

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet 5 Parts I-III Date/Time Prepared: 5/24/2017 9:02 am
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Date: 5/24/2017 Time: 9:02 am

Contractor use only

5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 ADVENTIST HINSDALE HOSPITAL (14-0122) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/24/2017 Time: 9:02 am
 O8YRkcS4ItAwM0.u9XdJqhDTdBboR0
 Ttczy0ZKXJDo9Qnwoupm1ZTdX9kg0q
 wNwC1rUToM0qPZQn
PI: Date: 5/24/2017 Time: 9:02 am
 ywu86yZ0JQqBYWHJUNZXLZT1YcsGC0
 1LQ8D0:CM99k4gC:3EkYdqdBWU27ze
 Ggfa0L4z:80khaQc

(Signed) 
 Officer or Administrator of Provider(s)
 VP/CFO
 Title
 05/25/2017
 Date

	Title v 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	843,310	50,358	0	0 1.00
2.00	Subprovider - IPF	0	11,019	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	2,442	0	0 9.00
200.00	Total	0	854,329	52,800	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 9:01 am
---	--	-----------------------	---	---

1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 60521-		4.00 County: DUPAGE		1.00
1.00	Street: 120 NORTH OAK STREET	State: IL		Zip Code: 60521-		County: DUPAGE		2.00
2.00	City: HINSDALE							

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVENTIST HINSDALE HOSPITAL	140122	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	HINSDALE HOSPITAL PSYCH SUB	14S122	16974	4	01/01/1984	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									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	HEALTH CARE AT HOME	147207	16974		01/01/1994	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST THOMAS HOSPICE	141507	16974		01/01/2004				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:	
20.00	Cost Reporting Period (mm/dd/yyyy)	1.00	2.00	
21.00	Type of Control (see instructions)	01/01/2016	12/31/2016	20.00
		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)					N		Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
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.	1,463	1,435	0	54	4,086	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 9:01 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.		0				36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N			40.00
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete wkst. L, Pt. III and wkst. L-1, Pt. I through Pt. III.		N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.		N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N		48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete wkst. D-5.		N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.		N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N				60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N	0.00		0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0122

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2017 9:01 am

	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.06		0.00	0.00			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)								
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00	2.00	3.00	4.00			
61.10				0.00	0.00	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.								
61.20				0.00	0.00	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.								
					1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00		Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01		Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00		Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00		Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			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		FAMILY PRACTTFC	1350	1.33	27.27	0.046503	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)								

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 9:01 am	
		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)	FAMILY PRACTICE	1350	1.14	26.28	0.041575 67.00	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.					N	87.00
				V		XIX	
				1.00		2.00	
Title V and XIX Services							
90.00	Does this facility have title v and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title v and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title v and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title v or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 9:01 am	
		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00			97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete wkst. D-2, Pt. II.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	2,821,051	0				118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 9:01 am	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HF8013				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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001			141.00
142.00	Street: 900 HOPE WAY	PO Box:					142.00
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714			143.00
						1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y				144.00
						1.00	
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
						1.00	
147.00	was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		155.00
156.00	Subprovider - IPF	N	N	N	N		156.00
157.00	Subprovider - IRF	N	N	N	N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N		159.00
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99
							169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0122

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2017 9:01 am

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2015	09/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0122		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 9:01 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
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	04/03/2017	Y	04/03/2017
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
					1.00	2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MIKE		THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYSTEM SUNBELT				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MIKE.THOMPSON3@AHSS.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0122

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2017 9:01 am

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

Provider CCN: 14-0122

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

Worksheet S-2
Part V
Date/Time Prepared:
5/24/2017 9:01 am

1.00

Cost Report Preparer Contact Information

1.00	First Name	MIKE	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MIKE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00

Officer or Administrator of Provider Contact Information

13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

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	186	68,076	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)		186	68,076	0.00		0 7.00
8.00 INTENSIVE CARE UNIT	31.00	58	21,228	0.00		0 8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		0 10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					0 13.00
14.00 Total (see instructions)		244	89,304	0.00		0 14.00
15.00 CAH visits						0 15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,222			0 16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			0 17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					0 22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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	89.00					0 26.25
27.00 Total (sum of lines 14-26)		261				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)		10	3,660			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: 14-0122

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

worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,807	468	33,506			1.00
2.00 HMO and other (see instructions)	2,660	5,575				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)	12,807	468	33,506			7.00
8.00 INTENSIVE CARE UNIT	1,671	846	10,295			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		143	4,961			13.00
14.00 Total (see instructions)	14,478	1,457	48,762	27.42	1,416.51	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	728	155	4,208	0.00	24.13	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	27,634	0	38,036	0.00	54.64	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	38.54	24.00
24.10 HOSPICE (non-distinct part)	0	0	409			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				27.42	1,533.82	27.00
28.00 Observation Bed Days		81	2,248			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	6	385			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			884			32.01
33.00 LTCH non-covered days	0					33.00

Component	Full Time	Discharges				Total All Patients	
	Equivalents	Title V	Title XVIII	Title XIX			
	Nonpaid workers	11.00	12.00	13.00	14.00		
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	3,352	261	10,766	1.00
2.00 HMO and other (see instructions)				577	1,079		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 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		3,352	261	10,766	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		103	29	828	16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	93,092,309	7,669,475	100,761,784	3,207,014.00	31.42
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		934,982	0	934,982	10,011.00	93.40
4.01	Physicians - Part A - Teaching		340,658	0	340,658	3,090.00	110.25
5.00	Physician and Non-Physician-Part B		114,308	0	114,308	2,240.00	51.03
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,627,451	0	1,627,451	56,936.00	28.58
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		423,992	0	423,992	8,422.00	50.34
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,112,849	3,393	10,116,242	272,472.00	37.13
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		642,382	0	642,382	13,402.00	47.93
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		471,382	0	471,382	6,097.00	77.31
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		9,867,974	0	9,867,974	196,015.00	50.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,998,036	0	19,998,036		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,171,020	0	2,171,020		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		93,456	0	93,456		
22.01	Physician Part A - Teaching		53,460	0	53,460		
23.00	Physician Part B		21,923	0	21,923		
24.00	Wage-related costs (RHC/FQHC)		123,567	0	123,567		
25.00	Interns & residents (in an approved program)		205,032	0	205,032		
25.50	Home office wage-related		2,099,573	0	2,099,573		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	153,641	0	153,641	13,207.00	11.63
27.00	Administrative & General	5.00	8,624,865	6,258,747	14,883,612	687,924.00	21.64

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0122

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 9:01 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	71,462	411	71,873	411.00	174.87	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,365,305	0	2,365,305	97,970.00	24.14	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	787,220	0	787,220	59,916.00	13.14	32.00
33.00	Housekeeping under contract (see instructions)	1,900,377	0	1,900,377	123,405.00	15.40	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	2,872,787	0	2,872,787	124,279.00	23.12	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,942,766	167,770	2,110,536	41,033.00	51.44	38.00
39.00	Central Services and Supply	1,134,733	86,902	1,221,635	55,107.00	22.17	39.00
40.00	Pharmacy	3,187,654	412,326	3,599,980	79,843.00	45.09	40.00
41.00	Medical Records & Medical Records Library	555,867	199,324	755,191	25,875.00	29.19	41.00
42.00	Social Service	1,429,686	1,200	1,430,886	36,720.00	38.97	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0122

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2017 9:01 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	95,430,526	7,669,886	103,100,412	3,384,421.00	30.46	1.00
2.00	Excluded area salaries (see instructions)	10,112,849	3,393	10,116,242	272,472.00	37.13	2.00
3.00	Subtotal salaries (line 1 minus line 2)	85,317,677	7,666,493	92,984,170	3,111,949.00	29.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,981,738	0	10,981,738	215,514.00	50.96	4.00
5.00	Subtotal wage-related costs (see inst.)	22,191,065	0	22,191,065	0.00	23.87	5.00
6.00	Total (sum of lines 3 thru 5)	118,490,480	7,666,493	126,156,973	3,327,463.00	37.91	6.00
7.00	Total overhead cost (see instructions)	25,026,363	7,126,680	32,153,043	1,345,690.00	23.89	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401k Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,876,169	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401k/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	9,754,218	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	144,845	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	922,461	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,764,954	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-82,875	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	286,722	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,666,494	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0122

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	642,382	0	1.00
2.00	Hospital	642,382	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet S-4
		Component CCN: 14-7207	Date/Time Prepared: 5/24/2017 9:01 am	
		Home Health Agency I	PPS	

					1.00			
0.00	County							0.00
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		

HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	1,046	0	1,969	3,015	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,750.00	0.00	783.00	0.00	2.00	

		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)			0.87	0.00	0.87	4.00	
5.00	Other Administrative Personnel			16.08	0.00	16.08	5.00	
6.00	Direct Nursing Service			15.04	0.00	15.04	6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service			18.12	0.00	18.12	8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service			2.15	0.00	2.15	10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service			0.26	0.00	0.26	12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00	
14.00	Medical Social Service			0.67	0.00	0.67	14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00	
16.00	Home Health Aide			1.45	0.00	1.45	16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00	
18.00	Other (specify)			0.00	0.00	0.00	18.00	

HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00	

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		Without Outliers	with Outliers	3.00	4.00	5.00
		1.00	2.00			

PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	11,784	152	609	295	12,840	21.00	
22.00	Skilled Nursing Visit Charges	2,928,750	38,000	144,500	73,750	3,185,000	22.00	
23.00	Physical Therapy Visits	10,770	69	206	267	11,312	23.00	
24.00	Physical Therapy Visit Charges	2,692,500	17,250	51,500	66,750	2,828,000	24.00	
25.00	Occupational Therapy Visits	1,592	32	13	43	1,680	25.00	
26.00	Occupational Therapy Visit Charges	398,000	8,000	3,250	10,750	420,000	26.00	
27.00	Speech Pathology Visits	332	24	1	4	361	27.00	
28.00	Speech Pathology Visit Charges	83,000	6,000	250	1,000	90,250	28.00	
29.00	Medical Social Service Visits	322	8	8	15	353	29.00	
30.00	Medical Social Service Visit Charges	80,500	2,000	2,000	3,750	88,250	30.00	
31.00	Home Health Aide Visits	1,023	28	5	32	1,088	31.00	
32.00	Home Health Aide Visit Charges	138,105	3,780	675	4,320	146,880	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	25,823	313	842	656	27,634	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)	6,320,855	75,030	202,175	160,320	6,758,380	35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,796		299	51	2,146	36.00	
37.00	Total Number of Outlier Episodes		8		3	11	37.00	
38.00	Total Non-Routine Medical Supply Charges	509,672	9,835	59,556	11,139	590,202	38.00	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet S-9

Hospice CCN: 14-1507

To 12/31/2016

PARTS I THROUGH IV

Date/Time Prepared: 5/24/2017 9:01 am

Hospice I

	Unduplicated Days						Total (sum of cols. 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	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	30,394	0	2,081	32,475	11.00
12.00	Hospice Inpatient Respite Care	5	0	0	5	12.00
13.00	Hospice General Inpatient Care	805	0	150	955	13.00
14.00	Total Hospice Days	31,204	0	2,231	33,435	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

		1.00	
Uncompensated and indigent care cost computation			
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.276417	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	10,633,381	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	76,069,140	6.00
7.00	Medicaid cost (line 1 times line 6)	21,026,803	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)	10,393,422	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)			
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
Other state or local government indigent care program (see instructions for each line)			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	72	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	583,364	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	161,252	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)	161,180	16.00
Uncompensated care (see instructions for each line)			
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	45,626	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	10,554,602	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		Total (col. 1 + col. 2)	3.00
20.00	Charity care charges for the entire facility (see instructions)	5,217,061	588,718
21.00	Cost of patients approved for charity care (line 1 times line 20)	1,442,084	162,732
22.00	Partial payment by patients approved for charity care	9,928	0
23.00	Cost of charity care (line 21 minus line 22)	1,432,156	162,732
		1.00	3.00
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)	8,063,075	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	260,579	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	7,802,496	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,156,743	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,751,631	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	14,306,233	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0122

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

Worksheet A

Date/Time Prepared:
5/24/2017 9:01 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	19,402,320	19,402,320	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	11,612,309	11,612,309	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	153,641	12,919,581	13,073,222	0	4.00
5.01	00590	SHARED SERVICES	4,645,297	1,862,322	6,507,619	-31,523,908	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	3,979,568	59,895,911	63,875,479	26,097,835	5.03
7.00	00700	OPERATION OF PLANT	2,365,305	7,205,865	9,571,170	-18,354	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	319,201	8.00
9.00	00900	HOUSEKEEPING	787,220	2,807,572	3,594,792	-323,289	9.00
10.00	01000	DIETARY	0	4,722,533	4,722,533	-3,627,539	10.00
11.00	01100	CAFETERIA	0	0	0	3,623,766	11.00
13.00	01300	NURSING ADMINISTRATION	1,942,766	613,319	2,556,085	243,837	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,134,733	1,085,029	2,219,762	762,910	14.00
15.00	01500	PHARMACY	3,187,654	23,597,542	26,785,196	-22,992,136	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	555,867	314,467	870,334	220,337	16.00
17.00	01700	SOCIAL SERVICE	1,429,686	233,363	1,663,049	-694	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,627,451	413,605	2,041,056	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,571,094	622,015	2,193,109	-5,010	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,424,824	4,395,006	21,819,830	-4,783,058	30.00
31.00	03100	INTENSIVE CARE UNIT	7,089,439	2,582,789	9,672,228	-8,519	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,858,751	193,915	2,052,666	-240	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,453,239	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,038,832	3,713,089	9,751,921	-31,392	50.00
51.00	05100	RECOVERY ROOM	869,674	118,969	988,643	-372	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,878,293	52.00
53.00	05300	ANESTHESIOLOGY	232,695	1,043,698	1,276,393	-3,102	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,086,475	1,077,801	5,164,276	-43,615	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,536,918	279,864	1,816,782	463,757	55.00
56.00	05600	RADIOISOTOPE	207,152	15,862	223,014	-372	56.00
57.00	05700	CT SCAN	554,937	164,573	719,510	74,670	57.00
58.00	05800	MRI	763,498	232,552	996,050	-240	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,042,122	1,318,089	2,360,211	-3,000	59.00
60.00	06000	LABORATORY	6,328,126	6,855,824	13,183,950	-283,897	60.00
65.00	06500	RESPIRATORY THERAPY	2,216,310	617,212	2,833,522	-52,504	65.00
66.00	06600	PHYSICAL THERAPY	869,395	1,333,717	2,203,112	-72,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	389,129	29,399	418,528	0	67.00
68.00	06800	SPEECH PATHOLOGY	129,288	10,145	139,433	0	68.00
69.00	06900	ELECTROCARDIOLOGY	566,639	263,238	829,877	-897	69.00
69.01	06901	CARDIAC REHAB	351,525	28,372	379,897	-150	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	176,445	554,873	731,318	-381	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,163,048	7,163,048	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,310,302	16,310,302	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,446,939	73.00
74.00	07400	RENAL DIALYSIS	0	458,984	458,984	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	637,354	609,393	1,246,747	178,474	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,516,085	1,283,644	4,799,729	102,295	90.00
91.00	09100	EMERGENCY	2,784,280	1,667,288	4,451,568	-630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	629,923	125,391	755,314	-626,311	92.01
93.00	04040	PARTIAL HOSP	1,158,113	629,935	1,788,048	-324,747	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,534,268	1,210,377	5,744,645	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	27,654,329	27,654,329	-27,153,358	113.00
116.00	11600	HOSPICE	2,671,339	2,731,802	5,403,141	0	116.00
118.00	00000	SUBTOTALS (SUM OF LINES 1-117)	92,043,818	200,966,604	293,010,422	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	270,666	163,714	434,380	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	724	2,755,200	2,755,924	0	192.00
194.00	07950	FOUNDATION	311,009	147,649	458,658	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	OP PHARMACY	465,732	1,438,379	1,904,111	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	360	300,105	300,465	0	194.03
200.00	00000	TOTAL (SUM OF LINES 118-199)	93,092,309	205,771,651	298,863,960	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0122

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

Worksheet A
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-907,771	18,494,549	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	169,354	11,781,663	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,054,270	11,018,952	4.00
5.01	00590	SHARED SERVICES	28,426,127	3,409,838	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-19,163,082	70,810,232	5.03
7.00	00700	OPERATION OF PLANT	-317,073	9,235,743	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	319,201	8.00
9.00	00900	HOUSEKEEPING	-7,400	3,264,103	9.00
10.00	01000	DIETARY	0	1,094,994	10.00
11.00	01100	CAFETERIA	-1,175,831	2,447,935	11.00
13.00	01300	NURSING ADMINISTRATION	-97,997	2,701,925	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,398	2,980,274	14.00
15.00	01500	PHARMACY	0	3,793,060	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	243,439	1,334,110	16.00
17.00	01700	SOCIAL SERVICE	-48,375	1,613,980	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-246,021	1,795,035	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,134,906	1,053,193	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,840,650	15,196,122	30.00
31.00	03100	INTENSIVE CARE UNIT	-268,080	9,395,629	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	2,052,426	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,453,239	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-12,335	9,708,194	50.00
51.00	05100	RECOVERY ROOM	0	988,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,878,293	52.00
53.00	05300	ANESTHESIOLOGY	-500,254	773,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-129,110	4,991,551	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-374	2,280,165	55.00
56.00	05600	RADIOISOTOPE	0	222,642	56.00
57.00	05700	CT SCAN	-5,335	788,845	57.00
58.00	05800	MRI	0	995,810	58.00
59.00	05900	CARDIAC CATHETERIZATION	-2,045,003	312,208	59.00
60.00	06000	LABORATORY	-212,840	12,687,213	60.00
65.00	06500	RESPIRATORY THERAPY	-34,121	2,746,897	65.00
66.00	06600	PHYSICAL THERAPY	-174	2,130,471	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	418,528	67.00
68.00	06800	SPEECH PATHOLOGY	0	139,433	68.00
69.00	06900	ELECTROCARDIOLOGY	-204,883	624,097	69.00
69.01	06901	CARDIAC REHAB	-219	379,528	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-10,189	720,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-955,148	6,207,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-127,284	16,183,018	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-56,021	23,390,918	73.00
74.00	07400	RENAL DIALYSIS	0	458,984	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,425,221	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-455,493	4,446,531	90.00
91.00	09100	EMERGENCY	-942,207	3,508,731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	129,003	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	129,003	92.01
93.00	04040	PARTIAL HOSP	-1,615	1,461,686	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	192,184	5,936,829	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-500,971	0	113.00
116.00	11600	HOSPICE	-342,324	5,060,817	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,768,650	288,241,772	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	434,380	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,140,588	615,336	192.00
194.00	07950	FOUNDATION	0	458,658	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	OP PHARMACY	0	1,904,111	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	300,465	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-6,909,238	291,954,722	200.00

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	SHARED SERVICES	00590		5.01
5.03	OTHER ADMINISTRATIVE AND GENERAL	00560	PURCHASING RECEIVING AND STORES	5.03
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	CARDIAC REHAB	06901		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	OTHER ANCILLARY	03020	ACUPUNCTURE	76.00
76.01	HEART AND VASCULAR CNTR	03950		76.01
76.02	DIABETES EDUCATION	03952		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	09201		92.01
93.00	PARTIAL HOSP	04040	FAMILY PRACTICE	93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	FOUNDATION	07950		194.00
194.01	MARKETING	07951		194.01
194.02	OP PHARMACY	07952		194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	0	3,623,766	1.00
	0		0	3,623,766	
B - NURSERY					
1.00	NURSERY	43.00	1,137,861	315,378	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,036,636	841,657	2.00
	0		4,174,497	1,157,035	
C - RECRUITMENT BONUS					
1.00	SOCIAL SERVICE	17.00	1,200	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	6,615	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	1,750	0	3.00
4.00	OPERATING ROOM	50.00	7,107	0	4.00
5.00	LABORATORY	60.00	2,500	0	5.00
6.00	EMERGENCY	91.00	1,800	0	6.00
7.00	HOME HEALTH AGENCY	101.00	3,393	0	7.00
8.00	SHARED SERVICES	5.01	186,862	0	8.00
	0		211,227	0	
D - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,446,939	1.00
2.00	0	0.00	0	0	2.00
3.00	0	0.00	0	0	3.00
	0		0	23,446,939	
E - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	319,201	1.00
	0		0	319,201	
F - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,355,087	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,652,629	2.00
	0		0	22,007,716	
G - CNO					
1.00	NURSING ADMINISTRATION	13.00	167,770	77,342	1.00
	0		167,770	77,342	
H - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	448,312	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	28,600	2.00
	0		0	476,912	
I - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,420,550	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,078,582	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	0		0	3,499,132	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	J - PROPERTY TAX				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	169,893	1.00
	0		0	169,893	
	K - BILLABLE SUPPLIES				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	247,507	1.00
	0		0	247,507	
	L - SHARED SERVICES				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	7,172,022	21,609,280	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	86,902	803,423	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	199,324	21,223	3.00
4.00	SHARED SERVICES	5.01	7,458,248	0	4.00
	0		14,916,496	22,433,926	
	M - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,008,478	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,852,498	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	114,773	3.00
	0		0	4,975,749	
	N - OBSERV TO ROUTINE				
1.00	ADULTS & PEDIATRICS	30.00	521,280	103,765	1.00
	0		521,280	103,765	
	O - ACI ADMIN				
1.00	RADIOLOGY-THERAPEUTIC	55.00	206,675	257,082	1.00
2.00	CT SCAN	57.00	36,557	45,473	2.00
3.00	PHARMACY	15.00	412,326	512,890	3.00
4.00	HEART AND VASCULAR CNTR	76.01	199,692	248,396	4.00
5.00	CLINIC	90.00	77,117	95,925	5.00
	TOTALS		932,367	1,159,766	
500.00	Grand Total: Increases		20,923,637	83,698,649	500.00

		Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	0	3,623,766	0		1.00
	0		0	3,623,766			
B - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	4,174,497	1,157,035	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		4,174,497	1,157,035			
C - RECRUITMENT BONUS							
1.00	SOCIAL SERVICE	17.00	0	1,200	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	6,615	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,750	0		3.00
4.00	OPERATING ROOM	50.00	0	7,107	0		4.00
5.00	LABORATORY	60.00	0	2,500	0		5.00
6.00	EMERGENCY	91.00	0	1,800	0		6.00
7.00	HOME HEALTH AGENCY	101.00	0	3,393	0		7.00
8.00	SHARED SERVICES	5.01	0	186,862	0		8.00
	0		0	211,227			
D - BILLABLE DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,561	0		1.00
2.00	LABORATORY	60.00	0	344	0		2.00
3.00	PHARMACY	15.00	0	23,443,034	0		3.00
	0		0	23,446,939			
E - LINEN							
1.00	HOUSEKEEPING	9.00	0	319,201	0		1.00
	0		0	319,201			
F - DEPRECIATION							
1.00	INTEREST EXPENSE	113.00	0	22,007,716	9		1.00
2.00	0	0.00	0	0	9		2.00
	0		0	22,007,716			
G - CNO							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	167,770	77,342	0		1.00
	0		167,770	77,342			
H - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	448,312	12		1.00
2.00	SHARED SERVICES	5.01	0	28,600	12		2.00
	0		0	476,912			
I - RENT AND LEASES							
1.00	SHARED SERVICES	5.01	0	1,603,134	10		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	12,683	10		2.00
3.00	OPERATION OF PLANT	7.00	0	18,354	0		3.00
4.00	HOUSEKEEPING	9.00	0	4,088	0		4.00
5.00	DIETARY	10.00	0	3,773	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,275	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	123,854	0		7.00
8.00	PHARMACY	15.00	0	474,318	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	210	0		9.00
10.00	SOCIAL SERVICE	17.00	0	694	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,010	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	76,571	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	8,519	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	240	0		14.00
15.00	OPERATING ROOM	50.00	0	31,392	0		15.00
16.00	RECOVERY ROOM	51.00	0	372	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	3,102	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	43,615	0		18.00
19.00	RADIOISOTOPE	56.00	0	372	0		19.00
20.00	CT SCAN	57.00	0	7,360	0		20.00
21.00	MRI	58.00	0	240	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	3,000	0		22.00
23.00	LABORATORY	60.00	0	283,553	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	52,504	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	72,467	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	897	0		26.00
27.00	CARDIAC REHAB	69.01	0	150	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	381	0		28.00
29.00	HEART AND VASCULAR CNTR	76.01	0	269,614	0		29.00
30.00	CLINIC	90.00	0	70,747	0		30.00
31.00	EMERGENCY	91.00	0	630	0		31.00
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,266	0		32.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
33.00	PARTIAL HOSP	93.00	0	324,747	0			33.00
	0		0	3,499,132				
J - PROPERTY TAX								
1.00	INTEREST EXPENSE	113.00	0	169,893	13			1.00
	0		0	169,893				
K - BILLABLE SUPPLIES								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	247,507	0			1.00
	0		0	247,507				
L - SHARED SERVICES								
1.00	SHARED SERVICES	5.01	7,458,248	22,433,926	0			1.00
2.00	SHARED SERVICES	5.01	0	7,458,248	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
	0		7,458,248	29,892,174				
M - INTEREST								
1.00	INTEREST EXPENSE	113.00	0	4,975,749	11			1.00
2.00		0.00	0	0	11			2.00
3.00		0.00	0	0	0			3.00
	0		0	4,975,749				
N - OBSERV TO ROUTINE								
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	521,280	103,765	0			1.00
	0		521,280	103,765				
O - ACI ADMIN								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	932,367	1,159,766	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
	TOTALS		932,367	1,159,766				
500.00	Grand Total: Decreases		13,254,162	91,368,124				500.00

Increases				Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - CAFETERIA								
1.00	CAFETERIA	11.00	0	3,623,766	DIETARY	10.00	0	3,623,766
	0		0	3,623,766	0		0	3,623,766
B - NURSERY								
1.00	NURSERY	43.00	1,137,861	315,378	ADULTS & PEDIATRICS	30.00	4,174,497	1,157,035
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,036,636	841,657	0.00	0	0	0
	0		4,174,497	1,157,035	0		4,174,497	1,157,035
C - RECRUITMENT BONUS								
1.00	SOCIAL SERVICE	17.00	1,200	0	SOCIAL SERVICE	17.00	0	1,200
2.00	ADULTS & PEDIATRICS	30.00	6,615	0	ADULTS & PEDIATRICS	30.00	0	6,615
3.00	INTENSIVE CARE UNIT	31.00	1,750	0	INTENSIVE CARE UNIT	31.00	0	1,750
4.00	OPERATING ROOM	50.00	7,107	0	OPERATING ROOM	50.00	0	7,107
5.00	LABORATORY	60.00	2,500	0	LABORATORY	60.00	0	2,500
6.00	EMERGENCY	91.00	1,800	0	EMERGENCY	91.00	0	1,800
7.00	HOME HEALTH AGENCY	101.00	3,393	0	HOME HEALTH AGENCY	101.00	0	3,393
8.00	SHARED SERVICES	5.01	186,862	0	SHARED SERVICES	5.01	0	186,862
	0		211,227	0	0		0	211,227
D - BILLABLE DRUGS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,446,939	CENTRAL SERVICES & SUPPLY	14.00	0	3,561
2.00		0.00	0	0	LABORATORY	60.00	0	344
3.00		0.00	0	0	PHARMACY	15.00	0	23,443,034
	0		0	23,446,939	0		0	23,446,939
E - LINEN								
1.00	LAUNDRY & LINEN SERVICE	8.00	0	319,201	HOUSEKEEPING	9.00	0	319,201
	0		0	319,201	0		0	319,201
F - DEPRECIATION								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,355,087	INTEREST EXPENSE	113.00	0	22,007,716
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,652,629	0.00	0	0	0
	0		0	22,007,716	0		0	22,007,716
G - CNO								
1.00	NURSING ADMINISTRATION	13.00	167,770	77,342	OTHER ADMINISTRATIVE AND GENERAL	5.03	167,770	77,342
	0		167,770	77,342	0		167,770	77,342
H - INSURANCE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	448,312	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	448,312
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	28,600	SHARED SERVICES	5.01	0	28,600
	0		0	476,912	0		0	476,912
I - RENT AND LEASES								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,420,550	SHARED SERVICES	5.01	0	1,603,134
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,078,582	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	12,683
3.00		0.00	0	0	OPERATION OF PLANT	7.00	0	18,354
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	4,088
5.00		0.00	0	0	DIETARY	10.00	0	3,773
6.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	1,275
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	123,854
8.00		0.00	0	0	PHARMACY	15.00	0	474,318
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	210
10.00		0.00	0	0	SOCIAL SERVICE	17.00	0	694
11.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,010
12.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	76,571
13.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	8,519
14.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	240
15.00		0.00	0	0	OPERATING ROOM	50.00	0	31,392
16.00		0.00	0	0	RECOVERY ROOM	51.00	0	372
17.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	3,102
18.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	43,615
19.00		0.00	0	0	RADIOISOTOPE	56.00	0	372
20.00		0.00	0	0	CT SCAN	57.00	0	7,360
21.00		0.00	0	0	MRI	58.00	0	240
22.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	3,000
23.00		0.00	0	0	LABORATORY	60.00	0	283,553

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
24.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	52,504	24.00
25.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	72,467	25.00
26.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	897	26.00
27.00		0.00	0	0	CARDIAC REHAB	69.01	0	150	27.00
28.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	381	28.00
29.00		0.00	0	0	HEART AND VASCULAR CNTR	76.01	0	269,614	29.00
30.00		0.00	0	0	CLINIC	90.00	0	70,747	30.00
31.00		0.00	0	0	EMERGENCY	91.00	0	630	31.00
32.00		0.00	0	0	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,266	32.00
33.00		0.00	0	0	PARTIAL HOSP	93.00	0	324,747	33.00
0			0	3,499,132	0		0	3,499,132	
J - PROPERTY TAX									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	169,893	INTEREST EXPENSE	113.00	0	169,893	1.00
0			0	169,893	0		0	169,893	
K - BILLABLE SUPPLIES									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	247,507	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	247,507	1.00
0			0	247,507	0		0	247,507	
L - SHARED SERVICES									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	7,172,022	21,609,280	SHARED SERVICES	5.01	7,458,248	22,433,926	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	86,902	803,423	SHARED SERVICES	5.01	0	7,458,248	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	199,324	21,223		0.00	0	0	3.00
4.00	SHARED SERVICES	5.01	7,458,248	0		0.00	0	0	4.00
0			14,916,496	22,433,926	0		7,458,248	29,892,174	
M - INTEREST									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,008,478	INTEREST EXPENSE	113.00	0	4,975,749	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,852,498		0.00	0	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	114,773		0.00	0	0	3.00
0			0	4,975,749	0		0	4,975,749	
N - OBSERV TO ROUTINE									
1.00	ADULTS & PEDIATRICS	30.00	521,280	103,765	OBSERVATION BEDS (DISTINCT PART)	92.01	521,280	103,765	1.00
0			521,280	103,765	0		521,280	103,765	
O - ACI ADMIN									
1.00	RADIOLOGY-THERAPEUTIC	55.00	206,675	257,082	OTHER ADMINISTRATIVE AND GENERAL	5.03	932,367	1,159,766	1.00
2.00	CT SCAN	57.00	36,557	45,473		0.00	0	0	2.00
3.00	PHARMACY	15.00	412,326	512,890		0.00	0	0	3.00
4.00	HEART AND VASCULAR CNTR	76.01	199,692	248,396		0.00	0	0	4.00
5.00	CLINIC	90.00	77,117	95,925		0.00	0	0	5.00
500.00	TOTALS		932,367	1,159,766	TOTALS		932,367	1,159,766	
	Grand Total: Increases		20,923,637	83,698,649	Grand Total: Decreases		13,254,162	91,368,124	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2017 9:01 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	13,541,571	15,439	0	15,439	0
2.00	Land Improvements	580,599	8,815	0	8,815	0
3.00	Buildings and Fixtures	286,418,429	31,507,450	0	31,507,450	0
4.00	Building Improvements	0	0	0	0	0
5.00	Fixed Equipment	49,132,345	6,465,535	0	6,465,535	0
6.00	Movable Equipment	105,437,343	18,699,264	0	18,699,264	0
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	455,110,287	56,696,503	0	56,696,503	0
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	455,110,287	56,696,503	0	56,696,503	0
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	13,557,010	0			0
2.00	Land Improvements	589,414	0			0
3.00	Buildings and Fixtures	317,925,879	0			0
4.00	Building Improvements	0	0			0
5.00	Fixed Equipment	55,597,880	0			0
6.00	Movable Equipment	124,136,607	0			0
7.00	HIT designated Assets	0	0			0
8.00	Subtotal (sum of lines 1-7)	511,806,790	0			0
9.00	Reconciling Items	0	0			0
10.00	Total (line 8 minus line 9)	511,806,790	0			0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2017 9:01 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	0			3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2017 9:01 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	387,670,184	0	387,670,184	0.757454	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	124,136,608	0	124,136,608	0.242546	0	2.00
3.00	Total (sum of lines 1-2)	511,806,792	0	511,806,792	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,585,633	2,420,550	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,418,299	1,078,582	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,003,932	3,499,132	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,040,054	448,312	0	0	18,494,549	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,256,182	28,600	0	0	11,781,663	2.00
3.00	Total (sum of lines 1-2)	3,296,236	476,912	0	0	30,276,212	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted			Ref.
				Cost Center	Line #	Wkst. A-7	
				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-968,424	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-596,316	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)	B	-36,945	OTHER ADMINISTRATIVE AND GENERAL	5.03	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	-141,026	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	7.00
8.00	Television and radio service (chapter 21)	A	-86,963	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,062,859			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	29,812,262			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,175,831	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER OPERATING REVENUE	B	-2,844	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	OTHER OPERATING REVENUE	B	-309,877	SHARED SERVICES	5.01	0	33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
33.02 OTHER OPERATING REVENUE	B	-384,817	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.02
33.03 OTHER OPERATING REVENUE	B	-230,110	OPERATION OF PLANT		7.00	0	33.03
33.04 OTHER OPERATING REVENUE	B	-7,400	HOUSEKEEPING		9.00	0	33.04
33.05 OTHER OPERATING REVENUE	B	-335,815	HOSPICE		116.00	0	33.05
33.06 LEGAL	A	-633,046	SHARED SERVICES		5.01	0	33.06
33.07 OTHER OPERATING REVENUE	B	-97,992	NURSING ADMINISTRATION		13.00	0	33.07
33.08 OTHER OPERATING REVENUE	B	-2,398	CENTRAL SERVICES & SUPPLY		14.00	0	33.08
33.09 OTHER OPERATING REVENUE	B	-20,803	MEDICAL RECORDS & LIBRARY		16.00	0	33.09
33.10 OTHER OPERATING REVENUE	B	-381,714	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0	33.10
33.11 OTHER OPERATING REVENUE	B	-13,956	ADULTS & PEDIATRICS		30.00	0	33.11
33.12 OTHER OPERATING REVENUE	B	-1,667	INTENSIVE CARE UNIT		31.00	0	33.12
33.13 OTHER OPERATING REVENUE	B	-12,335	OPERATING ROOM		50.00	0	33.13
33.14 OTHER OPERATING REVENUE	B	-45,254	ANESTHESIOLOGY		53.00	0	33.14
33.15 OTHER OPERATING REVENUE	B	-15,600	RADIOLOGY-DIAGNOSTIC		54.00	0	33.15
33.16 OTHER OPERATING REVENUE	B	-209	RADIOLOGY-THERAPEUTIC		55.00	0	33.16
33.17 OTHER OPERATING REVENUE	B	-5,335	CT SCAN		57.00	0	33.17
33.18 OTHER OPERATING REVENUE	B	-54,534	CARDIAC CATHETERIZATION		59.00	0	33.18
33.19 OTHER OPERATING REVENUE	B	-147,304	LABORATORY		60.00	0	33.19
33.20 OTHER OPERATING REVENUE	B	-25,540	RESPIRATORY THERAPY		65.00	0	33.20
33.21 OTHER OPERATING REVENUE	B	-15,842	ELECTROCARDIOLOGY		69.00	0	33.21
33.22 OTHER OPERATING REVENUE	B	-219	CARDIAC REHAB		69.01	0	33.22
33.23 OTHER OPERATING REVENUE	B	-371	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	33.23
33.24 OTHER OPERATING REVENUE	B	-127,284	IMPL. DEV. CHARGED TO PATIENTS		72.00	0	33.24
33.25 OTHER OPERATING REVENUE	B	-3,860	DRUGS CHARGED TO PATIENTS		73.00	0	33.25
33.26 OTHER OPERATING REVENUE	B	-2,345	HOME HEALTH AGENCY		101.00	0	33.26
33.27 OTHER OPERATING REVENUE	B	-174,339	CLINIC		90.00	0	33.27
33.28 OTHER OPERATING REVENUE	B	-33,040	EMERGENCY		91.00	0	33.28
33.29 OTHER OPERATING REVENUE	B	-1,615	PARTIAL HOSP		93.00	0	33.29
33.30 NON ALLOWABLE PHYSICIAN FEES	A	-93,771	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.30
33.31 NON ALLOWABLE PHYSICIAN FEES	A	-1,376,794	ADULTS & PEDIATRICS		30.00	0	33.31
33.32 NON ALLOWABLE PHYSICIAN FEES	A	-119,250	INTENSIVE CARE UNIT		31.00	0	33.32
33.33 NON ALLOWABLE PHYSICIAN FEES	A	-455,000	ANESTHESIOLOGY		53.00	0	33.33
33.34 NON ALLOWABLE PHYSICIAN FEES	A	-113,425	RADIOLOGY-DIAGNOSTIC		54.00	0	33.34
33.35 NON ALLOWABLE PHYSICIAN FEES	A	-943,175	CARDIAC CATHETERIZATION		59.00	0	33.35
33.36 NON ALLOWABLE PHYSICIAN FEES	A	-124,106	CLINIC		90.00	0	33.36
33.37 NON ALLOWABLE PHYSICIAN FEES	A	-908,834	EMERGENCY		91.00	0	33.37
33.38 NON ALLOWABLE PHYSICIAN FEES	A	-2,413,913	PHYSICIANS' PRIVATE OFFICES		192.00	0	33.38
33.39 FEDERAL & STATE INCOME TAX	A	-281,915	INTEREST EXPENSE		113.00	0	33.39
33.40 PROPERTY TAXES	A	-169,893	CAP REL COSTS-BLDG & FIXT		1.00	13	33.40
33.41 LEGAL	A	-20,517	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.41
33.42 STATE ASSESSMENT	A	-13,439,889	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.42
33.43 PHYS COLLECTION FEES	A	-89,625	ELECTROCARDIOLOGY		69.00	0	33.43
33.44 PHYS COLLECTION FEES	A	-157,048	CLINIC		90.00	0	33.44
33.45 PHYS COLLECTION FEES	A	-6,509	HOSPICE		116.00	0	33.45
33.46 MALPRACTICE	A	-2,834,447	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.46
33.47 MALPRACTICE	A	-246,021	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0	33.47
33.48 MALPRACTICE	A	-167,419	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0	33.48
33.49 ADVERTISING	A	-10,099	LABORATORY		60.00	0	33.49
33.50 ADVERTISING	A	-2,758	HOME HEALTH AGENCY		101.00	0	33.50
33.51 SPECIAL EVENTS	A	-6,982	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.51
33.52 SPECIAL EVENTS	A	-15,330	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.52
33.53 SPECIAL EVENTS	A	-5	NURSING ADMINISTRATION		13.00	0	33.53
33.54 NON ALLOW BANK FEES	A	-14,678	INTEREST EXPENSE		113.00	0	33.54
33.55 NON ALLOW LOBBYING	A	-25,887	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.55
33.56 HOSPICE	A	-85	RADIOLOGY-DIAGNOSTIC		54.00	0	33.56
33.57 HOSPICE	A	-165	RADIOLOGY-THERAPEUTIC		55.00	0	33.57
33.58 HOSPICE	A	-261	LABORATORY		60.00	0	33.58
33.59 HOSPICE	A	-8,581	RESPIRATORY THERAPY		65.00	0	33.59

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted			Ref.
			Cost Center	Line #	wkst. A-7	
			1.00	2.00	3.00	
33.60 HOSPICE	A	-174	PHYSICAL THERAPY	66.00	0	33.60
33.61 HOSPICE	A	-27	ELECTROCARDIOLOGY	69.00	0	33.61
33.62 HOSPICE	A	-3,065	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.62
33.63 HOSPICE	A	-52,161	DRUGS CHARGED TO PATIENTS	73.00	0	33.63
33.64 HOSPICE	A	-333	EMERGENCY	91.00	0	33.64
33.65 HOSPICE	A	-449,900	ADULTS & PEDIATRICS	30.00	0	33.65
33.66 OUTSIDE SERVICES	A	-85,840	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.66
33.67 SELF INSURED	A	-2,301,812	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.67
33.68 SPECIAL ADMINISTRATION	A	-195,614	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.68
33.69 NON ALLOWABLE PHYSICIAN FEES	A	-263,006	CARDIAC CATHETERIZATION	59.00	0	33.69
33.70 NON ALLOWABLE PHYSICIAN FEES	A	-680,169	CARDIAC CATHETERIZATION	59.00	0	33.70
33.71 PHYS COLLECTION FEES	A	840	SHARED SERVICES	5.01	0	33.71
33.72 SPECIAL EVENTS	A	-244,233	SHARED SERVICES	5.01	0	33.72
33.73 SPECIAL ADMINISTRATION	A	-134,337	SHARED SERVICES	5.01	0	33.73
33.74 NON ALLOW BORROWING	A	-1,109,458	INTEREST EXPENSE	113.00	0	33.74
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-6,909,238				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: 14-0122

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 9:01 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.01	SHARED SERVICES	29,892,174	0	1.00
2.00	101.00	HOME HEALTH AGENCY	122,122	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	230,546	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	765,670	0	3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	410,275	152,907	3.02
3.03	5.03	OTHER ADMINISTRATIVE AND GEN	14,205,525	16,080,080	3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	266,012	1,770	3.04
3.05	192.00	PHYSICIANS' PRIVATE OFFICES	273,325	0	3.05
4.00	31.00	INTENSIVE CARE UNIT	0	147,163	4.00
4.04	71.00	MEDICAL SUPPLIES CHARGED TO	-951,712	0	4.04
4.05	101.00	HOME HEALTH AGENCY	753,303	678,138	4.05
4.06	113.00	INTEREST EXPENSE	6,085,207	5,180,127	4.06
4.08	5.03	OTHER ADMINISTRATIVE AND GEN	13,135,338	13,135,338	4.08
5.00		ALEX BROS AHS MIDWEST HOME O	65,187,785	35,375,523	5.00
TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.					

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

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

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

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

6.00	B		0.00	AHS SUNBELT	0.00	6.00
7.00	B		0.00	ALEXIAN BROTHER	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: 14-0122

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 9:01 am

	Net Adjustments (col. 4 minus col. 5)*	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	29,892,174		0	1.00
2.00	122,122		0	2.00
3.00	230,546		9	3.00
3.01	765,670		9	3.01
3.02	257,368		0	3.02
3.03	-1,874,555		0	3.03
3.04	264,242		0	3.04
3.05	273,325		0	3.05
4.00	-147,163		0	4.00
4.04	-951,712		0	4.04
4.05	75,165		0	4.05
4.06	905,080		0	4.06
4.08	0		0	4.08
5.00	29,812,262			5.00

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

Related Organization(s) and/or Home Office	Type of Business	6.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HOME OFFICE	6.00
7.00	HOME OFFICE	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: 14-0122

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 9:01 am

	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
1.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	104,119	104,119	0	0	0	1.00
2.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	10,189	10,189	0	0	0	2.00
3.00	22.00	DR. A	165,993	0	165,993	138,700	2,040	3.00
4.00	22.00	DR. B	180,327	0	180,327	138,700	2,040	4.00
5.00	22.00	DR. C	151,053	0	151,053	138,700	1,851	5.00
6.00	22.00	DR. D	193,638	0	193,638	138,700	2,040	6.00
7.00	22.00	DR. E	241,471	0	241,471	138,700	2,040	7.00
8.00	22.00	DR. F	85,406	0	85,406	138,700	1,004	8.00
9.00	22.00	DR. G	16,508	0	16,508	138,700	220	9.00
10.00	22.00	DR. H	44,242	0	44,242	138,700	590	10.00
11.00	22.00	DR. I	31,963	0	31,963	138,700	426	11.00
12.00	22.00	DR. J	17,973	0	17,973	138,700	1	12.00
13.00	22.00	DR. K	94,333	0	94,333	138,700	411	13.00
14.00	22.00	DR. L	48,733	0	48,733	138,700	439	14.00
15.00	5.01	AGGREGATE-SHARED SERVICES	145,394	145,394	0	0	0	15.00
16.00	5.03	AGGREGATE-OTHER ADMINISTRATIVE AND G	13,447	13,447	0	0	0	16.00
17.00	17.00	AGGREGATE-SOCIAL SERVICE	48,375	48,375	0	0	0	17.00
18.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	187,658	187,658	0	0	0	18.00
19.00	60.00	AGGREGATE-LABORATORY	55,176	55,176	0	0	0	19.00
20.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	99,389	99,389	0	0	0	20.00
21.00	5.03	DR. M	250	0	250	138,700	2	21.00
22.00	5.03	DR. N	156	0	156	138,700	3	22.00
23.00	5.03	DR. O	219	0	219	138,700	4	23.00
24.00	5.03	DR. P	1,250	0	1,250	138,700	16	24.00
25.00	5.03	DR. Q	656	0	656	138,700	9	25.00
26.00	5.03	DR. R	531	0	531	138,700	7	26.00
27.00	5.03	DR. S	250	0	250	138,700	2	27.00
28.00	5.03	DR. T	250	0	250	138,700	2	28.00
29.00	5.03	DR. U	781	0	781	138,700	11	29.00
30.00	5.03	DR. V	281	0	281	138,700	5	30.00
31.00	5.03	DR. W	375	0	375	138,700	6	31.00
32.00	5.03	DR. X	438	0	438	138,700	6	32.00
33.00	5.03	DR. Y	94	0	94	138,700	2	33.00
34.00	5.03	DR. Z	625	0	625	138,700	8	34.00
35.00	5.03	DR. AA	250	0	250	138,700	2	35.00
36.00	5.03	DR. AB	156	0	156	138,700	3	36.00
37.00	5.03	DR. AC	219	0	219	138,700	4	37.00
38.00	5.03	DR. AD	781	0	781	138,700	11	38.00
39.00	22.00	DR. AE	7,684	0	7,684	138,700	113	39.00
40.00	22.00	DR. AF	472	0	472	138,700	7	40.00
41.00	50.00	DR. AG	40,000	0	40,000	138,700	2,067	41.00
200.00			1,991,105	663,747	1,327,358		15,392	200.00

	1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00
1.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	1.00
2.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	2.00
3.00	22.00	DR. A	136,033	6,802	0	0	0	3.00
4.00	22.00	DR. B	136,033	6,802	0	0	0	4.00
5.00	22.00	DR. C	123,430	6,172	0	0	0	5.00
6.00	22.00	DR. D	136,033	6,802	0	0	0	6.00
7.00	22.00	DR. E	136,033	6,802	0	0	0	7.00
8.00	22.00	DR. F	66,949	3,347	0	0	0	8.00
9.00	22.00	DR. G	14,670	734	0	0	0	9.00
10.00	22.00	DR. H	39,343	1,967	0	0	0	10.00
11.00	22.00	DR. I	28,407	1,420	0	0	0	11.00
12.00	22.00	DR. J	67	3	0	0	0	12.00
13.00	22.00	DR. K	27,407	1,370	0	0	0	13.00
14.00	22.00	DR. L	29,274	1,464	0	0	0	14.00
15.00	5.01	AGGREGATE-SHARED SERVICES	0	0	0	0	0	15.00
16.00	5.03	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	16.00
17.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	18.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0122

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 9:01 am

	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	
19.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	19.00
20.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	20.00
21.00	5.03	DR. M	133	7	0	0	0	21.00
22.00	5.03	DR. N	200	10	0	0	0	22.00
23.00	5.03	DR. O	267	13	0	0	0	23.00
24.00	5.03	DR. P	1,067	53	0	0	0	24.00
25.00	5.03	DR. Q	600	30	0	0	0	25.00
26.00	5.03	DR. R	467	23	0	0	0	26.00
27.00	5.03	DR. S	133	7	0	0	0	27.00
28.00	5.03	DR. T	133	7	0	0	0	28.00
29.00	5.03	DR. U	733	37	0	0	0	29.00
30.00	5.03	DR. V	333	17	0	0	0	30.00
31.00	5.03	DR. W	400	20	0	0	0	31.00
32.00	5.03	DR. X	400	20	0	0	0	32.00
33.00	5.03	DR. Y	133	7	0	0	0	33.00
34.00	5.03	DR. Z	533	27	0	0	0	34.00
35.00	5.03	DR. AA	133	7	0	0	0	35.00
36.00	5.03	DR. AB	200	10	0	0	0	36.00
37.00	5.03	DR. AC	267	13	0	0	0	37.00
38.00	5.03	DR. AD	733	37	0	0	0	38.00
39.00	22.00	DR. AE	7,535	377	0	0	0	39.00
40.00	22.00	DR. AF	467	23	0	0	0	40.00
41.00	50.00	DR. AG	137,833	6,892	0	0	0	41.00
200.00			1,026,379	51,322	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	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	104,119		1.00
2.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	10,189		2.00
3.00	22.00	DR. A	0	136,033	29,960	29,960		3.00
4.00	22.00	DR. B	0	136,033	44,294	44,294		4.00
5.00	22.00	DR. C	0	123,430	27,623	27,623		5.00
6.00	22.00	DR. D	0	136,033	57,605	57,605		6.00
7.00	22.00	DR. E	0	136,033	105,438	105,438		7.00
8.00	22.00	DR. F	0	66,949	18,457	18,457		8.00
9.00	22.00	DR. G	0	14,670	1,838	1,838		9.00
10.00	22.00	DR. H	0	39,343	4,899	4,899		10.00
11.00	22.00	DR. I	0	28,407	3,556	3,556		11.00
12.00	22.00	DR. J	0	67	17,906	17,906		12.00
13.00	22.00	DR. K	0	27,407	66,926	66,926		13.00
14.00	22.00	DR. L	0	29,274	19,459	19,459		14.00
15.00	5.01	AGGREGATE-SHARED SERVICES	0	0	0	145,394		15.00
16.00	5.03	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	13,447		16.00
17.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	48,375		17.00
18.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	187,658		18.00
19.00	60.00	AGGREGATE-LABORATORY	0	0	0	55,176		19.00
20.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	99,389		20.00
21.00	5.03	DR. M	0	133	117	117		21.00
22.00	5.03	DR. N	0	200	0	0		22.00
23.00	5.03	DR. O	0	267	0	0		23.00
24.00	5.03	DR. P	0	1,067	183	183		24.00
25.00	5.03	DR. Q	0	600	56	56		25.00
26.00	5.03	DR. R	0	467	64	64		26.00
27.00	5.03	DR. S	0	133	117	117		27.00
28.00	5.03	DR. T	0	133	117	117		28.00
29.00	5.03	DR. U	0	733	48	48		29.00
30.00	5.03	DR. V	0	333	0	0		30.00
31.00	5.03	DR. W	0	400	0	0		31.00
32.00	5.03	DR. X	0	400	38	38		32.00
33.00	5.03	DR. Y	0	133	0	0		33.00
34.00	5.03	DR. Z	0	533	92	92		34.00
35.00	5.03	DR. AA	0	133	117	117		35.00
36.00	5.03	DR. AB	0	200	0	0		36.00
37.00	5.03	DR. AC	0	267	0	0		37.00
38.00	5.03	DR. AD	0	733	48	48		38.00
39.00	22.00	DR. AE	0	7,535	149	149		39.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0122

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 9:01 am

	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		
40.00	22.00	DR. AF	0	467	5	5		40.00
41.00	50.00	DR. AG	0	137,833	0	0		41.00
200.00			0	1,026,379	399,112	1,062,859		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	18,494,549	18,494,549			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	11,781,663		11,781,663		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,018,952	0	0	11,018,952	4.00
5.01 00590	SHARED SERVICES	3,409,838	1,556,283	991,406	529,233	5.01
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	70,810,232	1,337,295	851,903	1,100,865	5.03
7.00 00700	OPERATION OF PLANT	9,235,743	6,377,899	4,062,940	259,055	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	319,201	0	0	0	8.00
9.00 00900	HOUSEKEEPING	3,264,103	49,205	31,345	86,219	9.00
10.00 01000	DIETARY	1,094,994	20,544	13,087	0	10.00
11.00 01100	CAFETERIA	2,447,935	82,997	52,872	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,701,925	0	0	231,152	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,980,274	288,336	183,680	133,797	14.00
15.00 01500	PHARMACY	3,793,060	75,662	48,199	394,281	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,334,110	128,234	81,689	82,711	16.00
17.00 01700	SOCIAL SERVICE	1,613,980	34,113	21,731	156,715	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,795,035	0	0	178,243	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,053,193	13,589	8,657	172,071	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,196,122	2,490,999	1,586,852	1,509,080	30.00
31.00 03100	INTENSIVE CARE UNIT	9,395,629	320,083	203,904	776,648	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - IPF	2,052,426	166,235	105,897	203,576	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	1,453,239	0	0	124,622	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,708,194	747,897	476,436	662,169	50.00
51.00 05100	RECOVERY ROOM	988,271	52,933	33,720	95,249	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,878,293	0	0	332,581	52.00
53.00 05300	ANESTHESIOLOGY	773,037	9,560	6,090	25,485	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,991,551	321,827	205,015	447,563	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,280,165	0	0	190,964	55.00
56.00 05600	RADIOISOTOPE	222,642	57,603	36,695	22,688	56.00
57.00 05700	CT SCAN	788,845	10,963	6,984	64,782	57.00
58.00 05800	MRI	995,810	120,357	76,672	83,621	58.00
59.00 05900	CARDIAC CATHETERIZATION	312,208	119,816	76,327	114,136	59.00
60.00 06000	LABORATORY	12,687,213	332,209	211,629	693,349	60.00
65.00 06500	RESPIRATORY THERAPY	2,746,897	1,503	958	242,737	65.00
66.00 06600	PHYSICAL THERAPY	2,130,471	569,436	362,750	95,219	66.00
67.00 06700	OCCUPATIONAL THERAPY	418,528	29,303	18,667	42,619	67.00
68.00 06800	SPEECH PATHOLOGY	139,433	19,622	12,500	14,160	68.00
69.00 06900	ELECTROCARDIOLOGY	624,097	96,646	61,567	62,060	69.00
69.01 06901	CARDIAC REHAB	379,528	37,580	23,940	38,500	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	720,748	93,159	59,345	19,325	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,207,900	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	16,183,018	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	23,390,918	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	458,984	0	0	0	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01 03950	HEART AND VASCULAR CNTR	1,425,221	165,834	105,642	91,676	76.01
76.02 03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	4,446,531	343,233	218,651	393,538	90.00
91.00 09100	EMERGENCY	3,508,731	346,520	220,745	305,140	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	129,003	132,543	84,434	11,899	92.01
93.00 04040	PARTIAL HOSP	1,461,686	0	0	126,840	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	5,936,829	0	0	496,978	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	5,060,817	135,209	86,133	292,573	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	288,241,772	16,685,227	10,629,062	10,904,119	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	434,380	56,801	36,184	29,644	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	615,336	0	0	79	192.00
194.00 07950	FOUNDATION	458,658	23,490	14,964	34,063	194.00
194.01 07951	MARKETING	0	0	0	0	194.01
194.02 07952	OP PHARMACY	1,904,111	11,404	7,265	51,008	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description			Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	300,465	1,717,627	1,094,188	39	3,112,319	194.03
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers		0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	291,954,722	18,494,549	11,781,663	11,018,952	291,954,722	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description			SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5A.01	5.03	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES	6,486,760					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	1,683,854	75,784,149	75,784,149			5.03
7.00	00700	OPERATION OF PLANT	452,997	20,388,634	7,147,766	27,536,400		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,253	326,454	114,447	0	440,901	8.00
9.00	00900	HOUSEKEEPING	77,960	3,508,832	1,230,112	146,907	0	9.00
10.00	01000	DIETARY	25,646	1,154,271	404,660	61,336	0	10.00
11.00	01100	CAFETERIA	58,712	2,642,516	926,403	247,796	0	11.00
13.00	01300	NURSING ADMINISTRATION	66,648	2,999,725	1,051,632	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	81,487	3,667,574	1,285,763	860,855	0	14.00
15.00	01500	PHARMACY	97,963	4,409,165	1,545,747	225,895	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,965	1,663,709	583,256	382,855	0	16.00
17.00	01700	SOCIAL SERVICE	41,504	1,868,043	654,891	101,847	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	44,839	2,018,117	707,503	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,347	1,275,857	447,285	40,571	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	472,253	21,255,306	7,451,600	7,437,124	265,684	30.00
31.00	03100	INTENSIVE CARE UNIT	243,051	10,939,315	3,835,061	955,641	81,634	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	57,447	2,585,581	906,443	496,311	33,367	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	35,854	1,613,715	565,730	0	39,338	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	263,466	11,858,162	4,157,187	2,232,920	0	50.00
51.00	05100	RECOVERY ROOM	26,590	1,196,763	419,556	158,037	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	95,684	4,306,558	1,509,776	0	3,053	52.00
53.00	05300	ANESTHESIOLOGY	18,500	832,672	291,915	28,544	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,564	6,101,520	2,139,046	960,847	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	56,151	2,527,280	886,004	0	0	55.00
56.00	05600	RADIOISOTOPE	7,717	347,345	121,771	171,979	0	56.00
57.00	05700	CT SCAN	19,805	891,379	312,496	32,732	0	57.00
58.00	05800	MRI	29,005	1,305,465	457,665	359,338	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,145	636,632	223,188	357,722	0	59.00
60.00	06000	LABORATORY	316,404	14,240,804	4,992,484	991,844	0	60.00
65.00	06500	RESPIRATORY THERAPY	67,989	3,060,084	1,072,792	4,488	0	65.00
66.00	06600	PHYSICAL THERAPY	71,756	3,229,632	1,132,231	1,700,107	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,569	520,686	182,540	87,486	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,220	189,935	66,587	58,583	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,187	863,557	302,742	288,547	0	69.00
69.01	06901	CARDIAC REHAB	10,897	490,445	171,938	112,200	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	20,282	912,859	320,026	278,135	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	141,062	6,348,962	2,225,794	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	367,727	16,550,745	5,802,294	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	531,512	23,922,430	8,386,566	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,429	469,413	164,565	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	40,637	1,829,010	641,207	495,114	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	122,749	5,524,702	1,936,828	1,024,756	0	90.00
91.00	09100	EMERGENCY	99,553	4,480,689	1,570,822	1,034,570	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,132	366,011	128,315	395,720	17,825	92.01
93.00	04040	PARTIAL HOSP	36,096	1,624,622	569,553	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	146,195	6,580,002	2,306,791	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	126,675	5,701,407	1,998,776	403,679	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,332,478	285,010,734	73,349,754	22,134,486	440,901	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,657	569,666	199,711	169,586	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,984	629,399	220,652	0	0	192.00
194.00	07950	FOUNDATION	12,070	543,245	190,449	70,132	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	44,850	2,018,638	707,686	34,049	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	70,721	3,183,040	1,115,897	5,128,147	0	194.03
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)	6,486,760	291,954,722	75,784,149	27,536,400	440,901	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	4,885,851					9.00
10.00	01000	10,941	1,631,208				10.00
11.00	01100	44,203	0	3,860,918			11.00
13.00	01300	0	0	73,754	4,125,111		13.00
14.00	01400	153,563	0	104,340	0	6,072,095	14.00
15.00	01500	40,296	0	147,113	0	33,073	15.00
16.00	01600	68,295	0	59,103	0	0	16.00
17.00	01700	18,168	0	66,019	0	214	17.00
21.00	02100	0	0	113,479	0	0	21.00
22.00	02200	7,237	0	39,550	0	19	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,326,666	982,955	683,886	1,559,225	310,096	30.00
31.00	03100	170,471	302,021	303,797	67,481	239,099	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	88,534	123,449	89,701	204,513	1,724	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	145,539	61,644	140,544	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	398,318	0	302,105	688,781	313,568	50.00
51.00	05100	28,191	0	36,918	84,172	10,660	51.00
52.00	05200	0	11,295	164,510	375,073	0	52.00
53.00	05300	5,092	0	13,919	31,735	89,071	53.00
54.00	05400	171,400	0	198,773	0	46,140	54.00
55.00	05500	0	0	63,407	0	5,884	55.00
56.00	05600	30,678	0	8,285	0	1,028	56.00
57.00	05700	5,839	0	25,526	0	22,113	57.00
58.00	05800	64,100	0	32,502	0	4,498	58.00
59.00	05900	63,812	0	43,967	0	34,171	59.00
60.00	06000	176,929	0	489,014	0	38,766	60.00
65.00	06500	801	0	111,094	0	37,864	65.00
66.00	06600	303,272	0	40,112	0	655	66.00
67.00	06700	15,606	0	18,014	0	20	67.00
68.00	06800	10,450	0	5,030	0	16	68.00
69.00	06900	51,472	0	26,706	0	3,846	69.00
69.01	06901	20,015	0	16,641	0	337	69.01
70.00	07000	49,615	0	8,836	0	1,584	70.00
71.00	07100	0	0	0	0	1,248,929	71.00
72.00	07200	0	0	0	0	3,472,861	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	124	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	88,321	0	38,842	0	3,281	76.01
76.02	03952	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	182,800	0	185,909	423,862	47,179	90.00
91.00	09100	184,551	0	142,495	324,880	78,390	91.00
92.00	09200						92.00
92.01	09201	70,590	65,949	31,438	71,677	16,429	92.01
93.00	04040	0	0	67,181	153,168	415	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	72,010	0	0	0	10,165	116.00
118.00		3,922,236	1,631,208	3,813,734	4,125,111	6,072,095	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	30,251	0	14,617	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	12,510	0	12,130	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	6,074	0	20,437	0	0	194.02
194.03	07953	914,780	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		4,885,851	1,631,208	3,860,918	4,125,111	6,072,095	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
				15.00	16.00		17.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01 00590	SHARED SERVICES					5.01	
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL					5.03	
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	6,401,289				15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	0	2,757,218			16.00	
17.00 01700	SOCIAL SERVICE	0	0	2,709,182		17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,839,099	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
					1,810,519		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	132,641	1,632,535	1,633,014	1,041,389	30.00
31.00 03100	INTENSIVE CARE UNIT	0	106,413	501,610	325,923	207,844	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - IPF	0	18,241	205,029	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300	NURSERY	0	13,159	241,718	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	247,697	0	112,871	71,979	50.00
51.00 05100	RECOVERY ROOM	0	36,481	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	35,117	18,759	0	0	52.00
53.00 05300	ANESTHESIOLOGY	35,862	81,238	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	156,114	0	12,551	8,004	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	67,364	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	14,165	0	0	0	56.00
57.00 05700	CT SCAN	0	169,023	0	0	0	57.00
58.00 05800	MRI	0	91,100	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	61,350	0	0	0	59.00
60.00 06000	LABORATORY	0	468,513	0	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	68,185	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	24,822	0	68,458	43,656	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	5,367	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	3,329	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	47,654	0	0	0	69.00
69.01 06901	CARDIAC REHAB	0	3,425	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	18,988	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	96,540	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	180,618	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,280,419	289,587	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	2,952	0	29,241	18,647	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03950	HEART AND VASCULAR CNTR	0	65,091	0	0	0	76.01
76.02 03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	46,846	51,850	0	309,831	197,582	90.00
91.00 09100	EMERGENCY	0	155,927	0	130,112	82,973	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	10,326	109,531	0	0	92.01
93.00 04040	PARTIAL HOSP	0	33,941	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600	HOSPICE	38,162	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,401,289	2,757,218	2,709,182	2,622,001	1,672,074	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	217,098	138,445	192.00
194.00 07950	FOUNDATION	0	0	0	0	0	194.00
194.01 07951	MARKETING	0	0	0	0	0	194.01
194.02 07952	OP PHARMACY	0	0	0	0	0	194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
					SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					15.00	16.00		17.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,401,289	2,757,218	2,709,182	2,839,099	1,810,519	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	SHARED SERVICES			5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL			5.03
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	45,712,121	-2,674,403	43,037,718
31.00	03100	INTENSIVE CARE UNIT	18,036,310	-533,767	17,502,543
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - IPF	4,752,893	0	4,752,893
41.00	04100	SUBPROVIDER - IRF	0	0	0
43.00	04300	NURSERY	2,821,387	0	2,821,387
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	20,383,588	-184,850	20,198,738
51.00	05100	RECOVERY ROOM	1,970,778	0	1,970,778
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,424,141	0	6,424,141
53.00	05300	ANESTHESIOLOGY	1,410,048	0	1,410,048
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,794,395	-20,555	9,773,840
55.00	05500	RADIOLOGY-THERAPEUTIC	3,549,939	0	3,549,939
56.00	05600	RADIOISOTOPE	695,251	0	695,251
57.00	05700	CT SCAN	1,459,108	0	1,459,108
58.00	05800	MRI	2,314,668	0	2,314,668
59.00	05900	CARDIAC CATHETERIZATION	1,420,842	0	1,420,842
60.00	06000	LABORATORY	21,398,354	0	21,398,354
65.00	06500	RESPIRATORY THERAPY	4,355,308	0	4,355,308
66.00	06600	PHYSICAL THERAPY	6,542,945	-112,114	6,430,831
67.00	06700	OCCUPATIONAL THERAPY	829,719	0	829,719
68.00	06800	SPEECH PATHOLOGY	333,930	0	333,930
69.00	06900	ELECTROCARDIOLOGY	1,584,524	0	1,584,524
69.01	06901	CARDIAC REHAB	815,001	0	815,001
70.00	07000	ELECTROENCEPHALOGRAPHY	1,590,043	0	1,590,043
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,920,225	0	9,920,225
72.00	07200	IMPL. DEV. CIARGED TO PATIENTS	26,006,518	0	26,006,518
73.00	07300	DRUGS CHARGED TO PATIENTS	38,879,002	0	38,879,002
74.00	07400	RENAL DIALYSIS	684,942	-47,888	637,054
76.00	03020	OTHER ANCILLARY	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	3,160,866	0	3,160,866
76.02	03952	DIABETES EDUCATION	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	9,932,145	-507,413	9,424,732
91.00	09100	EMERGENCY	8,185,409	-213,085	7,972,324
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,283,811	0	1,283,811
93.00	04040	PARTIAL HOSP	2,448,880	0	2,448,880
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	8,886,793	0	8,886,793
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	8,224,199	0	8,224,199
118.00		SUBTOTALS (SUM OF LINES 1-117)	275,808,083	-4,294,075	271,514,008
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	983,831	0	983,831
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,205,594	-355,543	850,051
194.00	07950	FOUNDATION	828,466	0	828,466
194.01	07951	MARKETING	0	0	0
194.02	07952	OP PHARMACY	2,786,884	0	2,786,884
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	10,341,864	0	10,341,864
200.00		Cross Foot Adjustments	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	291,954,722	-4,649,618	287,305,104	202.00

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS SALARIES	4.00
5.01	SHARED SERVICES	-1	ACCUM. COST	5.01
5.03	OTHER ADMINISTRATIVE AND GENERAL	-3	ACCUM. COST	5.03
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	TOTAL PATI ENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	2	TOTAL PATI ENT DAYS	10.00
11.00	CAFETERIA	3	FTES	11.00
13.00	NURSING ADMINISTRATION	4	DIRECT NRSING	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	2	TOTAL PATI ENT DAYS	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	8	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	8	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0 4.00
5.01 00590	SHARED SERVICES	0	1,556,283	991,406	2,547,689 0 5.01
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,337,295	851,903	2,189,198 0 5.03
7.00 00700	OPERATION OF PLANT	0	6,377,899	4,062,940	10,440,839 0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	49,205	31,345	80,550 0 9.00
10.00 01000	DIETARY	0	20,544	13,087	33,631 0 10.00
11.00 01100	CAFETERIA	0	82,997	52,872	135,869 0 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	288,336	183,680	472,016 0 14.00
15.00 01500	PHARMACY	0	75,662	48,199	123,861 0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	128,234	81,689	209,923 0 16.00
17.00 01700	SOCIAL SERVICE	0	34,113	21,731	55,844 0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	13,589	8,657	22,246 0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	2,490,999	1,586,852	4,077,851 0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	320,083	203,904	523,987 0 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0 33.00
40.00 04000	SUBPROVIDER - IPF	0	166,235	105,897	272,132 0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0 41.00
43.00 04300	NURSERY	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	747,897	476,436	1,224,333 0 50.00
51.00 05100	RECOVERY ROOM	0	52,933	33,720	86,653 0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	9,560	6,090	15,650 0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	321,827	205,015	526,842 0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	57,603	36,695	94,298 0 56.00
57.00 05700	CT SCAN	0	10,963	6,984	17,947 0 57.00
58.00 05800	MRI	0	120,357	76,672	197,029 0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	119,816	76,327	196,143 0 59.00
60.00 06000	LABORATORY	0	332,209	211,629	543,838 0 60.00
65.00 06500	RESPIRATORY THERAPY	0	1,503	958	2,461 0 65.00
66.00 06600	PHYSICAL THERAPY	0	569,436	362,750	932,186 0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	29,303	18,667	47,970 0 67.00
68.00 06800	SPEECH PATHOLOGY	0	19,622	12,500	32,122 0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	96,646	61,567	158,213 0 69.00
69.01 06901	CARDIAC REHAB	0	37,580	23,940	61,520 0 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	93,159	59,345	152,504 0 70.00
71.00 07100	MFDTICAL 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	0	0 76.00
76.01 03950	HEART AND VASCULAR CNTR	0	165,834	105,642	271,476 0 76.01
76.02 03952	DIABETES EDUCATION	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	343,233	218,651	561,884 0 90.00
91.00 09100	EMERGENCY	0	346,520	220,745	567,265 0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	132,543	84,434	216,977 0 92.01
93.00 04040	PARTIAL HOSP	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
116.00 11600	HOSPICE	0	135,209	86,133	221,342 0 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	16,685,227	10,629,062	27,314,289 0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,801	36,184	92,985 0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0 192.00
194.00 07950	FOUNDATION	0	23,490	14,964	38,454 0 194.00
194.01 07951	MARKETING	0	0	0	0 194.01
194.02 07952	OP PHARMACY	0	11,404	7,265	18,669 0 194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	1,717,627	1,094,188	2,811,815 0 194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	18,494,549	11,781,663	30,276,212		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.03	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590	2,547,689					5.01
5.03	00560	661,232	2,850,430				5.03
7.00	00700	177,926	268,845	10,887,610			7.00
8.00	00800	2,849	4,305	0	7,154		8.00
9.00	00900	30,621	46,267	58,085	0	215,523	9.00
10.00	01000	10,073	15,220	24,252	0	483	10.00
11.00	01100	23,060	34,844	97,976	0	1,950	11.00
13.00	01300	26,178	39,554	0	0	0	13.00
14.00	01400	32,006	48,361	340,373	0	6,774	14.00
15.00	01500	38,477	58,139	89,317	0	1,778	15.00
16.00	01600	14,519	21,938	151,377	0	3,013	16.00
17.00	01700	16,302	24,632	40,269	0	801	17.00
21.00	02100	17,612	26,611	0	0	0	21.00
22.00	02200	11,134	16,823	16,041	0	319	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	185,489	280,272	2,940,559	4,311	58,519	30.00
31.00	03100	95,464	144,246	377,851	1,325	7,520	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	22,564	34,093	196,236	541	3,905	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	14,082	21,278	0	638	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	103,483	156,362	882,874	0	17,570	50.00
51.00	05100	10,444	15,781	62,486	0	1,244	51.00
52.00	05200	37,582	56,786	0	50	0	52.00
53.00	05300	7,266	10,980	11,286	0	225	53.00
54.00	05400	53,246	80,455	379,909	0	7,561	54.00
55.00	05500	22,055	33,325	0	0	0	55.00
56.00	05600	3,031	4,580	67,999	0	1,353	56.00
57.00	05700	7,779	11,754	12,942	0	258	57.00
58.00	05800	11,392	17,214	142,078	0	2,828	58.00
59.00	05900	5,556	8,395	141,440	0	2,815	59.00
60.00	06000	124,275	187,779	392,165	0	7,805	60.00
65.00	06500	26,704	40,350	1,775	0	35	65.00
66.00	06600	28,184	42,586	672,205	0	13,378	66.00
67.00	06700	4,544	6,866	34,591	0	688	67.00
68.00	06800	1,658	2,504	23,163	0	461	68.00
69.00	06900	7,536	11,387	114,089	0	2,271	69.00
69.01	06901	4,280	6,467	44,363	0	883	69.01
70.00	07000	7,966	12,037	109,972	0	2,189	70.00
71.00	07100	55,406	83,717	0	0	0	71.00
72.00	07200	144,433	218,238	0	0	0	72.00
73.00	07300	208,764	315,446	0	0	0	73.00
74.00	07400	4,096	6,190	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	15,961	24,117	195,763	0	3,896	76.01
76.02	03952	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	48,212	72,849	405,178	0	8,064	90.00
91.00	09100	39,102	59,082	409,058	0	8,141	91.00
92.00	09200						92.00
92.01	09201	3,194	4,826	156,464	289	3,114	92.01
93.00	04040	14,178	21,422	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	57,422	86,764	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	49,754	75,179	159,611	0	3,176	116.00
118.00		2,487,091	2,758,866	8,751,747	7,154	173,017	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	4,971	7,512	67,053	0	1,334	190.00
192.00	19200	5,493	8,299	0	0	0	192.00
194.00	07950	4,741	7,163	27,730	0	552	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	17,616	26,618	13,463	0	268	194.02
194.03	07953	27,777	41,972	2,027,617	0	40,352	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,547,689	2,850,430	10,887,610	7,154	215,523	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	83,659					10.00
11.00	01100	0	293,699				11.00
13.00	01300	0	5,610	71,342			13.00
14.00	01400	0	7,937	0	907,467		14.00
15.00	01500	0	11,191	0	4,943	327,706	15.00
16.00	01600	0	4,496	0	0	0	16.00
17.00	01700	0	5,022	0	32	0	17.00
21.00	02100	0	8,632	0	0	0	21.00
22.00	02200	0	3,009	0	3	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	50,413	52,022	26,964	46,343	0	30.00
31.00	03100	15,490	23,110	1,167	35,733	0	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	6,331	6,824	3,537	258	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	7,464	4,689	2,431	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	22,981	11,912	46,862	0	50.00
51.00	05100	0	2,808	1,456	1,593	0	51.00
52.00	05200	579	12,514	6,487	0	0	52.00
53.00	05300	0	1,059	549	13,311	1,836	53.00
54.00	05400	0	15,121	0	6,896	0	54.00
55.00	05500	0	4,823	0	879	0	55.00
56.00	05600	0	630	0	154	0	56.00
57.00	05700	0	1,942	0	3,305	0	57.00
58.00	05800	0	2,472	0	672	0	58.00
59.00	05900	0	3,345	0	5,107	0	59.00
60.00	06000	0	37,199	0	5,793	0	60.00
65.00	06500	0	8,451	0	5,659	0	65.00
66.00	06600	0	3,051	0	98	0	66.00
67.00	06700	0	1,370	0	3	0	67.00
68.00	06800	0	383	0	2	0	68.00
69.00	06900	0	2,032	0	575	0	69.00
69.01	06901	0	1,266	0	50	0	69.01
70.00	07000	0	672	0	237	0	70.00
71.00	07100	0	0	0	186,649	0	71.00
72.00	07200	0	0	0	519,018	0	72.00
73.00	07300	0	0	0	0	321,518	73.00
74.00	07400	0	9	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	2,955	0	490	0	76.01
76.02	03952	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	14,142	7,331	7,051	2,398	90.00
91.00	09100	0	10,840	5,619	11,715	0	91.00
92.00	09200						92.00
92.01	09201	3,382	2,392	1,240	2,455	0	92.01
93.00	04040	0	5,110	2,649	62	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	1,519	1,954	116.00
118.00		83,659	290,109	71,342	907,467	327,706	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	1,112	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	923	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	1,555	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
Cross Foot Adjustments							
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		83,659	293,699	71,342	907,467	327,706	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			16.00	17.00		21.00	22.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01 00590	SHARED SERVICES					5.01	
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL					5.03	
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	405,266				16.00	
17.00 01700	SOCIAL SERVICE	0	142,902			17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	52,855		21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		69,575	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	19,487	86,112		7,828,342	30.00	
31.00 03100	INTENSIVE CARE UNIT	15,634	26,459		1,267,986	31.00	
33.00 03300	BURN INTENSIVE CARE UNIT	0	0		0	33.00	
40.00 04000	SUBPROVIDER - IPF	2,680	10,815		559,916	40.00	
41.00 04100	SUBPROVIDER - IRF	0	0		0	41.00	
43.00 04300	NURSERY	1,933	12,750		65,265	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	36,390	0		2,502,767	50.00	
51.00 05100	RECOVERY ROOM	5,360	0		187,825	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,159	989		120,146	52.00	
53.00 05300	ANESTHESIOLOGY	11,935	0		74,097	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	22,935	0		1,092,965	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	9,897	0		70,979	55.00	
56.00 05600	RADIOISOTOPE	2,081	0		174,126	56.00	
57.00 05700	CT SCAN	24,832	0		80,759	57.00	
58.00 05800	MRI	13,384	0		387,069	58.00	
59.00 05900	CARDIAC CATHETERIZATION	9,013	0		371,814	59.00	
60.00 06000	LABORATORY	69,022	0		1,367,876	60.00	
65.00 06500	RESPIRATORY THERAPY	10,017	0		95,452	65.00	
66.00 06600	PHYSICAL THERAPY	3,647	0		1,695,335	66.00	
67.00 06700	OCCUPATIONAL THERAPY	789	0		96,821	67.00	
68.00 06800	SPEECH PATHOLOGY	489	0		60,782	68.00	
69.00 06900	ELECTROCARDIOLOGY	7,001	0		303,104	69.00	
69.01 06901	CARDIAC REHAB	503	0		119,332	69.01	
70.00 07000	ELECTROENCEPHALOGRAPHY	2,790	0		288,367	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,183	0		339,955	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	26,535	0		908,224	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	42,545	0		888,273	73.00	
74.00 07400	RENAL DIALYSIS	434	0		10,729	74.00	
76.00 03020	OTHER ANCILLARY	0	0		0	76.00	
76.01 03950	HEART AND VASCULAR CNTR	9,563	0		524,221	76.01	
76.02 03952	DIABETES EDUCATION	0	0		0	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	7,617	0		1,134,726	90.00	
91.00 09100	EMERGENCY	22,908	0		1,133,730	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,517	5,777		401,627	92.01	
93.00 04040	PARTIAL HOSP	4,986	0		48,407	93.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	0		144,186	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE					113.00	
116.00 11600	HOSPICE	0	0		512,535	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	405,266	142,902	0	0	24,857,738	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		174,967	190.00	
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0		13,792	192.00	
194.00 07950	FOUNDATION	0	0		79,563	194.00	
194.01 07951	MARKETING	0	0		0	194.01	
194.02 07952	OP PHARMACY	0	0		78,189	194.02	
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0		4,949,533	194.03	
200.00	Cross Foot Adjustments			52,855	69,575	122,430	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	16.00	17.00	21.00	22.00	24.00
201.00 Negative Cost Centers	0	0	0	0	0
202.00 TOTAL (sum lines 118-201)	405,266	142,902	52,855	69,575	30,276,212

201.00
202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	SHARED SERVICES		5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL		5.03
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 7,828,342	30.00
31.00	03100	INTENSIVE CARE UNIT	0 1,267,986	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 0	33.00
40.00	04000	SUBPROVIDER - IPF	0 559,916	40.00
41.00	04100	SUBPROVIDER - IRF	0 0	41.00
43.00	04300	NURSERY	0 65,265	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 2,502,767	50.00
51.00	05100	RECOVERY ROOM	0 187,825	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 120,146	52.00
53.00	05300	ANESTHESIOLOGY	0 74,097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 1,092,965	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 70,979	55.00
56.00	05600	RADIOISOTOPE	0 174,126	56.00
57.00	05700	CT SCAN	0 80,759	57.00
58.00	05800	MRI	0 387,069	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 371,814	59.00
60.00	06000	LABORATORY	0 1,367,876	60.00
65.00	06500	RESPIRATORY THERAPY	0 95,452	65.00
66.00	06600	PHYSICAL THERAPY	0 1,695,335	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 96,821	67.00
68.00	06800	SPEECH PATHOLOGY	0 60,782	68.00
69.00	06900	ELECTROCARDIOLOGY	0 303,104	69.00
69.01	06901	CARDIAC REHAB	0 119,332	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0 288,367	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 339,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 908,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 888,273	73.00
74.00	07400	RENAL DIALYSIS	0 10,729	74.00
76.00	03020	OTHER ANCILLARY	0 0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0 524,221	76.01
76.02	03952	DIABETES EDUCATION	0 0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 1,134,726	90.00
91.00	09100	EMERGENCY	0 1,133,730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0 401,627	92.01
93.00	04040	PARTIAL HOSP	0 48,407	93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0 144,186	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0 512,535	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0 24,857,738	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 174,967	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 13,792	192.00
194.00	07950	FOUNDATION	0 79,563	194.00
194.01	07951	MARKETING	0 0	194.01
194.02	07952	OP PHARMACY	0 78,189	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0 4,949,533	194.03
200.00		Cross Foot Adjustments	0 122,430	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	30,276,212	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	922,753				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		922,753			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	100,608,143		4.00
5.01 00590	SHARED SERVICES	77,648	77,648	4,832,159	-6,486,760	285,467,962 5.01
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	66,722	66,722	10,051,453	0	74,100,295 5.03
7.00 00700	OPERATION OF PLANT	318,214	318,214	2,365,305	0	19,935,637 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	319,201 8.00
9.00 00900	HOUSEKEEPING	2,455	2,455	787,220	0	3,430,872 9.00
10.00 01000	DIETARY	1,025	1,025	0	0	1,128,625 10.00
11.00 01100	CAFETERIA	4,141	4,141	0	0	2,583,804 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	2,110,536	0	2,933,077 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,386	14,386	1,221,635	0	3,586,087 14.00
15.00 01500	PHARMACY	3,775	3,775	3,599,980	0	4,311,202 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,398	6,398	755,191	0	1,626,744 16.00
17.00 01700	SOCIAL SERVICE	1,702	1,702	1,430,886	0	1,826,539 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,627,451	0	1,973,278 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	678	678	1,571,094	0	1,247,510 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	124,284	124,284	13,778,222	0	20,783,053 30.00
31.00 03100	INTENSIVE CARE UNIT	15,970	15,970	7,091,189	0	10,696,264 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
40.00 04000	SUBPROVIDER - IPF	8,294	8,294	1,858,751	0	2,528,134 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	0	1,137,861	0	1,577,861 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	37,315	37,315	6,045,939	0	11,594,696 50.00
51.00 05100	RECOVERY ROOM	2,641	2,641	869,674	0	1,170,173 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	3,036,636	0	4,210,874 52.00
53.00 05300	ANESTHESIOLOGY	477	477	232,695	0	814,172 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,057	16,057	4,086,475	0	5,965,956 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	1,743,593	0	2,471,129 55.00
56.00 05600	RADIOISOTOPE	2,874	2,874	207,152	0	339,628 56.00
57.00 05700	CT SCAN	547	547	591,494	0	871,574 57.00
58.00 05800	MRI	6,005	6,005	763,498	0	1,276,460 58.00
59.00 05900	CARDIAC CATHETERIZATION	5,978	5,978	1,042,122	0	622,487 59.00
60.00 06000	LABORATORY	16,575	16,575	6,330,626	0	13,924,400 60.00
65.00 06500	RESPIRATORY THERAPY	75	75	2,216,310	0	2,992,095 65.00
66.00 06600	PHYSICAL THERAPY	28,411	28,411	869,395	0	3,157,876 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,462	1,462	389,129	0	509,117 67.00
68.00 06800	SPEECH PATHOLOGY	979	979	129,288	0	185,715 68.00
69.00 06900	ELECTROCARDIOLOGY	4,822	4,822	566,639	0	844,370 69.00
69.01 06901	CARDIAC REHAB	1,875	1,875	351,525	0	479,548 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	4,648	4,648	176,445	0	892,577 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,207,900 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,183,018 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	23,390,918 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	458,984 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03950	HEART AND VASCULAR CNTR	8,274	8,274	837,046	0	1,788,373 76.01
76.02 03952	DIABETES EDUCATION	0	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	17,125	17,125	3,593,202	0	5,401,953 90.00
91.00 09100	EMERGENCY	17,289	17,289	2,786,080	0	4,381,136 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	6,613	6,613	108,643	0	357,879 92.01
93.00 04040	PARTIAL HOSP	0	0	1,158,113	0	1,588,526 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	4,537,661	0	6,433,807 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	6,746	6,746	2,671,339	0	5,574,732 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	832,480	832,480	99,559,652	-6,486,760	278,678,256 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,834	2,834	270,666	0	557,009 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	724	0	615,415 192.00
194.00 07950	FOUNDATION	1,172	1,172	311,009	0	531,175 194.00
194.01 07951	MARKETING	0	0	0	0	0 194.01
194.02 07952	OP PHARMACY	569	569	465,732	0	1,973,788 194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description			CAPITAL RELATED COSTS			Reconciliation	SHARED SERVICES (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)			
			1.00	2.00	4.00			
					5A.01	5.01		
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	85,698	85,698	360	0	3,112,319	194.03
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)	18,494,549	11,781,663	11,018,952		6,486,760	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	20.042795	12.767949	0.109523		0.022723	203.00
204.00		Cost to be allocated (per wkst. B, Part II)			0		2,547,689	204.00
205.00		Unit cost multiplier (wkst. B, Part II)			0.000000		0.008925	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQURE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.03	00560	-75,784,149	216,170,573				5.03
7.00	00700		20,388,634	460,169			7.00
8.00	00800		326,454		55,603		8.00
9.00	00900		3,508,832	2,455		457,714	9.00
10.00	01000		1,154,271	1,025		1,025	10.00
11.00	01100		2,642,516	4,141		4,141	11.00
13.00	01300		2,999,725				13.00
14.00	01400		3,667,574	14,386		14,386	14.00
15.00	01500		4,409,165	3,775		3,775	15.00
16.00	01600		1,663,709	6,398		6,398	16.00
17.00	01700		1,868,043	1,702		1,702	17.00
21.00	02100		2,018,117				21.00
22.00	02200		1,275,857	678		678	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		21,255,306	124,284	33,506	124,284	30.00
31.00	03100		10,939,315	15,970	10,295	15,970	31.00
33.00	03300						33.00
40.00	04000		2,585,581	8,294	4,208	8,294	40.00
41.00	04100						41.00
43.00	04300		1,613,715		4,961		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		11,858,162	37,315		37,315	50.00
51.00	05100		1,196,763	2,641		2,641	51.00
52.00	05200		4,306,558		385		52.00
53.00	05300		832,672	477		477	53.00
54.00	05400		6,101,520	16,057		16,057	54.00
55.00	05500		2,527,280				55.00
56.00	05600		347,345	2,874		2,874	56.00
57.00	05700		891,379	547		547	57.00
58.00	05800		1,305,465	6,005		6,005	58.00
59.00	05900		636,632	5,978		5,978	59.00
60.00	06000		14,240,804	16,575		16,575	60.00
65.00	06500		3,060,084	75		75	65.00
66.00	06600		3,229,632	28,411		28,411	66.00
67.00	06700		520,686	1,462		1,462	67.00
68.00	06800		189,935	979		979	68.00
69.00	06900		863,557	4,822		4,822	69.00
69.01	06901		490,445	1,875		1,875	69.01
70.00	07000		912,859	4,648		4,648	70.00
71.00	07100		6,348,962				71.00
72.00	07200		16,550,745				72.00
73.00	07300		23,922,430				73.00
74.00	07400		469,413				74.00
76.00	03020						76.00
76.01	03950		1,829,010	8,274		8,274	76.01
76.02	03952						76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		5,524,702	17,125		17,125	90.00
91.00	09100		4,480,689	17,289		17,289	91.00
92.00	09200						92.00
92.01	09201		366,011	6,613	2,248	6,613	92.01
93.00	04040		1,624,622				93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100		6,580,002				101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600		5,701,407	6,746		6,746	116.00
118.00		-75,784,149	209,226,585	369,896	55,603	367,441	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		569,666	2,834		2,834	190.00
192.00	19200		629,399				192.00
194.00	07950		543,245	1,172		1,172	194.00
194.01	07951						194.01
194.02	07952		2,018,638	569		569	194.02
194.03	07953		3,183,040	85,698		85,698	194.03
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
202.00	Cost to be allocated (per wkst. B, Part I)		75,784,149	27,536,400	440,901	4,885,851	202.00
203.00	Unit cost multiplier (wkst. B, Part I)		0.350576	59.839755	7.929446	10.674463	203.00
204.00	Cost to be allocated (per wkst. B, Part II)		2,850,430	10,887,610	7,154	215,523	204.00
205.00	Unit cost multiplier (wkst. B, Part II)		0.013186	23.660025	0.128662	0.470868	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	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
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	55,603					10.00
11.00	01100		1,957,216				11.00
13.00	01300			917,191			13.00
14.00	01400		52,893		28,517,571		14.00
15.00	01500		74,576		155,328	23,898,187	15.00
16.00	01600		29,961				16.00
17.00	01700		33,467		1,003		17.00
21.00	02100		57,526				21.00
22.00	02200		20,049		87		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	33,506	346,683	346,683	1,456,364		30.00
31.00	03100	10,295	154,004	15,004	1,122,926		31.00
33.00	03300						33.00
40.00	04000	4,208	45,472	45,472	8,097		40.00
41.00	04100						41.00
43.00	04300	4,961	31,249	31,249			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		153,146	153,146	1,472,668		50.00
51.00	05100		18,715	18,715	50,066		51.00
52.00	05200	385	83,395	83,395			52.00
53.00	05300		7,056	7,056	418,322	133,886	53.00
54.00	05400		100,764		216,697		54.00
55.00	05500		32,143		27,633		55.00
56.00	05600		4,200		4,826		56.00
57.00	05700		12,940		103,855		57.00
58.00	05800		16,476		21,124		58.00
59.00	05900		22,288		160,482		59.00
60.00	06000		247,896		182,063		60.00
65.00	06500		56,317		177,830		65.00
66.00	06600		20,334		3,078		66.00
67.00	06700		9,132		92		67.00
68.00	06800		2,550		76		68.00
69.00	06900		13,538		18,063		69.00
69.01	06901		8,436		1,581		69.01
70.00	07000		4,479		7,437		70.00
71.00	07100				5,865,583		71.00
72.00	07200				16,310,303		72.00
73.00	07300					23,446,939	73.00
74.00	07400		63				74.00
76.00	03020						76.00
76.01	03950		19,690		15,408		76.01
76.02	03952						76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		94,243	94,243	221,576	174,890	90.00
91.00	09100		72,235	72,235	368,156		91.00
92.00	09200						92.00
92.01	09201	2,248	15,937	15,937	77,159		92.01
93.00	04040		34,056	34,056	1,950		93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100						101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600				47,738	142,472	116.00
118.00		55,603	1,933,297	917,191	28,517,571	23,898,187	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		7,410				190.00
192.00	19200						192.00
194.00	07950		6,149				194.00
194.01	07951						194.01
194.02	07952		10,360				194.02
194.03	07953						194.03
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	1,631,208	3,860,918	4,125,111	6,072,095	6,401,289	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	29.336690	1.972658	4.497548	0.212925	0.267857	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	83,659	293,699	71,342	907,467	327,706	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	1.504577	0.150060	0.077783	0.031821	0.013713	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590	SHARED SERVICES					5.01
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
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	966,692,527				16.00
17.00 01700	SOCIAL SERVICE	0	55,603			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	61,752		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	61,752	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	46,507,984	33,506	35,519	35,519	30.00
31.00 03100	INTENSIVE CARE UNIT	37,311,790	10,295	7,089	7,089	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - IPF	6,395,890	4,208	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	4,613,825	4,961	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	86,850,335	0	2,455	2,455	50.00
51.00 05100	RECOVERY ROOM	12,791,405	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,313,025	385	0	0	52.00
53.00 05300	ANESTHESIOLOGY	28,484,525	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	54,738,435	0	273	273	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	23,619,985	0	0	0	55.00
56.00 05600	RADIOISOTOPE	4,966,750	0	0	0	56.00
57.00 05700	CT SCAN	59,264,842	0	0	0	57.00
58.00 05800	MRI	31,942,431	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	21,511,102	0	0	0	59.00
60.00 06000	LABORATORY	164,201,610	0	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	23,907,786	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	8,703,290	0	1,489	1,489	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,881,926	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,167,257	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	16,709,094	0	0	0	69.00
69.01 06901	CARDIAC REHAB	1,200,795	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	6,657,975	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,849,805	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	63,330,321	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	101,538,243	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	1,034,900	0	636	636	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01 03950	HEART AND VASCULAR CNTR	22,822,842	0	0	0	76.01
76.02 03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	18,180,150	0	6,739	6,739	90.00
91.00 09100	EMERGENCY	54,672,691	0	2,830	2,830	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	3,620,678	2,248	0	0	92.01
93.00 04040	PARTIAL HOSP	11,900,890	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	966,692,527	55,603	57,030	57,030	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,722	4,722	192.00
194.00 07950	FOUNDATION	0	0	0	0	194.00
194.01 07951	MARKETING	0	0	0	0	194.01
194.02 07952	OP PHARMACY	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
					SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00	21.00	22.00		
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	2,757,218	2,709,182	2,839,099	1,810,519		202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.002852	48.723666	45.975823	29.319196		203.00
204.00		Cost to be allocated (per wkst. B, Part II)	405,266	142,902	52,855	69,575		204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.000419	2.570041	0.855924	1.126684		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 9:01 am

		Title XVIII		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		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,037,718		43,037,718	0	43,037,718	30.00
31.00	03100	INTENSIVE CARE UNIT	17,502,543		17,502,543	0	17,502,543	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,752,893		4,752,893	0	4,752,893	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,821,387		2,821,387	0	2,821,387	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,198,738		20,198,738	0	20,198,738	50.00
51.00	05100	RECOVERY ROOM	1,970,778		1,970,778	0	1,970,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,424,141		6,424,141	0	6,424,141	52.00
53.00	05300	ANESTHESIOLOGY	1,410,048		1,410,048	0	1,410,048	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,773,840		9,773,840	0	9,773,840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,549,939		3,549,939	0	3,549,939	55.00
56.00	05600	RADIOISOTOPE	695,251		695,251	0	695,251	56.00
57.00	05700	CT SCAN	1,459,108		1,459,108	0	1,459,108	57.00
58.00	05800	MRI	2,314,668		2,314,668	0	2,314,668	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,420,842		1,420,842	0	1,420,842	59.00
60.00	06000	LABORATORY	21,398,354		21,398,354	0	21,398,354	60.00
65.00	06500	RESPIRATORY THERAPY	4,355,308	0	4,355,308	0	4,355,308	65.00
66.00	06600	PHYSICAL THERAPY	6,430,831	0	6,430,831	0	6,430,831	66.00
67.00	06700	OCCUPATIONAL THERAPY	829,719	0	829,719	0	829,719	67.00
68.00	06800	SPEECH PATHOLOGY	333,930	0	333,930	0	333,930	68.00
69.00	06900	ELECTROCARDIOLOGY	1,584,524		1,584,524	0	1,584,524	69.00
69.01	06901	CARDIAC REHAB	815,001		815,001	0	815,001	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,590,043		1,590,043	0	1,590,043	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,920,225		9,920,225	0	9,920,225	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,006,518		26,006,518	0	26,006,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,879,002		38,879,002	0	38,879,002	73.00
74.00	07400	RENAL DIALYSIS	637,054		637,054	0	637,054	74.00
76.00	03020	OTHER ANCILLARY	0		0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	3,160,866		3,160,866	0	3,160,866	76.01
76.02	03952	DIABETES EDUCATION	0		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,424,732		9,424,732	0	9,424,732	90.00
91.00	09100	EMERGENCY	7,972,324		7,972,324	0	7,972,324	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,705,963		2,705,963	0	2,705,963	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,283,811		1,283,811	0	1,283,811	92.01
93.00	04040	PARTIAL HOSP	2,448,880		2,448,880	0	2,448,880	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,886,793		8,886,793		8,886,793	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,224,199		8,224,199		8,224,199	116.00
200.00		Subtotal (see instructions)	274,219,971	0	274,219,971	0	274,219,971	200.00
201.00		Less Observation Beds	2,705,963		2,705,963		2,705,963	201.00
202.00		Total (see instructions)	271,514,008	0	271,514,008	0	271,514,008	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 9:01 am

		Title XVIII			Hospital	PPS		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,474,399		41,474,399			30.00
31.00	03100	INTENSIVE CARE UNIT	37,311,790		37,311,790			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
40.00	04000	SUBPROVIDER - IPF	6,395,890		6,395,890			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	4,613,825		4,613,825			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,047,438	47,802,897	86,850,335	0.232569	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,347,060	7,444,345	12,791,405	0.154070	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,731,010	582,015	12,313,025	0.521735	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,442,625	14,041,900	28,484,525	0.049502	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,307,520	39,430,915	54,738,435	0.178555	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	440,635	23,179,350	23,619,985	0.150294	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,422,200	3,544,550	4,966,750	0.139981	0.000000	56.00
57.00	05700	CT SCAN	17,030,661	42,234,181	59,264,842	0.024620	0.000000	57.00
58.00	05800	MRI	4,792,105	27,150,326	31,942,431	0.072464	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,086,050	14,425,052	21,511,102	0.066052	0.000000	59.00
60.00	06000	LABORATORY	45,294,498	118,907,112	164,201,610	0.130318	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	22,691,392	1,216,394	23,907,786	0.182171	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,686,708	5,016,582	8,703,290	0.738897	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,697,119	184,807	1,881,926	0.440888	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,059,275	107,982	1,167,257	0.286081	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,722,257	8,986,837	16,709,094	0.094830	0.000000	69.00
69.01	06901	CARDIAC REHAB	120,433	1,080,362	1,200,795	0.678718	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	872,750	5,785,175	6,657,925	0.238820	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,581,502	18,268,303	33,849,805	0.293066	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,077,032	28,253,289	63,330,321	0.410649	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,683,135	58,855,108	101,538,243	0.382900	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,034,900	0	1,034,900	0.615571	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	60,156	22,762,686	22,822,842	0.138496	0.000000	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	304,140	17,876,010	18,180,150	0.518408	0.000000	90.00
91.00	09100	EMERGENCY	17,934,495	36,738,196	54,672,691	0.145819	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	914,400	4,119,185	5,033,585	0.537582	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	775,946	2,844,732	3,620,678	0.354578	0.000000	92.01
93.00	04040	PARTIAL HOSP	10,150	11,890,740	11,900,890	0.205773	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	8,301,537	8,301,537			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,268,908	7,268,908			116.00
200.00		Subtotal (see instructions)	403,963,496	578,299,476	982,262,972			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	403,963,496	578,299,476	982,262,972			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.232569		50.00
51.00	05100	RECOVERY ROOM	0.154070		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521735		52.00
53.00	05300	ANESTHESIOLOGY	0.049502		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178555		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150294		55.00
56.00	05600	RADIOISOTOPE	0.139981		56.00
57.00	05700	CT SCAN	0.024620		57.00
58.00	05800	MRI	0.072464		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066052		59.00
60.00	06000	LABORATORY	0.130318		60.00
65.00	06500	RESPIRATORY THERAPY	0.182171		65.00
66.00	06600	PHYSICAL THERAPY	0.738897		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440888		67.00
68.00	06800	SPEECH PATHOLOGY	0.286081		68.00
69.00	06900	ELECTROCARDIOLOGY	0.094830		69.00
69.01	06901	CARDIAC REHAB	0.678718		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.238820		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.293066		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.410649		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.382900		73.00
74.00	07400	RENAL DIALYSIS	0.615571		74.00
76.00	03020	OTHER ANCILLARY	0.000000		76.00
76.01	03950	HEART AND VASCULAR CNTR	0.138496		76.01
76.02	03952	DIABETES EDUCATION	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.518408		90.00
91.00	09100	EMERGENCY	0.145819		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.537582		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.354578		92.01
93.00	04040	PARTIAL HOSP	0.205773		93.00
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
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: 14-0122

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 9:01 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		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,037,718		43,037,718	0	43,037,718	30.00
31.00	03100	INTENSIVE CARE UNIT	17,502,543		17,502,543	0	17,502,543	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,752,893		4,752,893	0	4,752,893	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,821,387		2,821,387	0	2,821,387	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,198,738		20,198,738	0	20,198,738	50.00
51.00	05100	RECOVERY ROOM	1,970,778		1,970,778	0	1,970,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,424,141		6,424,141	0	6,424,141	52.00
53.00	05300	ANESTHESIOLOGY	1,410,048		1,410,048	0	1,410,048	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,773,840		9,773,840	0	9,773,840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,549,939		3,549,939	0	3,549,939	55.00
56.00	05600	RADIOISOTOPE	695,251		695,251	0	695,251	56.00
57.00	05700	CT SCAN	1,459,108		1,459,108	0	1,459,108	57.00
58.00	05800	MRI	2,314,668		2,314,668	0	2,314,668	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,420,842		1,420,842	0	1,420,842	59.00
60.00	06000	LABORATORY	21,398,354		21,398,354	0	21,398,354	60.00
65.00	06500	RESPIRATORY THERAPY	4,355,308	0	4,355,308	0	4,355,308	65.00
66.00	06600	PHYSICAL THERAPY	6,430,831	0	6,430,831	0	6,430,831	66.00
67.00	06700	OCCUPATIONAL THERAPY	829,719	0	829,719	0	829,719	67.00
68.00	06800	SPEECH PATHOLOGY	333,930	0	333,930	0	333,930	68.00
69.00	06900	ELECTROCARDIOLOGY	1,584,524		1,584,524	0	1,584,524	69.00
69.01	06901	CARDIAC REHAB	815,001		815,001	0	815,001	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,590,043		1,590,043	0	1,590,043	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,920,225		9,920,225	0	9,920,225	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,006,518		26,006,518	0	26,006,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,879,002		38,879,002	0	38,879,002	73.00
74.00	07400	RENAL DIALYSIS	637,054		637,054	0	637,054	74.00
76.00	03020	OTHER ANCILLARY	0		0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	3,160,866		3,160,866	0	3,160,866	76.01
76.02	03952	DIABETES EDUCATION	0		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,424,732		9,424,732	0	9,424,732	90.00
91.00	09100	EMERGENCY	7,972,324		7,972,324	0	7,972,324	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,705,963		2,705,963	0	2,705,963	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,283,811		1,283,811	0	1,283,811	92.01
93.00	04040	PARTIAL HOSP	2,448,880		2,448,880	0	2,448,880	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,886,793		8,886,793		8,886,793	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,224,199		8,224,199		8,224,199	116.00
200.00		Subtotal (see instructions)	274,219,971	0	274,219,971	0	274,219,971	200.00
201.00		Less Observation Beds	2,705,963		2,705,963		2,705,963	201.00
202.00		Total (see instructions)	271,514,008	0	271,514,008	0	271,514,008	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 9:01 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	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,474,399		41,474,399		30.00
31.00	03100	INTENSIVE CARE UNIT	37,311,790		37,311,790		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	6,395,890		6,395,890		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,613,825		4,613,825		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,047,438	47,802,897	86,850,335	0.232569	50.00
51.00	05100	RECOVERY ROOM	5,347,060	7,444,345	12,791,405	0.154070	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,731,010	582,015	12,313,025	0.521735	52.00
53.00	05300	ANESTHESIOLOGY	14,442,625	14,041,900	28,484,525	0.049502	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,307,520	39,430,915	54,738,435	0.178555	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	440,635	23,179,350	23,619,985	0.150294	55.00
56.00	05600	RADIOISOTOPE	1,422,200	3,544,550	4,966,750	0.139981	56.00
57.00	05700	CT SCAN	17,030,661	42,234,181	59,264,842	0.024620	57.00
58.00	05800	MRI	4,792,105	27,150,326	31,942,431	0.072464	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,086,050	14,425,052	21,511,102	0.066052	59.00
60.00	06000	LABORATORY	45,294,498	118,907,112	164,201,610	0.130318	60.00
65.00	06500	RESPIRATORY THERAPY	22,691,392	1,216,394	23,907,786	0.182171	65.00
66.00	06600	PHYSICAL THERAPY	3,686,708	5,016,582	8,703,290	0.738897	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,697,119	184,807	1,881,926	0.440888	67.00
68.00	06800	SPEECH PATHOLOGY	1,059,275	107,982	1,167,257	0.286081	68.00
69.00	06900	ELECTROCARDIOLOGY	7,722,257	8,986,837	16,709,094	0.094830	69.00
69.01	06901	CARDIAC REHAB	120,433	1,080,362	1,200,795	0.678718	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	872,750	5,785,175	6,657,925	0.238820	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,581,502	18,268,303	33,849,805	0.293066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,077,032	28,253,289	63,330,321	0.410649	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,683,135	58,855,108	101,538,243	0.382900	73.00
74.00	07400	RENAL DIALYSIS	1,034,900	0	1,034,900	0.615571	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	60,156	22,762,686	22,822,842	0.138496	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	304,140	17,876,010	18,180,150	0.518408	90.00
91.00	09100	EMERGENCY	17,934,495	36,738,196	54,672,691	0.145819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	914,400	4,119,185	5,033,585	0.537582	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	775,946	2,844,732	3,620,678	0.354578	92.01
93.00	04040	PARTIAL HOSP	10,150	11,890,740	11,900,890	0.205773	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	8,301,537	8,301,537		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	7,268,908	7,268,908		116.00
200.00		Subtotal (see instructions)	403,963,496	578,299,476	982,262,972		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	403,963,496	578,299,476	982,262,972		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000				30.00
	ADULTS & PEDIATRICS				
31.00	03100				31.00
	INTENSIVE CARE UNIT				
33.00	03300				33.00
	BURN INTENSIVE CARE UNIT				
40.00	04000				40.00
	SUBPROVIDER - IPF				
41.00	04100				41.00
	SUBPROVIDER - IRF				
43.00	04300				43.00
	NURSERY				
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0.000000			50.00
	OPERATING ROOM				
51.00	05100	0.000000			51.00
	RECOVERY ROOM				
52.00	05200	0.000000			52.00
	DELIVERY ROOM & LABOR ROOM				
53.00	05300	0.000000			53.00
	ANESTHESIOLOGY				
54.00	05400	0.000000			54.00
	RADIOLOGY-DIAGNOSTIC				
55.00	05500	0.000000			55.00
	RADIOLOGY-THERAPEUTIC				
56.00	05600	0.000000			56.00
	RADIOISOTOPE				
57.00	05700	0.000000			57.00
	CT SCAN				
58.00	05800	0.000000			58.00
	MRI				
59.00	05900	0.000000			59.00
	CARDIAC CATHETERIZATION				
60.00	06000	0.000000			60.00
	LABORATORY				
65.00	06500	0.000000			65.00
	RESPIRATORY THERAPY				
66.00	06600	0.000000			66.00
	PHYSICAL THERAPY				
67.00	06700	0.000000			67.00
	OCCUPATIONAL THERAPY				
68.00	06800	0.000000			68.00
	SPEECH PATHOLOGY				
69.00	06900	0.000000			69.00
	ELECTROCARDIOLOGY				
69.01	06901	0.000000			69.01
	CARDIAC REHAB				
70.00	07000	0.000000			70.00
	ELECTROENCEPHALOGRAPHY				
71.00	07100	0.000000			71.00
	MEDICAL SUPPLIES CHARGED TO PATIENT				
72.00	07200	0.000000			72.00
	IMPL. DEV. CHARGED TO PATIENTS				
73.00	07300	0.000000			73.00
	DRUGS CHARGED TO PATIENTS				
74.00	07400	0.000000			74.00
	RENAL DIALYSIS				
76.00	03020	0.000000			76.00
	OTHER ANCILLARY				
76.01	03950	0.000000			76.01
	HEART AND VASCULAR CNTR				
76.02	03952	0.000000			76.02
	DIABETES EDUCATION				
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0.000000			90.00
	CLINIC				
91.00	09100	0.000000			91.00
	EMERGENCY				
92.00	09200	0.000000			92.00
	OBSERVATION BEDS (NON-DISTINCT PART				
92.01	09201	0.000000			92.01
	OBSERVATION BEDS (DISTINCT PART)				
93.00	04040	0.000000			93.00
	PARTIAL HOSP				
OTHER REIMBURSABLE COST CENTERS					
101.00	10100				101.00
	HOME HEALTH AGENCY				
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
	INTEREST EXPENSE				
116.00	11600				116.00
	HOSPICE				
200.00					200.00
	Subtotal (see instructions)				
201.00					201.00
	Less Observation Beds				
202.00					202.00
	Total (see instructions)				

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0122

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

Worksheet D
Part I
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,828,342	0	7,828,342	35,754	218.95	30.00	
31.00	INTENSIVE CARE UNIT	1,267,986		1,267,986	10,295	123.17	31.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
40.00	SUBPROVIDER - IPF	559,916	0	559,916	4,208	133.06	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
43.00	NURSERY	65,265		65,265	4,961	13.16	43.00	
200.00	Total (lines 30-199)	9,721,509		9,721,509	55,218		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	12,807	2,804,093					30.00
31.00	INTENSIVE CARE UNIT	1,671	205,817					31.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
40.00	SUBPROVIDER - IPF	728	96,868					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	15,206	3,106,778					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 9:01 am
--	-----------------------	---	--

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,502,767	86,850,335	0.028817	13,951,865	402,051	50.00
51.00	05100	RECOVERY ROOM	187,825	12,791,405	0.014684	1,842,263	27,052	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	120,146	12,313,025	0.009758	7,319	71	52.00
53.00	05300	ANESTHESIOLOGY	74,097	28,484,525	0.002601	4,473,763	11,636	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,092,965	54,738,435	0.019967	7,474,810	149,250	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	70,979	23,619,985	0.003005	149,618	450	55.00
56.00	05600	RADIOISOTOPE	174,126	4,966,750	0.035058	804,338	28,198	56.00
57.00	05700	CT SCAN	80,759	59,264,842	0.001363	8,241,781	11,234	57.00
58.00	05800	MRI	387,069	31,942,431	0.012118	2,066,062	25,037	58.00
59.00	05900	CARDIAC CATHETERIZATION	371,814	21,511,102	0.017285	3,821,307	66,051	59.00
60.00	06000	LABORATORY	1,367,876	164,201,610	0.008330	18,686,406	155,658	60.00
65.00	06500	RESPIRATORY THERAPY	95,452	23,907,786	0.003993	9,969,171	39,807	65.00
66.00	06600	PHYSICAL THERAPY	1,695,335	8,703,290	0.194792	1,825,946	355,680	66.00
67.00	06700	OCCUPATIONAL THERAPY	96,821	1,881,926	0.051448	964,286	49,611	67.00
68.00	06800	SPEECH PATHOLOGY	60,782	1,167,257	0.052073	449,433	23,403	68.00
69.00	06900	ELECTROCARDIOLOGY	303,104	16,709,094	0.018140	3,950,269	71,658	69.00
69.01	06901	CARDIAC REHAB	119,332	1,200,795	0.099377	61,562	6,118	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	288,367	6,657,925	0.043312	191,721	8,304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	339,955	33,849,805	0.010043	6,052,217	60,782	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	908,224	63,330,321	0.014341	12,720,218	182,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	888,273	101,538,243	0.008748	16,387,584	143,359	73.00
74.00	07400	RENAL DIALYSIS	10,729	1,034,900	0.010367	733,664	7,606	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	524,221	22,822,842	0.022969	46,859	1,076	76.01
76.02	03952	DIABETES EDUCATION	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,134,726	18,180,150	0.062416	16,744	1,045	90.00
91.00	09100	EMERGENCY	1,133,730	54,672,691	0.020737	8,120,467	168,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	492,201	5,033,585	0.097783	563,465	55,097	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	401,627	3,620,678	0.110926	442,735	49,111	92.01
93.00	04040	PARTIAL HOSP	48,407	11,900,890	0.004068	0	0	93.00
200.00		Total (lines 50-199)	14,971,709	876,896,623		124,015,873	2,100,160	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 14-0122 Period: From 01/01/2016 To 12/31/2016 Worksheet D Part III Date/Time Prepared: 5/24/2017 9:01 am

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)			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
			6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	35,754	0.00	12,807	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,295	0.00	1,671	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,208	0.00	728	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00
43.00	04300	NURSERY	4,961	0.00	0	0	0	0	43.00
200.00		Total (lines 30-199)	55,218		15,206	0	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
			12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0	0					31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0					33.00
40.00	04000	SUBPROVIDER - IPF	0	0					40.00
41.00	04100	SUBPROVIDER - IRF	0	0					41.00
43.00	04300	NURSERY	0	0					43.00
200.00		Total (lines 30-199)	0	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

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

Worksheet D Part IV Date/Time Prepared: 5/24/2017 9:01 am

		Title XVIII			Hospital		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	86,850,335	0.000000	0.000000	13,951,865	50.00
51.00	05100	RECOVERY ROOM	0	12,791,405	0.000000	0.000000	1,842,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,313,025	0.000000	0.000000	7,319	52.00
53.00	05300	ANESTHESIOLOGY	0	28,484,525	0.000000	0.000000	4,473,763	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,738,435	0.000000	0.000000	7,474,810	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,619,985	0.000000	0.000000	149,618	55.00
56.00	05600	RADIOISOTOPE	0	4,966,750	0.000000	0.000000	804,338	56.00
57.00	05700	CT SCAN	0	59,264,842	0.000000	0.000000	8,241,781	57.00
58.00	05800	MRI	0	31,942,431	0.000000	0.000000	2,066,062	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,511,102	0.000000	0.000000	3,821,307	59.00
60.00	06000	LABORATORY	0	164,201,610	0.000000	0.000000	18,686,406	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,907,786	0.000000	0.000000	9,969,171	65.00
66.00	06600	PHYSICAL THERAPY	0	8,703,290	0.000000	0.000000	1,825,946	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,881,926	0.000000	0.000000	964,286	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,167,257	0.000000	0.000000	449,433	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,709,094	0.000000	0.000000	3,950,269	69.00
69.01	06901	CARDIAC REHAB	0	1,200,795	0.000000	0.000000	61,562	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,657,925	0.000000	0.000000	191,721	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,849,805	0.000000	0.000000	6,052,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	63,330,321	0.000000	0.000000	12,720,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	101,538,243	0.000000	0.000000	16,387,584	73.00
74.00	07400	RENAL DIALYSIS	0	1,034,900	0.000000	0.000000	733,664	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	22,822,842	0.000000	0.000000	46,859	76.01
76.02	03952	DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	18,180,150	0.000000	0.000000	16,744	90.00
91.00	09100	EMERGENCY	0	54,672,691	0.000000	0.000000	8,120,467	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,033,585	0.000000	0.000000	563,465	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,620,678	0.000000	0.000000	442,735	92.01
93.00	04040	PARTIAL HOSP	0	11,900,890	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	0	876,896,623			124,015,873	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	9,643,635	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,082,521	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	993	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,094,803	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,139,162	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,869,760	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	1,244,704	0	0	0	56.00
57.00	05700 CT SCAN	0	12,627,217	0	0	0	57.00
58.00	05800 MRI	0	6,317,781	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,851,208	0	0	0	59.00
60.00	06000 LABORATORY	0	9,063,817	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	381,213	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	155,876	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	80,912	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	11,920	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,524,795	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	481,698	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,363,681	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,131,428	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	11,011,744	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	21,642,316	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	10,663,121	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,691,814	0	0	0	90.00
91.00	09100 EMERGENCY	0	6,501,901	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,072,125	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	1,048,770	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	1,330,686	0	0	0	93.00
200.00	Total (lines 50-199)	0	134,029,601	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		PSA Adj.	PSA Adj. All	Hospital	PPS
		Allied Health	Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
69.01	06901 CARDIAC REHAB	0	0		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
76.01	03950 HEART AND VASCULAR CNTR	0	0		76.01
76.02	03952 DIABETES EDUCATION	0	0		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0		90.00
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040 PARTIAL HOSP	0	0		93.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 9:01 am
--	-----------------------	---	---

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Title XVIII		Hospital	PPS			
		Charges		Costs				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.232569	9,643,635	0	0	2,242,811	50.00
51.00	05100	RECOVERY ROOM	0.154070	1,082,521	0	0	166,784	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521735	993	0	0	518	52.00
53.00	05300	ANESTHESIOLOGY	0.049502	2,094,803	0	0	103,697	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178555	9,139,162	0	0	1,631,843	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150294	8,869,760	0	0	1,333,072	55.00
56.00	05600	RADIOISOTOPE	0.139981	1,244,704	0	0	174,235	56.00
57.00	05700	CT SCAN	0.024620	12,627,217	0	0	310,882	57.00
58.00	05800	MRI	0.072464	6,317,781	0	0	457,812	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066052	6,851,208	0	0	452,536	59.00
60.00	06000	LABORATORY	0.130318	9,063,817	0	0	1,181,179	60.00
65.00	06500	RESPIRATORY THERAPY	0.182171	381,213	0	0	69,446	65.00
66.00	06600	PHYSICAL THERAPY	0.738897	155,876	0	0	115,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440888	80,912	0	0	35,673	67.00
68.00	06800	SPEECH PATHOLOGY	0.286081	11,920	0	0	3,410	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094830	2,524,795	0	0	239,426	69.00
69.01	06901	CARDIAC REHAB	0.678718	481,698	0	0	326,937	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.238820	1,363,681	0	0	325,674	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.293066	5,131,428	0	0	1,503,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.410649	11,011,744	0	0	4,521,962	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.382900	21,642,316	0	141,216	8,286,843	73.00
74.00	07400	RENAL DIALYSIS	0.615571	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.138496	10,663,121	0	0	1,476,800	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.518408	3,691,814	0	0	1,913,866	90.00
91.00	09100	EMERGENCY	0.145819	6,501,901	0	0	948,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.537582	1,072,125	0	0	576,355	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.354578	1,048,770	0	0	371,871	92.01
93.00	04040	PARTIAL HOSP	0.205773	1,330,686	0	0	273,819	93.00
200.00		Subtotal (see instructions)		134,029,601	0	141,216	29,044,575	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		134,029,601	0	141,216	29,044,575	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

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

Worksheet D
Part V
Date/Time Prepared:
5/24/2017 9:01 am

		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	54,072	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	93.00
200.00		Subtotal (see instructions)	0	54,072	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	54,072	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 9:01 am
--	---	---	--

Cost Center Description			Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,502,767	86,850,335	0.028817	0	0	50.00
51.00	05100	RECOVERY ROOM	187,825	12,791,405	0.014684	17,000	250	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	120,146	12,313,025	0.009758	0	0	52.00
53.00	05300	ANESTHESIOLOGY	74,097	28,484,525	0.002601	31,520	82	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,092,965	54,738,435	0.019967	11,980	239	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	70,979	23,619,985	0.003005	0	0	55.00
56.00	05600	RADIOISOTOPE	174,126	4,966,750	0.035058	0	0	56.00
57.00	05700	CT SCAN	80,759	59,264,842	0.001363	26,375	36	57.00
58.00	05800	MRI	387,069	31,942,431	0.012118	8,200	99	58.00
59.00	05900	CARDIAC CATHETERIZATION	371,814	21,511,102	0.017285	0	0	59.00
60.00	06000	LABORATORY	1,367,876	164,201,610	0.008330	176,929	1,474	60.00
65.00	06500	RESPIRATORY THERAPY	95,452	23,907,786	0.003993	46,069	184	65.00
66.00	06600	PHYSICAL THERAPY	1,695,335	8,703,290	0.194792	7,781	1,516	66.00
67.00	06700	OCCUPATIONAL THERAPY	96,821	1,881,926	0.051448	1,669	86	67.00
68.00	06800	SPEECH PATHOLOGY	60,782	1,167,257	0.052073	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	303,104	16,709,094	0.018140	0	0	69.00
69.01	06901	CARDIAC REHAB	119,332	1,200,795	0.099377	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	288,367	6,657,925	0.043312	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	339,955	33,849,805	0.010043	113	1	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	908,224	63,330,321	0.014341	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	888,273	101,538,243	0.008748	160,777	1,406	73.00
74.00	07400	RENAL DIALYSIS	10,729	1,034,900	0.010367	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	524,221	22,822,842	0.022969	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,134,726	18,180,150	0.062416	0	0	90.00
91.00	09100	EMERGENCY	1,133,730	54,672,691	0.020737	156,515	3,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,033,585	0.000000	270	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	401,627	3,620,678	0.110926	0	0	92.01
93.00	04040	PARTIAL HOSP	48,407	11,900,890	0.004068	1,160	5	93.00
200.00		Total (lines 50-199)	14,479,508	876,896,623		646,358	8,624	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122
Component CCN: 14-S122

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 9:01 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 9:01 am
--	---	---	--

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	86,850,335	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	12,791,405	0.000000	0.000000	17,000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,313,025	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	28,484,525	0.000000	0.000000	31,520	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54,738,435	0.000000	0.000000	11,980	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	23,619,985	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	4,966,750	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	59,264,842	0.000000	0.000000	26,375	57.00
58.00	05800 MRI	0	31,942,431	0.000000	0.000000	8,200	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,511,102	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	164,201,610	0.000000	0.000000	176,929	60.00
65.00	06500 RESPIRATORY THERAPY	0	23,907,786	0.000000	0.000000	46,069	65.00
66.00	06600 PHYSICAL THERAPY	0	8,703,290	0.000000	0.000000	7,781	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,881,926	0.000000	0.000000	1,669	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,167,257	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,709,094	0.000000	0.000000	0	69.00
69.01	06901 CARDIAC REHAB	0	1,200,795	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,657,925	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,849,805	0.000000	0.000000	113	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	63,330,321	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	101,538,243	0.000000	0.000000	160,777	73.00
74.00	07400 RENAL DIALYSIS	0	1,034,900	0.000000	0.000000	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	22,822,842	0.000000	0.000000	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	18,180,150	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	54,672,691	0.000000	0.000000	156,515	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,033,585	0.000000	0.000000	270	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	3,620,678	0.000000	0.000000	0	92.01
93.00	04040 PARTIAL HOSP	0	11,900,890	0.000000	0.000000	1,160	93.00
200.00	Total (lines 50-199)	0	876,896,623			646,358	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122
Component CCN: 14-S122

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122
Component CCN: 14-S122

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 9:01 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
76.01	03950 HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 9:01 am
	Title XVIII	Hospital	PPS

Cost Center Description	1.00	
-------------------------	------	--

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	35,754	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	35,754	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)	33,506	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)	12,807	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00

SWING BED ADJUSTMENT

17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	43,037,718	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)	43,037,718	27.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	43,037,718	37.00

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,203.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	15,416,042	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)	15,416,042	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	17,502,543	10,295	1,700.10	1,671	2,840,867	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					27,827,862	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,084,771	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)					3,009,910	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					2,100,160	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,110,070	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,974,701	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)					2,248	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,203.72	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,705,963	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	7,828,342	43,037,718	0.181895	2,705,963	492,201	90.00
91.00 Nursing School cost	0	43,037,718	0.000000	2,705,963	0	91.00
92.00 Allied health cost	0	43,037,718	0.000000	2,705,963	0	92.00
93.00 All other Medical Education	0	43,037,718	0.000000	2,705,963	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet D-1

Component CCN: 14-S122

To 12/31/2016

Date/Time Prepared: 5/24/2017 9:01 am

Title XVIII

Subprovider - IPF

PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,208	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,208	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)	4,208	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)	728	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,752,893	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,752,893	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,752,893	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,129.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	822,269	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)	822,269	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Component CCN: 14-S122

Date/Time Prepared:
5/24/2017 9:01 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					130,297	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					952,566	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)					96,868	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					8,624	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					105,492	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					847,074	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

Period:

Worksheet D-1

Component CCN: 14-S122

From 01/01/2016

Date/Time Prepared:

To 12/31/2016

5/24/2017 9:01 am

Title XVIII

Subprovider -

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	559,916	4,752,893	0.117805	0	0	90.00
91.00 Nursing School cost	0	4,752,893	0.000000	0	0	91.00
92.00 Allied health cost	0	4,752,893	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,752,893	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 9:01 am
--	-----------------------	---	---

Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		15,510,380		30.00
31.00	03100 INTENSIVE CARE UNIT		3,841,705		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232569	13,951,865	3,244,771	50.00
51.00	05100 RECOVERY ROOM	0.154070	1,842,263	283,837	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.521735	7,319	3,819	52.00
53.00	05300 ANESTHESIOLOGY	0.049502	4,473,763	221,460	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178555	7,474,810	1,334,665	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.150294	149,618	22,487	55.00
56.00	05600 RADIOISOTOPE	0.139981	804,338	112,592	56.00
57.00	05700 CT SCAN	0.024620	8,241,781	202,913	57.00
58.00	05800 MRI	0.072464	2,066,062	149,715	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066052	3,821,307	252,405	59.00
60.00	06000 LABORATORY	0.130318	18,686,406	2,435,175	60.00
65.00	06500 RESPIRATORY THERAPY	0.182171	9,969,171	1,816,094	65.00
66.00	06600 PHYSICAL THERAPY	0.738897	1,825,946	1,349,186	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.440888	964,286	425,142	67.00
68.00	06800 SPEECH PATHOLOGY	0.286081	449,433	128,574	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094830	3,950,269	374,604	69.00
69.01	06901 CARDIAC REHAB	0.678718	61,562	41,783	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.238820	191,721	45,787	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.293066	6,052,217	1,773,699	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.410649	12,720,218	5,223,545	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.382900	16,387,584	6,274,806	73.00
74.00	07400 RENAL DIALYSIS	0.615571	733,664	451,622	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.138496	46,859	6,490	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.518408	16,744	8,680	90.00
91.00	09100 EMERGENCY	0.145819	8,120,467	1,184,118	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.537582	563,465	302,909	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.354578	442,735	156,984	92.01
93.00	04040 PARTIAL HOSP	0.205773	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		124,015,873	27,827,862	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)		124,015,873		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 9:01 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,106,560	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.232569	50.00
51.00	05100	RECOVERY ROOM	0.154070	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.521735	52.00
53.00	05300	ANESTHESIOLOGY	0.049502	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178555	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150294	55.00
56.00	05600	RADIOISOTOPE	0.139981	56.00
57.00	05700	CT SCAN	0.024620	57.00
58.00	05800	MRI	0.072464	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066052	59.00
60.00	06000	LABORATORY	0.130318	60.00
65.00	06500	RESPIRATORY THERAPY	0.182171	65.00
66.00	06600	PHYSICAL THERAPY	0.738897	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.440888	67.00
68.00	06800	SPEECH PATHOLOGY	0.286081	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094830	69.00
69.01	06901	CARDIAC REHAB	0.678718	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.238820	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.293066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.410649	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.382900	73.00
74.00	07400	RENAL DIALYSIS	0.615571	74.00
76.00	03020	OTHER ANCILLARY	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.138496	76.01
76.02	03952	DIABETES EDUCATION	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.518408	90.00
91.00	09100	EMERGENCY	0.145819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.537582	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.354578	92.01
93.00	04040	PARTIAL HOSP	0.205773	93.00
200.00		Total (sum of lines 50-94 and 96-98)	646,358	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)	0	201.00
202.00		Net Charges (line 200 minus line 201)	646,358	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 9:01 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,108,207	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,724,538	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)		369,401	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		5,405,007	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		244.33	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		25.75	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)		0.19	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)		25.56	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		27.41	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)		25.56	12.00
13.00	Total allowable FTE count for the prior year.		25.56	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.		25.56	14.00
15.00	Sum of lines 12 through 14 divided by 3.		25.56	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		25.56	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.104613	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.104733	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.104613	21.00
22.00	IME payment adjustment (see instructions)		1,655,986	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		300,027	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.85	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)		1,655,986	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		300,027	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.32	31.00
32.00	Sum of lines 30 and 31		15.89	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.08	33.00
34.00	Disproportionate share adjustment (see instructions)		229,712	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 9:01 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000197846	0.000202180	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,267,430	1,208,528	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	948,841	304,616	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,253,457		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	33,341,301		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		33,641,328	49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)		2,710,547	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).		768,769	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,122,715	59.00
60.00	Primary payer payments		6,106	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,116,609	61.00
62.00	Deductibles billed to program beneficiaries		3,000,284	62.00
63.00	Coinsurance billed to program beneficiaries		162,666	63.00
64.00	Allowable bad debts (see instructions)		174,066	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		113,143	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,100	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,066,802	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		3,600	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)		236,850	70.93
70.94	HRR adjustment amount (see instructions)		-112,841	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0122

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

Worksheet E
Part A
Date/Time Prepared:
5/24/2017 9:01 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	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	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			34,187,211	71.00
71.01	Sequestration adjustment (see instructions)			683,744	71.01
72.00	Interim payments			32,660,157	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)			843,310	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			537,062	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
				Prior to 10/1	On/After 10/1
				1.00	2.00
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0122

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

Worksheet DSH
Date/Time Prepared:
5/24/2017 9:01 am

		Title XVIII		Hospital		PPS	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.57	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	14.32	0.00			14.32	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	15.89	0.00			14.32	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	244.33	0.00			244.33	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	3.08	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.57	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,463	0			1,463	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,435	0			1,435	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	54	0			54	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	4,086	0			4,086	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,038	0			7,038	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	48,762	0			48,762	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	385	0			385	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	49,147	0			49,147	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	14.32	0.00			14.32	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0122

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

Worksheet DSH

Date/Time Prepared:
5/24/2017 9:01 am

		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	3.08		0.00	True	29.00
30.00	Line 28 or 29 as applicable		3.08		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0122

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

Worksheet DSH

Date/Time Prepared:
5/24/2017 9:01 am

Title XVIII

Hospital

PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	2.94	29.00
30.00	Line 28 or 29 as applicable	2.94	30.00
31.00	If urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

Provider CCN: 14-0122

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

Worksheet E
 Part A Exhibit 4
 Date/Time Prepared:
 5/24/2017 9:01 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Period	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,108,207	0	22,108,207		22,108,207	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,724,538	0		7,724,538	7,724,538	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	369,401	0	291,799	77,601	369,400	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.01	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,405,007	0	0	5,405,007	5,405,007	4.00
Indirect Medical Education Adjustment								
5.00	Amount from worksheet E, Part A, line 21 (see instructions)	21.00	0.104613	0.104613	0.104613	0.104613		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,655,986	0	1,227,205	428,781	1,655,986	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	300,027	0	300,027	0	300,027	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,655,986	0	1,227,205	428,781	1,655,986	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	300,027	0	300,027	0	300,027	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0308	0.0308	0.0308	0.0308		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	229,712	0	170,233	59,479	229,712	11.00
11.01	Uncompensated care payments	36.00	1,253,457	0	948,841	304,616	1,253,457	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,341,301	0	24,746,286	8,595,015	33,341,301	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	33,641,328	0	25,046,313	8,595,015	33,641,328	15.00
16.00	Payment for inpatient program capital	50.00	2,710,547	0	2,006,888	703,659	2,710,547	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	2,071	0	2,071	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3,600	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

Provider CCN: 14-0122

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

worksheet E
 Part A Exhibit 4
 Date/Time Prepared:
 5/24/2017 9:01 am

		Title XVIII			Hospital		PPS	
		w/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	27,055,272	9,298,674	36,353,946	19.00
		w/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,398,676	0	1,773,347	625,329	2,398,676	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	85,676	0	66,314	19,362	85,676	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0616	0.0616	0.0616	0.0616		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	147,758	0	109,238	38,520	147,758	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0327	0.0327	0.0327	0.0327		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	78,437	0	57,989	20,448	78,437	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,710,547	0	2,006,888	703,659	2,710,547	26.00
		w/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital		PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,108,207	22,108,207		22,108,207	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,724,538		7,724,538	7,724,538	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	369,401	291,799	77,601	369,400	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,405,007	0	5,405,007	5,405,007	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104613	0.104613	0.104613		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,655,986	1,227,205	428,781	1,655,986	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	300,027	0	300,027	300,027	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,655,986	1,227,205	428,781	1,655,986	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	300,027	0	300,027	300,027	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0308	0.0308	0.0308		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	229,712	170,233	59,479	229,712	11.00
11.01	Uncompensated care payments	36.00	1,253,457	948,841	304,616	1,253,457	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,341,301	24,746,286	8,595,015	33,341,301	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	33,641,328	24,746,286	8,895,042	33,641,328	15.00
16.00	Payment for inpatient program capital	50.00	2,710,547	2,006,888	703,659	2,710,547	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	2,071	0	2,071	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3,600	2,695	905	3,600	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			26,757,940	9,599,606	36,357,546	19.00

		Title XVIII			Hospital		PPS
		wkst. L, line	(Amt. from wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,398,676	1,773,347	625,329	2,398,676	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	85,676	66,314	19,362	85,676	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0616	0.0616	0.0616		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	147,758	109,238	38,520	147,758	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0327	0.0327	0.0327		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	78,437	57,989	20,448	78,437	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,710,547	2,006,888	703,659	2,710,547	26.00
		wkst. E, Pt. A, line	(Amt. from wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	0	0		0	27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	236,850	144,592	92,258	236,850	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-112,841	-95,074	-17,767	-112,841	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 9:01 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		54,072	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,044,575	2.00
3.00	PPS payments		24,623,016	3.00
4.00	Outlier payment (see instructions)		19,180	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		54,072	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		141,216	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)		141,216	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		141,216	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		87,144	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)		54,072	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)		24,642,196	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		4,450,289	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)		20,245,979	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		475,572	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)		20,721,551	30.00
31.00	Primary payer payments		2,408	31.00
32.00	Subtotal (line 30 minus line 31)		20,719,143	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		209,533	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		136,196	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		192,540	36.00
37.00	Subtotal (see instructions)		20,855,339	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-26	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)		16,335	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		20,855,365	40.00
40.01	Sequestration adjustment (see instructions)		417,107	40.01
41.00	Interim payments		20,387,900	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		50,358	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0122

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 9:01 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		32,650,764		20,372,088	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	10/13/2016	9,393	10/13/2016	15,812	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)		9,393		15,812	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)		32,660,157		20,387,900	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		843,310		50,358	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		33,503,467		20,438,258	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: 14-0122 Component CCN: 14-S122		Period: From 01/01/2016 To 12/31/2016		Worksheet E-1 Part I Date/Time Prepared: 5/24/2017 9:01 am	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		565,002		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		565,002		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		11,019		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		576,021		0	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0122

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2017 9:01 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst. S-3, Pt. I col. 15 line 14		10,766	1.00
2.00	Medicare days from wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		14,478	2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2		2,660	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		43,801	4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200		982,262,972	5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20		5,805,779	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00
			Overrides	
			1.00	
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0122	Period: From 01/01/2016	Worksheet E-3
	Component CCN: 14-S122	To 12/31/2016	Part II Date/Time Prepared: 5/24/2017 9:01 am
	Title XVIII	Subprovider - IPF	PPS

			1.00
--	--	--	------

PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	665,250	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	5,283	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)	11.497268	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)	670,533	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)	670,533	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	670,533	18.00
19.00	Deductibles	91,420	19.00
20.00	Subtotal (line 18 minus line 19)	579,113	20.00
21.00	Coinsurance	2,576	21.00
22.00	Subtotal (line 20 minus line 21)	576,537	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	17,292	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	11,240	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	16,715	25.00
26.00	Subtotal (sum of lines 22 and 24)	587,777	26.00
27.00	Direct graduate medical education payments (from wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	587,777	31.00
31.01	Sequestration adjustment (see instructions)	11,756	31.01
32.00	Interim payments	565,002	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)	11,019	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 9:01 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			25.75	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.21	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)			24.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			27.41	6.00
7.00	Enter the lesser of line 5 or line 6			24.54	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.	27.41	0.00	27.41	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	24.54	0.00	24.54	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	24.54	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	24.54	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.32	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.47	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	24.47	0.00		17.00
18.00	Per resident amount	140,702.98	0.00		18.00
19.00	Approved amount for resident costs	3,443,002	0	3,443,002	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)			2.87	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)			3,443,002	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,206	2,660		26.00
27.00	Total Inpatient Days (see instructions)	48,394	48,394		27.00
28.00	Ratio of inpatient days to total inpatient days	0.314213	0.054965		28.00
29.00	Program direct GME amount	1,081,836	189,245		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		26,740		30.00
31.00	Net Program direct GME amount			1,244,341	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/24/2017 9:01 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,034,900	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		47,037,337	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)		6,106	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		47,031,231	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		29,098,647	42.00
43.00	Primary payer payments (see instructions)		4,438	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		29,094,209	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		76,125,440	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.617812	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.382188	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,244,341	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		768,769	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		475,572	50.00

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

Provider CCN: 14-0122

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

Worksheet G

Date/Time Prepared:
5/24/2017 9:01 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	62,550,585	0	0	0	1.00
2.00	Temporary investments	25,120	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	122,971,231	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,947,972	0	0	0	6.00
7.00	Inventory	6,817,773	0	0	0	7.00
8.00	Prepaid expenses	3,773,306	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	185,190,043	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,557,010	0	0	0	12.00
13.00	Land improvements	589,414	0	0	0	13.00
14.00	Accumulated depreciation	-518,303	0	0	0	14.00
15.00	Buildings	317,925,879	0	0	0	15.00
16.00	Accumulated depreciation	-200,287,380	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	55,597,880	0	0	0	19.00
20.00	Accumulated depreciation	-31,147,654	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	124,136,608	0	0	0	23.00
24.00	Accumulated depreciation	-100,351,674	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	179,501,780	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	13,495,432	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,619,840	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	20,115,272	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	384,807,095	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,068,160	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,496,685	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	10,111,577	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	76,075,049	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	113,751,471	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	131,840,378	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,303,435	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	140,143,813	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	253,895,284	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	130,911,811	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)	130,911,811	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	384,807,095	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0122

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 9:01 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		123,801,906		0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		10,388,938			2.00
3.00	Total (sum of line 1 and line 2)		134,190,844		0	3.00
4.00	DONOR RESTRICTED FUND BAL	1,189,338		0		4.00
5.00	ROUNDING	0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,189,338		0	10.00
11.00	Subtotal (line 3 plus line 10)		135,380,182		0	11.00
12.00	GENERAL FUND BAL	4,468,178		0		12.00
13.00	ROUNDING	193		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		4,468,371		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		130,911,811		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	DONOR RESTRICTED FUND BAL		0			4.00
5.00	ROUNDING		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	GENERAL FUND BAL		0			12.00
13.00	ROUNDING		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: 14-0122

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	56,457,259		56,457,259	1.00
2.00	SUBPROVIDER - IPF	6,396,160		6,396,160	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,853,419		62,853,419	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	37,326,415		37,326,415	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	37,326,415		37,326,415	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	100,179,834		100,179,834	17.00
18.00	Ancillary services	284,993,365	527,591,987	812,585,352	18.00
19.00	Outpatient services	17,936,845	36,738,196	54,675,041	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		8,301,537	8,301,537	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	7,268,908	7,268,908	26.00
27.00	PHARMACY	0	1,424,301	1,424,301	27.00
27.01	PHYSICIAN REVENUE	0	5,872,776	5,872,776	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	403,110,044	587,197,705	990,307,749	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		298,863,960		29.00
30.00	BAD DEBT	4,258,422			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)		4,258,422		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)		303,122,382		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0122

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

Worksheet G-3

Date/Time Prepared:
5/24/2017 9:01 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	990,307,749	1.00
2.00	Less contractual allowances and discounts on patients' accounts	684,380,792	2.00
3.00	Net patient revenues (line 1 minus line 2)	305,926,957	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	303,122,382	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,804,575	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE	7,584,363	24.00
25.00	Total other income (sum of lines 6-24)	7,584,363	25.00
26.00	Total (line 5 plus line 25)	10,388,938	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,388,938	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0122

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

Worksheet H

HHA CCN: 14-7207

Date/Time Prepared: 5/24/2017 9:01 am

Home Health Agency I

PPS

	Salaries 1.00	Employee Benefits 2.00	Transportation (see instructions) 3.00	Contracted/Purchased Services 4.00	Other Costs 5.00	Total (sum of cols. 1 thru 5) 6.00	
GENERAL SERVICE COST CENTERS							
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	1,267,880	93,199	899	133,580	438,779	1,934,337	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,459,416	108,732	51,621	0	1,207	1,620,976	6.00
7.00	1,512,611	108,789	43,740	0	3,450	1,668,590	7.00
8.00	184,622	12,910	7,188	0	0	204,720	8.00
9.00	28,707	2,196	1,304	0	0	32,207	9.00
10.00	29,588	1,795	2,857	0	0	34,240	10.00
11.00	51,444	3,194	4,116	0	0	58,754	11.00
12.00	0	0	0	0	190,821	190,821	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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
23.50	0	0	0	0	0	0	23.50
24.00	4,534,268	330,815	111,725	133,580	634,257	5,744,645	24.00
	Reclassification 7.00	Reclassified Trial Balance (col. 6 + col.7) 8.00	Adjustments 9.00	Net Expenses for Allocation (col. 8 + col.9) 10.00			
GENERAL SERVICE COST CENTERS							
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	0	1,934,337	0	1,934,337	0	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,620,976	192,184	1,813,160	0	0	6.00
7.00	0	1,668,590	0	1,668,590	0	0	7.00
8.00	0	204,720	0	204,720	0	0	8.00
9.00	0	32,207	0	32,207	0	0	9.00
10.00	0	34,240	0	34,240	0	0	10.00
11.00	0	58,754	0	58,754	0	0	11.00
12.00	0	190,821	0	190,821	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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
23.50	0	0	0	0	0	0	23.50
24.00	0	5,744,645	192,184	5,936,829	0	0	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: 14-0122

Period: From 01/01/2016

Worksheet H-1

HHA CCN: 14-7207

To 12/31/2016

Part I
Date/Time Prepared: 5/24/2017 9:01 am

Home Health Agency I

PPS

	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				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,934,337	0	0	0	1,934,337	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,813,160	0	0	0	1,813,160	6.00
7.00	Physical Therapy	1,668,590	0	0	0	1,668,590	7.00
8.00	Occupational Therapy	204,720	0	0	0	204,720	8.00
9.00	Speech Pathology	32,207	0	0	0	32,207	9.00
10.00	Medical Social Services	34,240	0	0	0	34,240	10.00
11.00	Home Health Aide	58,754	0	0	0	58,754	11.00
12.00	Supplies (see instructions)	190,821	0	0	0	190,821	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,936,829	0	0	0	5,936,829	24.00
	Administrative & General	5.00	Total (cols. 4A + 5)				
			6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,934,337					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	876,269	2,689,429				6.00
7.00	Physical Therapy	806,401	2,474,991				7.00
8.00	Occupational Therapy	98,938	303,658				8.00
9.00	Speech Pathology	15,565	47,772				9.00
10.00	Medical Social Services	16,548	50,788				10.00
11.00	Home Health Aide	28,395	87,149				11.00
12.00	Supplies (see instructions)	92,221	283,042				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		5,936,829				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet H-1
Part II
Date/Time Prepared:
5/24/2017 9:01 am

HHA CCN: 14-7207

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,934,337	4,002,492
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,813,160
7.00	Physical Therapy	0	0	0	0	0	1,668,590
8.00	Occupational Therapy	0	0	0	0	0	204,720
9.00	Speech Pathology	0	0	0	0	0	32,207
10.00	Medical Social Services	0	0	0	0	0	34,240
11.00	Home Health Aide	0	0	0	0	0	58,754
12.00	Supplies (see instructions)	0	0	0	0	0	190,821
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
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
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,934,337	4,002,492
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	0	0	0	0		1,934,337
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.483283

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 14-7207

To 12/31/2016

Part I
Date/Time Prepared: 5/24/2017 9:01 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	SHARED SERVICES	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	0	0	139,234	139,234	3,164	1.00
2.00 Skilled Nursing Care	2,689,429	0	0	159,840	2,849,269	64,743	2.00
3.00 Physical Therapy	2,474,991	0	0	165,665	2,640,656	60,004	3.00
4.00 Occupational Therapy	303,658	0	0	20,220	323,878	7,359	4.00
5.00 Speech Pathology	47,772	0	0	3,144	50,916	1,157	5.00
6.00 Medical Social Services	50,788	0	0	3,241	54,029	1,228	6.00
7.00 Home Health Aide	87,149	0	0	5,634	92,783	2,108	7.00
8.00 Supplies (see instructions)	283,042	0	0	0	283,042	6,432	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	5,936,829	0	0	496,978	6,433,807	146,195	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
Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5A.01	5.03	7.00	8.00	9.00	10.00	
1.00 Administrative and General	142,398	49,921	0	0	0	0	1.00
2.00 Skilled Nursing Care	2,914,012	1,021,581	0	0	0	0	2.00
3.00 Physical Therapy	2,700,660	946,787	0	0	0	0	3.00
4.00 Occupational Therapy	331,237	116,124	0	0	0	0	4.00
5.00 Speech Pathology	52,073	18,256	0	0	0	0	5.00
6.00 Medical Social Services	55,257	19,372	0	0	0	0	6.00
7.00 Home Health Aide	94,891	33,267	0	0	0	0	7.00
8.00 Supplies (see instructions)	289,474	101,483	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	6,580,002	2,306,791	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.	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: 14-0122

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

Worksheet H-2 Part I

HHA CCN: 14-7207

Date/Time Prepared: 5/24/2017 9:01 am

Home Health Agency I

PPS

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
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
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	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

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	192,319	0	192,319		1.00
2.00	Skilled Nursing Care	0	0	3,935,593	0	3,935,593	87,051	2.00
3.00	Physical Therapy	0	0	3,647,447	0	3,647,447	80,682	3.00
4.00	Occupational Therapy	0	0	447,361	0	447,361	9,896	4.00
5.00	Speech Pathology	0	0	70,329	0	70,329	1,556	5.00
6.00	Medical Social Services	0	0	74,629	0	74,629	1,651	6.00
7.00	Home Health Aide	0	0	128,158	0	128,158	2,835	7.00
8.00	Supplies (see instructions)	0	0	390,957	0	390,957	8,648	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	8,886,793	0	8,886,793	192,319	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.						0.022120	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: 14-0122

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 14-7207

To 12/31/2016

Part I
Date/Time Prepared:
5/24/2017 9:01 am

Home Health
Agency I

PPS

Cost Center Description		Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	4,022,644		2.00
3.00	Physical Therapy	3,728,129		3.00
4.00	Occupational Therapy	457,257		4.00
5.00	Speech Pathology	71,885		5.00
6.00	Medical Social Services	76,280		6.00
7.00	Home Health Aide	130,993		7.00
8.00	Supplies (see instructions)	399,605		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19) (2)	8,886,793		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 STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet H-2 Part II Date/Time Prepared: 5/24/2017 9:01 am

HHA CCN: 14-7207

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	0	0	1,271,273	0	139,234	0	1.00
2.00 Skilled Nursing Care	0	0	1,459,416	0	2,849,269	0	2.00
3.00 Physical Therapy	0	0	1,512,611	0	2,640,656	0	3.00
4.00 Occupational Therapy	0	0	184,622	0	323,878	0	4.00
5.00 Speech Pathology	0	0	28,707	0	50,916	0	5.00
6.00 Medical Social Services	0	0	29,588	0	54,029	0	6.00
7.00 Home Health Aide	0	0	51,444	0	92,783	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	283,042	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	4,537,661	0	6,433,807	0	20.00
21.00 Total cost to be allocated	0	0	496,978	0	146,195	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.109523	0	0.022723	0	22.00
Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	
	5.03	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	142,398	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	2,914,012	0	0	0	0	0	2.00
3.00 Physical Therapy	2,700,660	0	0	0	0	0	3.00
4.00 Occupational Therapy	331,237	0	0	0	0	0	4.00
5.00 Speech Pathology	52,073	0	0	0	0	0	5.00
6.00 Medical Social Services	55,257	0	0	0	0	0	6.00
7.00 Home Health Aide	94,891	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	289,474	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	6,580,002	0	0	0	0	0	20.00
21.00 Total cost to be allocated	2,306,791	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.350576	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0122
HHA CCN: 14-7207

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

Worksheet H-2 Part II
Date/Time Prepared: 5/24/2017 9:01 am

Home Health Agency I

PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	(DIRECT NRSING)	(COSTED REQUIS.)	15.00	16.00	17.00	21.00	
	13.00	14.00					
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
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)						
	(ASSIGNED TIME)						
	22.00						
1.00 Administrative and General	0						1.00
2.00 Skilled Nursing Care	0						2.00
3.00 Physical Therapy	0						3.00
4.00 Occupational Therapy	0						4.00
5.00 Speech Pathology	0						5.00
6.00 Medical Social Services	0						6.00
7.00 Home Health Aide	0						7.00
8.00 Supplies (see instructions)	0						8.00
9.00 Drugs	0						9.00
10.00 DME	0						10.00
11.00 Home Dialysis Aide Services	0						11.00
12.00 Respiratory Therapy	0						12.00
13.00 Private Duty Nursing	0						13.00
14.00 Clinic	0						14.00
15.00 Health Promotion Activities	0						15.00
16.00 Day Care Program	0						16.00
17.00 Home Delivered Meals Program	0						17.00
18.00 Homemaker Service	0						18.00
19.00 All others (specify)	0						19.00
19.50 Telemedicine	0						19.50
20.00 Total (sum of lines 1-19)	0						20.00
21.00 Total cost to be allocated	0						21.00
22.00 Unit cost multiplier	0.000000						22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet H-3
Part I
Date/Time Prepared:
5/24/2017 9:01 am

HHA CCN: 14-7207

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	4,022,644		4,022,644	18,019	223.24	1.00
2.00	Physical Therapy	3.00	3,728,129	0	3,728,129	15,269	244.16	2.00
3.00	Occupational Therapy	4.00	457,257	0	457,257	2,304	198.46	3.00
4.00	Speech Pathology	5.00	71,885	0	71,885	426	168.74	4.00
5.00	Medical Social Services	6.00	76,280		76,280	445	171.42	5.00
6.00	Home Health Aide	7.00	130,993		130,993	1,573	83.28	6.00
7.00	Total (sum of lines 1-6)		8,487,188	0	8,487,188	38,036		7.00
Program Visits								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Part B		Ratio (col. 3 ÷ col. 4)		
				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		16974	0	12,840			8.00
9.00	Physical Therapy		16974	0	11,312			9.00
10.00	Occupational Therapy		16974	0	1,680			10.00
11.00	Speech Pathology		16974	0	361			11.00
12.00	Medical Social Services		16974	0	353			12.00
13.00	Home Health Aide		16974	0	1,088			13.00
14.00	Total (sum of lines 8-13)			0	27,634			14.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	399,605	237,126	636,731	809,120	0.786943	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
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	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	12,840		0	2,866,402		1.00
2.00	Physical Therapy	0	11,312		0	2,761,938		2.00
3.00	Occupational Therapy	0	1,680		0	333,413		3.00
4.00	Speech Pathology	0	361		0	60,915		4.00
5.00	Medical Social Services	0	353		0	60,511		5.00
6.00	Home Health Aide	0	1,088		0	90,609		6.00
7.00	Total (sum of lines 1-6)	0	27,634		0	6,173,788		7.00
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0122 HHA CCN: 14-7207	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/24/2017 9:01 am
		Title XVIII	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 & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	579,547	0	456,070	0	15.00
16.00	Cost of Drugs		0	0	0	0	16.00
	Cost Center Description	Total Program Cost (sum of cols. 9-10)					
		12.00					

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,866,402		1.00
2.00	Physical Therapy	2,761,938		2.00
3.00	Occupational Therapy	333,413		3.00
4.00	Speech Pathology	60,915		4.00
5.00	Medical Social Services	60,511		5.00
6.00	Home Health Aide	90,609		6.00
7.00	Total (sum of lines 1-6)	6,173,788		7.00
	Cost Center Description			
		12.00		

Limitation Cost Computation

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2016
To 12/31/2016

Part II
Date/Time Prepared:
5/24/2017 9:01 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00 Physical Therapy	66.00	0.738897	0	0	col. 2, line 2.00	1.00
2.00 Occupational Therapy	67.00	0.440888	0	0	col. 2, line 3.00	2.00
3.00 Speech Pathology	68.00	0.286081	0	0	col. 2, line 4.00	3.00
4.00 Cost of Medical Supplies	71.00	0.293066	809,120	237,126	col. 2, line 15.00	4.00
5.00 Cost of Drugs	73.00	0.382900	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122 HHA CCN: 14-7207	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2017 9:01 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
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	2,030	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-2,030
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	5,818,972
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	30,107
13.00	Total PPS Reimbursement - LUPA Episodes		0	132,051
14.00	Total PPS Reimbursement - PEP Episodes		0	73,894
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	2,232
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,804
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	6,058,030
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	6,058,030
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	6,058,030
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	6,058,030
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	6,058,030
31.01	Sequestration adjustment (see instructions)		0	121,111
32.00	Interim payments (see instructions)		0	5,934,477
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	2,442
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 HOSPITAL-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet H-5

HHA CCN: 14-7207

To 12/31/2016

Date/Time Prepared: 5/24/2017 9:01 am

Home Health Agency I

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		5,934,477	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		5,934,477	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		2,442	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		5,936,919	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 14-1507

To 12/31/2016

Date/Time Prepared: 5/24/2017 9:01 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	188,057	188,057	0	188,057	3.00
4.00	ADMINISTRATIVE & GENERAL*	700,673	535,513	1,236,186	0	1,236,186	4.00
5.00	PLANT OPERATON & MAINTENANCE*	0	45,838	45,838	0	45,838	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	295	295	0	295	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	203,915	155,849	359,764	0	359,764	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	290,394	290,394	0	290,394	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	81,908	81,908	0	81,908	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	62,741	47,952	110,693	0	110,693	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	83,650	83,650	0	83,650	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,253,021	957,663	2,210,684	0	2,210,684	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	141,352	108,033	249,385	0	249,385	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	191,963	89,937	281,900	0	281,900	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	117,675	146,712	264,387	0	264,387	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	2,671,340	2,731,801	5,403,141	0	5,403,141	100.00

* Transfer the amounts in column 7 to wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 14-1507

To 12/31/2016

Date/Time Prepared: 5/24/2017 9:01 am

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	188,057	3.00
4.00	ADMINISTRATIVE & GENERAL*	-342,324	893,862	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	45,838	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	295	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	359,764	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	290,394	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	81,908	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	110,693	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	83,650	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	2,210,684	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	249,385	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	281,900	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	264,387	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-342,324	5,060,817	100.00

* Transfer the amounts in column 7 to wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0122

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

Worksheet 0-2

Hospice CCN: 14-1507

Date/Time Prepared: 5/24/2017 9:01 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,129,631	863,358	1,992,989	0	1,992,989	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	127,433	97,395	224,828	0	224,828	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	173,059	81,081	254,140	0	254,140	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,430,123	1,041,834	2,471,957	0	2,471,957	100.00

* Transfer the amount in column 7 to wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,992,989	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	224,828	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	254,140	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,471,957	100.00

* Transfer the amount in column 7 to wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPITE CARE

Provider CCN: 14-0122
Hospice CCN: 14-1507

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

Worksheet 0-3
Date/Time Prepared:
5/24/2017 9:01 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	187	143	330	0	330	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	21	16	37	0	37	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	29	13	42	0	42	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	237	172	409	0	409	100.00

* Transfer the amount in column 7 to wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	330	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	37	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	42	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	409	100.00

* Transfer the amount in column 7 to wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 14-0122

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

Worksheet 0-4

Hospice CCN: 14-1507

Date/Time Prepared:
5/24/2017 9:01 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	123,203	94,162	217,365	0	217,365	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	13,898	10,622	24,520	0	24,520	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	18,875	8,843	27,718	0	27,718	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	155,976	113,627	269,603	0	269,603	100.00

* Transfer the amount in column 7 to wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	217,365	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	24,520	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	27,718	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	269,603	100.00

* Transfer the amount in column 7 to wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 14-0122

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

Worksheet 0-5

Hospice CCN: 14-1507

Date/Time Prepared:
5/24/2017 9:01 am

		Hospice I			
Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)		
			1.00	2.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	135,209	135,209	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	86,133	86,133	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	188,057	292,573	480,630	3.00
4.00	ADMINISTRATIVE & GENERAL	893,862	2,125,451	3,019,313	4.00
5.00	PLANT OPERATION & MAINTENANCE	45,838	403,679	449,517	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	295	72,010	72,305	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	359,764	0	359,764	9.00
10.00	ROUTINE MEDICAL SUPPLIES	290,394	10,165	300,559	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	81,908	0	81,908	12.00
13.00	VOLUNTEER SERVICE COORDINATION	110,693	0	110,693	13.00
14.00	PHARMACY	0	38,162	38,162	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	83,650	0	83,650	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,471,957	0	2,471,957	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	409	0	409	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	269,603	0	269,603	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	264,387	0	264,387	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	5,060,817	3,163,382	8,224,199	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 14-1507

To 12/31/2016

Part I
Date/Time Prepared:
5/24/2017 9:01 am

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	135,209	135,209			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	86,133		86,133		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	480,630	0	0	480,630	3.00
4.00	ADMINISTRATIVE & GENERAL	3,019,313	135,209	86,133	126,066	3,366,721 4.00
5.00	PLANT OPERATION & MAINTENANCE	449,517	0	0	0	449,517 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0 6.00
7.00	HOUSEKEEPING	72,305	0	0	0	72,305 7.00
8.00	DIETARY	0	0	0	0	0 8.00
9.00	NURSING ADMINISTRATION	359,764	0	0	36,689	396,453 9.00
10.00	ROUTINE MEDICAL SUPPLIES	300,559	0	0	0	300,559 10.00
11.00	MEDICAL RECORDS	0	0	0	0	0 11.00
12.00	STAFF TRANSPORTATION	81,908	0	0	0	81,908 12.00
13.00	VOLUNTEER SERVICE COORDINATION	110,693	0	0	11,288	121,981 13.00
14.00	PHARMACY	38,162	0	0	0	38,162 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	83,650	0	0	0	83,650 15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	2,471,957			257,310	2,729,267 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	409	0	0	42	451 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	269,603	0	0	28,063	297,666 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	264,387	0	0	21,172	285,559 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	8,224,199	135,209	86,133	480,630	8,224,199 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet O-6

Hospice CCN: 14-1507

To 12/31/2016

Part I

Date/Time Prepared: 5/24/2017 9:01 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	3,366,721					4.00
5.00 PLANT OPERATION & MAINTENANCE	311,561	761,078				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	50,115	0		122,420		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	274,782	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	208,318	761,078		122,420		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	56,771	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	84,545	0		0		13.00
14.00 PHARMACY	26,450	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	57,978	0		0		15.00
16.00 OTHER GENERAL SERVICE	0	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	1,891,654					51.00
52.00 HOSPICE INPATIENT RESPITE CARE	313	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	206,313	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	197,921	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD	0	0		0		70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	3,366,721	761,078	0	122,420	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 14-1507

To 12/31/2016

Part I
Date/Time Prepared:
5/24/2017 9:01 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	671,235					9.00
10.00	0	1,392,375				10.00
11.00	0		0			11.00
12.00	0			138,679		12.00
13.00	0			0	206,526	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						17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	605,097	1,352,397	0	125,021	186,215	51.00
52.00	135	208	0	22	0	52.00
53.00	66,003	39,770	0	13,636	20,311	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	671,235	1,392,375	0	138,679	206,526	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 14-1507

To 12/31/2016

Part I
Date/Time Prepared: 5/24/2017 9:01 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	64,612					14.00
15.00	0	141,628				15.00
16.00	0			0		16.00
17.00					0	17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	62,756	137,562	0	0	7,089,969	51.00
52.00	10	21	0	0	1,160	52.00
53.00	1,846	4,045	0	0	649,590	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0				483,480	60.00
61.00	0				0	61.00
62.00	0				0	62.00
63.00	0				0	63.00
64.00	0				0	64.00
65.00	0				0	65.00
66.00	0	0		0	0	66.00
67.00	0				0	67.00
68.00	0				0	68.00
69.00	0				0	69.00
70.00	0				0	70.00
71.00	0	0			0	71.00
99.00	0	0			0	99.00
100.00	64,612	141,628	0	0	8,224,199	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	RECONCILIATION	ADMINISTRATIVE & GENERAL	
		(FIXTURES)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXTURES	6,746					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		6,746				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,671,339			3.00
4.00	ADMINISTRATIVE & GENERAL	6,746	6,746	700,673	-3,366,721	4,857,478	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	449,517	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	72,305	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	203,915	0	396,453	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	300,559	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	81,908	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	62,741	0	121,981	13.00
14.00	PHARMACY	0	0	0	0	38,162	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	83,650	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,430,123	0	2,729,267	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	236	0	451	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	155,976	0	297,666	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	117,675	0	285,559	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per wkst. 0-6, Part I)	135,209	86,133	480,630		3,366,721	100.00
101.00	UNIT COST MULTIPLIER	20.042840	12.768011	0.179921		0.693101	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	6,746					5.00
6.00	LAUNDRY & LINEN SERVICE	0	960				6.00
7.00	HOUSEKEEPING	0		6,746			7.00
8.00	DIETARY	0		0	960		8.00
9.00	NURSING ADMINISTRATION	0				4,973	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,746		6,746		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					4,483	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	5	0	5	1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	955	0	955	489	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	761,078	0	122,420	0	671,235	100.00
101.00	UNIT COST MULTIPLIER	112.819152	0.000000	18.147050	0.000000	134.975870	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	33,435					10.00
11.00	MEDICAL RECORDS		33,435				11.00
12.00	STAFF TRANSPORTATION			44,231			12.00
13.00	VOLUNTEER SERVICE COORDINATION				2,359		13.00
14.00	PHARMACY					33,435	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES						15.00
16.00	OTHER GENERAL SERVICE						16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	32,475	32,475	39,875	2,127	32,475	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5	5	7	0	5	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	955	955	4,349	232	955	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,392,375	0	138,679	206,526	64,612	100.00
101.00	UNIT COST MULTIPLIER	41.644235	0.000000	3.135335	87.548114	1.932466	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/24/2017 9:01 am

Hospice CCN: 14-1507

Hospice I

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT				3.00
4.00	ADMINISTRATIVE & GENERAL				4.00
5.00	PLANT OPERATION & MAINTENANCE				5.00
6.00	LAUNDRY & LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	ROUTINE MEDICAL SUPPLIES				10.00
11.00	MEDICAL RECORDS				11.00
12.00	STAFF TRANSPORTATION				12.00
13.00	VOLUNTEER SERVICE COORDINATION				13.00
14.00	PHARMACY				14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	33,435			15.00
16.00	OTHER GENERAL SERVICE		4,292		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			960	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	32,475	3,869		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5	1	5	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	955	422	955	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM			0	60.00
61.00	VOLUNTEER PROGRAM			0	61.00
62.00	FUNDRAISING			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING			0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	68.00
69.00	THRIFT STORE			0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER			0	99.00
100.00	COST TO BE ALLOCATED (per wkst. 0-6, Part I)	141,628	0	0	100.00
101.00	UNIT COST MULTIPLIER	4.235920	0.000000	0.000000	101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet 0-7

Hospice CCN: 14-1507

To 12/31/2016

Date/Time Prepared: 5/24/2017 9:01 am

Hospice I

Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
			HCHC	HRHC	HIRC		
			0	1.00	2.00		3.00
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.738897	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.440888	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.286081	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.382900	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.130318	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.293066	0	0	0	7.00
8.00	PARTIAL HOSP	93.00	0.205773	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.150294	0	0	0	9.00
10.00	OTHER ANCILLARY	76.00	0.000000	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	76.01	0.138496	0	0	0	10.01
10.02	DIABETES EDUCATION	76.02	0.000000	0	0	0	10.02
11.00	Totals (sum of lines 1-11)						11.00

Cost Center Descriptions	Charges by LOC (from Provider Records)	Shared Service Costs by LOC			
	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)
	5.00	6.00	7.00	8.00	9.00

ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	PARTIAL HOSP	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY	0	0	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	0	0	0	0	0	10.01
10.02	DIABETES EDUCATION	0	0	0	0	0	10.02
11.00	Totals (sum of lines 1-11)	0	0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0122

Period: From 01/01/2016

Worksheet O-8

Hospice CCN: 14-1507

To 12/31/2016

Date/Time Prepared: 5/24/2017 9:01 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (wkst. 0-6, Part I, col. 18, line 50 plus wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (wkst. 5-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (wkst. 5-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (wkst. 0-6, Part I, col. 18, line 51 plus wkst. 0-7, col. 7, line 11)			7,089,969	6.00
7.00	Total unduplicated days (wkst. 5-9, col. 4, line 11)			32,475	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			218.32	8.00
9.00	Unduplicated program days (wkst. 5-9, col. as appropriate, line 11)	30,394	0		9.00
10.00	Program cost (line 8 times line 9)	6,635,618	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (wkst. 0-6, Part I, col. 18, line 52 plus wkst. 0-7, col. 8, line 11)			1,160	11.00
12.00	Total unduplicated days (wkst. 5-9, col. 4, line 12)			5	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			232.00	13.00
14.00	Unduplicated program days (wkst. 5-9, col. as appropriate, line 12)	5	0		14.00
15.00	Program cost (line 13 times line 14)	1,160	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (wkst. 0-6, Part I, col. 18, line 53 plus wkst. 0-7, col. 9, line 11)			649,590	16.00
17.00	Total unduplicated days (wkst. 5-9, col. 4, line 13)			955	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			680.20	18.00
19.00	Unduplicated program days (wkst. 5-9, col. as appropriate, line 13)	805	0		19.00
20.00	Program cost (line 18 times line 19)	547,561	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			7,740,719	21.00
22.00	Total unduplicated days (wkst. 5-9, col. 4, line 14)			33,435	22.00
23.00	Average cost per diem (line 21 divided by line 22)			231.52	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0122	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 9:01 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,398,676	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		85,676	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)		120.73	3.00
4.00	Number of interns & residents (see instructions)		25.56	4.00
5.00	Indirect medical education percentage (see instructions)		6.16	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)		147,758	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.57	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.32	8.00
9.00	Sum of lines 7 and 8		15.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.27	10.00
11.00	Disproportionate share adjustment (see instructions)		78,437	11.00
12.00	Total prospective capital payments (see instructions)		2,710,547	12.00
			1.00	
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
			1.00	
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00