Hospice CCN: 141503

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMITTING (REVENUE)	Hospice I		Reconciliation	
					PATIENT ACCOUNTING (REVENUE)			
		5.02	5.03	5.04	5.05	5A.06		
1.00	Administrative and General	21	130,973	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	21	130,973	0	0	0	0	34.00
35.00	Total cost to be allocated	147,134	1,876	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	7,006.380952	0.014324	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140053  
Hospice CCN: 141503

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description		Hospice I					
		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	176,175	5	0	0	62	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	35,125	0	0	0	0	4.00
5.00	Nursing Care	719,950	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	181	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	136,767	0	0	0	0	10.00
11.00	Spiritual Counseling	65,349	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	77,279	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,210,826	5	0	0	62	34.00
35.00	Total cost to be allocated	135,040	2,994	0	0	3,225	35.00
36.00	Unit Cost Multiplier (see instructions)	0.111527	598.800000	0.000000	0.000000	52.016129	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140053  
Hospice CCN: 141503

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	Hospice I					
	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	681	681	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	681	681	0	0	34.00
35.00 Total cost to be allocated	0	15,628	46,874	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	22.948605	68.831131	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140053  
Hospice CCN: 141503

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140053

Hospice CCN: 141503

Period:  
From 07/01/2015  
To 06/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2016 11:30 am

Cost Center Description	Hospice I					
	PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
	23.01	23.02	23.03	23.04		
1.00 Administrative and General	0	0	0	0		1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	0	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	0	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0	0		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	0	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00 Total cost to be allocated	0	0	0	0		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140053	Period: From 07/01/2015	Worksheet K-5 Part III Date/Time Prepared: 11/29/2016 11:30 am
		Hospice CCN: 141503	To 06/30/2016	

Cost Center Description		Hospice I				
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.304740	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.168230	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.163895	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.316818	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.397197	0	0	9.00
10.00	OTHER ANCI LLARY	76.00	0.431750	0	0	10.00
10.97	CARDIAC REHABI LI TATION	76.97	0.761904	0	0	10.97
10.98	HYPERBARI C OXYGEN THERAPY	76.98	0.199883	0	0	10.98
10.99	LI THOTRIPSY	76.99				10.99
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140053

Period: From 07/01/2015

Worksheet K-6

Hospice CCN: 141503

To 06/30/2016

Date/Time Prepared: 11/29/2016 11:30 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,414,587	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				9,642	2.00
3.00	Average cost per diem (line 1 divided by line 2)				146.71	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	8,074				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,184,537				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		555			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		81,424			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,013		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			148,617		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140053	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/29/2016 11:30 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,789,613	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		250,495	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)		241.66	3.00
4.00	Number of interns & residents (see instructions)		59.19	4.00
5.00	Indirect medical education percentage (see instructions)		7.16	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)		342,936	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.12	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.27	8.00
9.00	Sum of lines 7 and 8		37.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.86	10.00
11.00	Disproportionate share adjustment (see instructions)		376,464	11.00
12.00	Total prospective capital payments (see instructions)		5,759,508	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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