

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 12/21/2016 12:55 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 12/21/2016 Time: 12:55 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DECATUR MEMORIAL HOSPITAL ( 140135 ) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	426,871	-177,118	0	0	1.00
2.00 Subprovider - IPF	0	525	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	-1		0	9.00
200.00 Total	0	427,396	-177,119	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: 140135		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 12/21/2016 12:09 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2300 N. EDWARD ST.			PO Box:				1.00			
2.00	City: DECATUR			State: IL		Zip Code: 62526		County: MACON			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		DECATUR MEMORIAL HOSPITAL	140135	16580	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		DECATUR MEMORIAL HOSPITAL	14S135	16580	4	10/01/2015	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		DMH HHA	147206	16580		01/13/1982	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		DMH HOSPICE	141517	16580		06/30/1988				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2015	09/30/2016		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						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.						1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,723	972	0	0	3,973	108	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 12/21/2016 12:09 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				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				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	3600	6.46	6.32	0.505477	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	3600	3.05	11.12	0.215243
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
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
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX		
		1.00		2.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
				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	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				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:	0		0		0
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 12/21/2016 12:09 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2016	09/30/2016	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 12/21/2016 12:09 pm		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	Y			7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00	
				Y/N		
				1.00		
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/01/2016	Y	12/01/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 12/21/2016 12:09 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DEBBIE	BRAGG		41.00
42.00	Enter the employer/company name of the cost report preparer.	DECATUR MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(217) 876-2051	DEBBIEB@DMHHS.ORG		43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

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	150	54,750	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)		150	54,750	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	30	10,950	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		202	73,730	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		222				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,320	693	24,874			1.00
2.00 HMO and other (see instructions)	3,218	3,973				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)	13,320	693	24,874			7.00
8.00 INTENSIVE CARE UNIT	2,453	1,001	5,382			8.00
9.00 CORONARY CARE UNIT	2,760	655	3,523			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		345	1,855			13.00
14.00 Total (see instructions)	18,533	2,694	35,634	14.17	1,616.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,017	255	3,807	0.00	23.91	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	13,679	2,016	22,711	0.00	41.71	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	79	566	749	0.00	10.23	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				14.17	1,692.55	27.00
28.00 Observation Bed Days		1,294	5,308			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			482			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	108	206			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,117	1,292	8,385	1.00
2.00 HMO and other (see instructions)			626	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,117	1,292	8,385	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	194	17	261	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				0	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						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet S-3  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	119,882,243	0	119,882,243	3,534,044.00	33.92
2.00	Non-physician anesthetist Part A		5,091,139	0	5,091,139	51,390.00	99.07
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		597,568	0	597,568	3,707.00	161.20
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		243,136	0	243,136	1,505.00	161.55
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	842,287	842,287	31,366.00	26.85
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		49,344,610	-4,909,031	44,435,579	997,441.00	44.55
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		984,881	0	984,881	18,381.00	53.58
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		220,271	0	220,271	1,124.00	195.97
14.00	Home office salaries & wage-related costs		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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		19,791,445	0	19,791,445		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		5,507,226	0	5,507,226		
20.00	Non-physician anesthetist Part A		687,586	0	687,586		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		66,999	0	66,999		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		14,029	0	14,029		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		249,307	0	249,307		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	638,218	0	638,218	21,694.00	29.42
27.00	Administrative & General	5.00	10,024,041	-265,576	9,758,465	383,323.00	25.46
28.00	Administrative & General under contract (see inst.)		2,471,093	0	2,471,093	16,634.00	148.56
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,236,409	0	1,236,409	64,436.00	19.19
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,542,691	0	1,542,691	135,511.00	11.38
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,872,453	-1,582,315	290,138	19,771.00	14.67
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,582,315	1,582,315	107,826.00	14.67
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,918,909	265,576	2,184,485	68,750.00	31.77
39.00	Central Services and Supply	14.00	637,554	0	637,554	36,770.00	17.34
40.00	Pharmacy	15.00	1,968,884	0	1,968,884	52,388.00	37.58

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet S-3  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,335,268	0	1,335,268	61,471.00	21.72	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet S-3  
Part III  
Date/Time Prepared:  
12/21/2016 12:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	117,019,061	-842,287	116,176,774	3,466,417.00	33.51	1.00
2.00	Excluded area salaries (see instructions)	49,344,610	-4,909,031	44,435,579	997,441.00	44.55	2.00
3.00	Subtotal salaries (line 1 minus line 2)	67,674,451	4,066,744	71,741,195	2,468,976.00	29.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,205,152	0	1,205,152	19,505.00	61.79	4.00
5.00	Subtotal wage-related costs (see inst.)	19,858,444	0	19,858,444	0.00	27.68	5.00
6.00	Total (sum of lines 3 thru 5)	88,738,047	4,066,744	92,804,791	2,488,481.00	37.29	6.00
7.00	Total overhead cost (see instructions)	23,645,520	0	23,645,520	968,574.00	24.41	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 12/21/2016 12:09 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,096,955 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			1,114,341 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			13,834,822 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			586,695 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			131,000 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)			473,594 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			445,965 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			7,582,853 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			29,715 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			20,650 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			26,316,590 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part V Date/Time Prepared: 12/21/2016 12:09 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	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: 140135 Component CCN: 147206		Period: From 10/01/2015 To 09/30/2016		Worksheet S-4 Date/Time Prepared: 12/21/2016 12:09 pm PPS	
0.00 County				1.00		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	5,745	774	1,528	8,047	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	906.00	122.00	241.00	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)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			9.08	0.00	9.08	5.00
6.00	Direct Nursing Service			19.73	0.00	19.73	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			6.21	0.00	6.21	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.79	0.00	0.79	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.07	0.00	0.07	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			2.04	0.00	2.04	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			3.85	0.00	3.85	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			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).			19500			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	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,292	927	235	9	7,463	21.00
22.00	Skilled Nursing Visit Charges	1,198,330	177,650	44,840	1,710	1,422,530	22.00
23.00	Physical Therapy Visits	4,058	86	38	16	4,198	23.00
24.00	Physical Therapy Visit Charges	770,260	16,340	7,220	3,040	796,860	24.00
25.00	Occupational Therapy Visits	344	35	3	5	387	25.00
26.00	Occupational Therapy Visit Charges	65,170	6,650	570	950	73,340	26.00
27.00	Speech Pathology Visits	40	14	0	0	54	27.00
28.00	Speech Pathology Visit Charges	7,410	2,660	0	0	10,070	28.00
29.00	Medical Social Service Visits	49	3	3	0	55	29.00
30.00	Medical Social Service Visit Charges	9,310	570	570	0	10,450	30.00
31.00	Home Health Aide Visits	1,200	320	2	0	1,522	31.00
32.00	Home Health Aide Visit Charges	102,000	27,200	170	0	129,370	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,983	1,385	281	30	13,679	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,152,480	231,070	53,370	5,700	2,442,620	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	75,258	15,463	4,665	171	95,557	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 12/21/2016 12:09 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.233124		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		14,084,480		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		130,788,084		6.00	
7.00	Medicaid cost (line 1 times line 6)		30,489,841		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)		16,405,361		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		16,405,361		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,712,246	1,031,164		7,743,410	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,564,786	240,389		1,805,175	21.00
22.00	Partial payment by patients approved for charity care	35,851	127,904		163,755	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,528,935	112,485		1,641,420	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					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)				9,287,997	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				998,112	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				8,289,885	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				1,932,571	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				3,573,991	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				19,979,352	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		27,910,722	27,910,722	-20,753,677	7,157,045	1.00
2.00	00200		0	0	11,057,671	11,057,671	2.00
4.00	00400	638,218	18,769,743	19,407,961	0	19,407,961	4.00
5.00	00500	10,024,041	18,801,788	28,825,829	9,454,804	38,280,633	5.00
7.00	00700	1,236,409	8,203,064	9,439,473	0	9,439,473	7.00
8.00	00800	0	1,081,089	1,081,089	0	1,081,089	8.00
9.00	00900	1,542,691	994,029	2,536,720	0	2,536,720	9.00
10.00	01000	1,872,453	1,821,679	3,694,132	-3,121,724	572,408	10.00
11.00	01100	0	0	0	3,121,724	3,121,724	11.00
13.00	01300	1,918,909	1,421,572	3,340,481	261,841	3,602,322	13.00
14.00	01400	637,554	3,261,256	3,898,810	-2,214,305	1,684,505	14.00
15.00	01500	1,968,884	9,835,987	11,804,871	-9,175,192	2,629,679	15.00
16.00	01600	1,335,268	1,146,968	2,482,236	-573	2,481,663	16.00
19.00	01900	0	0	0	5,091,139	5,091,139	19.00
21.00	02100	0	0	0	842,287	842,287	21.00
22.00	02200	0	0	0	2,542,633	2,542,633	22.00
23.00	02300	416,187	43,533	459,720	0	459,720	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	10,013,961	1,262,861	11,276,822	-320,876	10,955,946	30.00
31.00	03100	3,038,530	380,524	3,419,054	-94,122	3,324,932	31.00
32.00	03200	2,331,012	246,917	2,577,929	20,914	2,598,843	32.00
40.00	04000	1,178,541	776,927	1,955,468	-19,823	1,935,645	40.00
43.00	04300	0	61,201	61,201	-56,752	4,449	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	5,011,062	15,575,803	20,586,865	-13,748,685	6,838,180	50.00
50.01	05001	90,157	39,430	129,587	-32,089	97,498	50.01
51.00	05100	803,543	83,490	887,033	-7,831	879,202	51.00
52.00	05200	0	24,642	24,642	278,636	303,278	52.00
53.00	05300	5,349,721	932,128	6,281,849	-5,337,763	944,086	53.00
54.00	05400	5,431,999	7,891,638	13,323,637	-880,471	12,443,166	54.00
55.00	05500	1,307,292	1,602,814	2,910,106	-34,037	2,876,069	55.00
60.00	06000	2,968,436	4,742,069	7,710,505	-986,301	6,724,204	60.00
65.00	06500	890,537	143,980	1,034,517	-59,948	974,569	65.00
66.00	06600	2,489,084	671,334	3,160,418	653,822	3,814,240	66.00
67.00	06700	421,657	45,949	467,606	-10,606	457,000	67.00
68.00	06800	265,134	31,769	296,903	-6,826	290,077	68.00
69.00	06900	2,134,618	484,543	2,619,161	-30,448	2,588,713	69.00
69.01	06901	793,910	3,708,558	4,502,468	-3,470,921	1,031,547	69.01
70.00	07000	563,383	115,544	678,927	-15,946	662,981	70.00
71.00	07100	0	0	0	10,439,959	10,439,959	71.00
72.00	07200	0	0	0	13,796,235	13,796,235	72.00
73.00	07300	0	0	0	8,749,135	8,749,135	73.00
74.00	07400	0	424,907	424,907	46,155	471,062	74.00
75.00	07500	2,937,469	1,721,737	4,659,206	-1,050,397	3,608,809	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	11,321	909,905	921,226	-85,878	835,348	90.00
90.01	09001	0	0	0	1,390,459	1,390,459	90.01
90.02	09002	0	0	0	3,096,596	3,096,596	90.02
91.00	09100	2,510,380	2,799,393	5,309,773	-181,056	5,128,717	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	2,531,854	589,522	3,121,376	-55,023	3,066,353	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	791,053	466,856	1,257,909	-29,287	1,228,622	116.00
118.00		75,455,268	139,025,871	214,481,139	9,063,453	223,544,592	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	171,821	550,804	722,625	0	722,625	190.00
190.01	19001	842,287	2,661,350	3,503,637	-3,384,920	118,717	190.01
190.02	19002	77,487	13,648	91,135	0	91,135	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	813	813	0	813	190.05
190.06	19006	169,414	28,657	198,071	0	198,071	190.06
190.07	19007	483,391	1,063,089	1,546,480	0	1,546,480	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	52,236	52,236	0	52,236	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
190.12	19012	CCOP FISCAL INTERMEDIARY	128,577	3,256,348	3,384,925	0	3,384,925	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	147,573	286,852	434,425	0	434,425	190.14
190.15	19015	CORPORATE HEALTH	1,632,117	1,756,304	3,388,421	0	3,388,421	190.15
190.16	19016	CANCER CARE INSTITUTE	198,991	102,711	301,702	0	301,702	190.16
190.17	19017	INTEGRATED CENTER	579,574	709,114	1,288,688	-666,935	621,753	190.17
190.18	19019	340B ADMINISTRATION	0	93,220	93,220	0	93,220	190.18
191.00	19100	RESEARCH	809,727	118,180	927,907	0	927,907	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,186,016	14,103,973	53,289,989	-5,011,598	48,278,391	192.00
200.00		TOTAL (SUM OF LINES 118-199)	119,882,243	163,823,170	283,705,413	0	283,705,413	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	7,157,045	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	11,057,671	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,993,684	13,414,277	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,272,212	26,008,421	5.00
7.00	00700	OPERATION OF PLANT	-414	9,439,059	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,081,089	8.00
9.00	00900	HOUSEKEEPING	0	2,536,720	9.00
10.00	01000	DIETARY	-15,498	556,910	10.00
11.00	01100	CAFETERIA	-2,062,350	1,059,374	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,602,322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,684,505	14.00
15.00	01500	PHARMACY	0	2,629,679	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-75,642	2,406,021	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-5,091,139	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	842,287	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,542,633	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	459,720	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-99,900	10,856,046	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,324,932	31.00
32.00	03200	CORONARY CARE UNIT	-34,693	2,564,150	32.00
40.00	04000	SUBPROVIDER - I PF	-500	1,935,145	40.00
43.00	04300	NURSERY	0	4,449	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-114,988	6,723,192	50.00
50.01	05001	ORTHO MEDICAL	0	97,498	50.01
51.00	05100	RECOVERY ROOM	0	879,202	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	303,278	52.00
53.00	05300	ANESTHESIOLOGY	-304,251	639,835	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-80,539	12,362,627	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-19,925	2,856,144	55.00
60.00	06000	LABORATORY	0	6,724,204	60.00
65.00	06500	RESPIRATORY THERAPY	0	974,569	65.00
66.00	06600	PHYSICAL THERAPY	-36,829	3,777,411	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	457,000	67.00
68.00	06800	SPEECH PATHOLOGY	0	290,077	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,588,713	69.00
69.01	06901	CATH LAB	-8,337	1,023,210	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-16,270	646,711	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-240,981	10,198,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,796,235	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,749,135	73.00
74.00	07400	RENAL DIALYSIS	-23,580	447,482	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,608,809	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-12,895	822,453	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	-174,248	1,216,211	90.01
90.02	09002	DMG PHYSICIAN GROUP	-1,605,826	1,490,770	90.02
91.00	09100	EMERGENCY	-2,530,331	2,598,386	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	-748	3,065,605	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
116.00	11600	HOSPICE	0	1,228,622	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-30,815,780	192,728,812	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	722,625	190.00
190.01	19001	SIU CLINIC	0	118,717	190.01
190.02	19002	WOMEN'S CENTER	0	91,135	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	813	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	198,071	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	1,546,480	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	190.08
190.09	19009	SHORE	0	52,236	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	3,384,925	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A  
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	434,425	190.14
190.15	19015	CORPORATE HEALTH	0	3,388,421	190.15
190.16	19016	CANCER CARE INSTITUTE	0	301,702	190.16
190.17	19017	INTEGRATED CENTER	0	621,753	190.17
190.18	19019	340B ADMINISTRATION	0	93,220	190.18
191.00	19100	RESEARCH	0	927,907	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	48,278,391	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-30,815,780	252,889,633	200.00

RECLASSIFICATIONS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-6

Date/Time Prepared:  
12/21/2016 12:09 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - CAPITAL RECLASS</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,033,462	1.00	
	TOTALS		0	11,033,462		
<b>B - CAPA-STATE BED TAX</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,720,380	1.00	
	TOTALS		0	9,720,380		
<b>C - ANESTHESIA - RN SALARY</b>						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	5,091,139	0	1.00	
	TOTALS		5,091,139	0		
<b>D - DRUGS CHARGED TO PATIENTS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,749,135	1.00	
	TOTALS		0	8,749,135		
<b>E - MEDICAL EDUCATION</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	842,287	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,542,633	2.00	
	TOTALS		842,287	2,542,633		
<b>F - HHA DEPRECIATION</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	165	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24,209	2.00	
	TOTALS		0	24,374		
<b>G - CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	1,582,315	1,539,409	1.00	
	TOTALS		1,582,315	1,539,409		
<b>H - CHIEF NURSING SALARY</b>						
1.00	NURSING ADMINISTRATION	13.00	265,576	0	1.00	
	TOTALS		265,576	0		
<b>I - INTEGRATIVE CENTER</b>						
1.00	PHYSICAL THERAPY	66.00	341,832	325,103	1.00	
	TOTALS		341,832	325,103		
<b>J - PROVIDER BASED PHYSICIANS</b>						
1.00	ADULTS & PEDIATRICS	30.00	36,667	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	91,667	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	43,333	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	37,500	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	22,917	0	5.00	
6.00	CORONARY CARE UNIT	32.00	57,292	0	6.00	
7.00	OPERATING ROOM	50.00	162,250	0	7.00	
8.00	ELECTROENCEPHALOGRAPHY	70.00	22,917	0	8.00	
9.00	RENAL DIALYSIS	74.00	50,000	0	9.00	
	TOTALS		524,543	0		
<b>K - LABOR AND DELIVERY</b>						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	267,466	34,932	1.00	
	TOTALS		267,466	34,932		
<b>L - MEDICAL SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,236,194	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	

RECLASSIFICATIONS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-6

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	24,236,194	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO	72.00	0	13,796,235	1.00
	PATIENTS				
	TOTALS		0	13,796,235	
O - PROVIDER BASED CLINICS					
1.00	DMG EXPRESS CARE PHYSICIAN	90.01	923,107	467,352	1.00
	GROUP				
2.00	DMG PHYSICIAN GROUP	90.02	2,277,262	819,334	2.00
	TOTALS		3,200,369	1,286,686	
500.00	Grand Total: Increases		12,115,527	73,288,543	500.00

RECLASSIFICATIONS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-6  
Date/Time Prepared:  
12/21/2016 12:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - CAPITAL RECLASS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,033,462	9		1.00
	TOTALS		0	11,033,462			
<b>B - CAPA-STATE BED TAX</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,720,380	13		1.00
	TOTALS		0	9,720,380			
<b>C - ANESTHESIA - RN SALARY</b>							
1.00	ANESTHESIOLOGY	53.00	5,091,139	0	0		1.00
	TOTALS		5,091,139	0			
<b>D - DRUGS CHARGED TO PATIENTS</b>							
1.00	PHARMACY	15.00	0	8,749,135	0		1.00
	TOTALS		0	8,749,135			
<b>E - MEDICAL EDUCATION</b>							
1.00	SIU CLINIC	190.01	842,287	0	0		1.00
2.00	SIU CLINIC	190.01	0	2,542,633	0		2.00
	TOTALS		842,287	2,542,633			
<b>F - HHA DEPRECIATION</b>							
1.00	HOME HEALTH AGENCY	101.00	0	165	9		1.00
2.00	HOME HEALTH AGENCY	101.00	0	24,209	9		2.00
	TOTALS		0	24,374			
<b>G - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	1,582,315	1,539,409	0		1.00
	TOTALS		1,582,315	1,539,409			
<b>H - CHIEF NURSING SALARY</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	265,576	0	0		1.00
	TOTALS		265,576	0			
<b>I - INTEGRATIVE CENTER</b>							
1.00	INTEGRATED CENTER	190.17	341,832	325,103	0		1.00
	TOTALS		341,832	325,103			
<b>J - PROVIDER BASED PHYSICIANS</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	524,543	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		524,543	0			
<b>K - LABOR AND DELIVERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	267,466	34,932	0		1.00
	TOTALS		267,466	34,932			
<b>L - MEDICAL SUPPLIES</b>							
1.00	NURSING ADMINISTRATION	13.00	0	3,735	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,214,305	0		2.00
3.00	PHARMACY	15.00	0	426,057	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	573	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	227,645	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	117,039	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	36,378	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	19,823	0		8.00
9.00	NURSERY	43.00	0	56,752	0		9.00
10.00	OPERATING ROOM	50.00	0	13,910,935	0		10.00
11.00	ORTHO MEDICAL	50.01	0	32,089	0		11.00
12.00	RECOVERY ROOM	51.00	0	7,831	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	23,762	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	246,624	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	880,471	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,037	0		16.00
17.00	LABORATORY	60.00	0	986,301	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	59,948	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	13,113	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	10,606	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	6,826	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	30,448	0		22.00
23.00	CATH LAB	69.01	0	3,470,921	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	38,863	0		24.00
25.00	RENAL DIALYSIS	74.00	0	3,845	0		25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0	1,050,397	0		26.00
27.00	CLINIC	90.00	0	85,878	0		27.00
28.00	EMERGENCY	91.00	0	181,056	0		28.00
29.00	HOME HEALTH AGENCY	101.00	0	30,649	0		29.00
30.00	HOSPICE	116.00	0	29,287	0		30.00

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		0	24,236,194		
M - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,796,235	0	1.00
	TOTALS		0	13,796,235		
O - PROVIDER BASED CLINICS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,200,369	1,286,686	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		3,200,369	1,286,686		
500.00	Grand Total: Decreases		12,115,527	73,288,543		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-7  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,337,264	0	0	0	0	1.00
2.00	Land Improvements	8,822,612	181,458	0	181,458	0	2.00
3.00	Buildings and Fixtures	171,201,281	4,289,307	0	4,289,307	0	3.00
4.00	Building Improvements	2,782,514	18,272	0	18,272	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	226,776,376	6,260,253	0	6,260,253	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	410,920,047	10,749,290	0	10,749,290	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	410,920,047	10,749,290	0	10,749,290	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,337,264	0				1.00
2.00	Land Improvements	9,004,070	0				2.00
3.00	Buildings and Fixtures	175,490,588	0				3.00
4.00	Building Improvements	2,800,786	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	233,036,629	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	421,669,337	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	421,669,337	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-7  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	17,859,908	0	323,334	0	9,720,380	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,859,908	0	323,334	0	9,720,380	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	7,100	27,910,722				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	7,100	27,910,722				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-7  
Part III  
Date/Time Prepared:  
12/21/2016 12:09 pm

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	188,632,707	0	188,632,707	0.447347	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	233,036,629	0	233,036,629	0.552653	0	2.00
3.00	Total (sum of lines 1-2)	421,669,336	0	421,669,336	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	6,826,611	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,057,671	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,884,282	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	323,334	0	0	7,100	7,157,045	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,057,671	2.00
3.00	Total (sum of lines 1-2)	323,334	0	0	7,100	18,214,716	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-8

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-45	0	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-240,981	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,613,743	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,030,384	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-75,642	0	MEDICAL RECORDS & LIBRARY	16.00	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	B	-31,966	0	CAFETERIA	11.00	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	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	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	A	-5,091,139	0	NONPHYSICIAN ANESTHETISTS	19.00	0	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	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	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 OTHER ADJUSTMENTS (EMPLOYEE BENEFIT)	B	-3,000	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-8

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 A&G - OTHER REVENUE	B	-1,447,307	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 MISC TELEPHONE REVENUE	B	-114,985	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 MISC ACCOUNTING REVENUE	B	-105,329	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04 OPERATION OF PLANT - OTHER REV	B	-414	OPERATION OF PLANT	7.00	0 33.04
33.05 DIET-OTHER REVENUE	B	-15,498	DIETARY	10.00	0 33.05
33.06 PEDS-OTHER REVENUE	B	-8,429	ADULTS & PEDIATRICS	30.00	0 33.06
33.07 OBGY-OTHER REVENUE	B	-1,603	ADULTS & PEDIATRICS	30.00	0 33.07
33.08 XRAY-OTHER REVENUE	B	-79,631	RADIOLOGY-DIAGNOSTIC	54.00	0 33.08
33.09 SIUR-OTHER REVENUE	B	-3,000	CLINIC	90.00	0 33.09
33.10 ADMN-OTHER REVENUE	B	8,023	ADMINISTRATIVE & GENERAL	5.00	0 33.10
33.11 OTRV-SILVER RECOVERY	B	-18	RADIOLOGY-DIAGNOSTIC	54.00	0 33.11
33.12 CANC-OTHER REVENUE	B	-16,988	RADIOLOGY-THERAPEUTIC	55.00	0 33.12
33.13 SPOR-OTHER REVENUE	B	-34,949	PHYSICAL THERAPY	66.00	0 33.13
33.14 GERI-OTHER REVENUE	B	-500	SUBPROVIDER - IPF	40.00	0 33.14
33.15 NON-ALLOWABLE DUES	A	-1,333	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16 HOSPITAL LOBBYING DUES	A	-87,365	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17 HOME CARE & HOSPICE LOBBYING DUES	A	-748	HOME HEALTH AGENCY	101.00	0 33.17
33.18 ADVERTISING	A	-582,053	ADMINISTRATIVE & GENERAL	5.00	0 33.18
33.19 ADVERTISING	A	-11,516	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20 ADVERTISING	A	-57,810	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21 NON-ALLOWABLE MARKETING	A	-207,025	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22 CRNA BENEFITS	A	-389,579	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.22
33.23 CRNA ACCRUALS	A	-14,280	ANESTHESIOLOGY	53.00	0 33.23
33.24 CRNA FICA	A	-289,971	ANESTHESIOLOGY	53.00	0 33.24
33.25 ILLINOIS PROVIDER TAX EXP	A	-9,665,467	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26 SELF INSURANCE	A	-5,601,105	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.26
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,815,780			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:  
12/21/2016 12:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	6,753	0	6,753	169,700	37	1.00
2.00	30.00	ADULTS & PEDIATRICS	36,667	0	36,667	169,700	304	2.00
3.00	30.00	ADULTS & PEDIATRICS	91,667	0	91,667	169,700	477	3.00
4.00	30.00	ADULTS & PEDIATRICS	43,333	0	43,333	169,700	301	4.00
5.00	30.00	ADULTS & PEDIATRICS	37,500	0	37,500	169,700	426	5.00
6.00	31.00	INTENSIVE CARE UNIT	22,917	0	22,917	197,500	357	6.00
7.00	32.00	CORONARY CARE UNIT	57,292	0	57,292	197,500	238	7.00
8.00	50.00	OPERATING ROOM	162,250	0	162,250	246,400	715	8.00
9.00	50.00	OPERATING ROOM	12,621	0	12,621	246,400	57	9.00
10.00	50.00	OPERATING ROOM	60,000	0	60,000	246,400	240	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	890	890	0	271,900	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	8,950	0	8,950	271,900	46	12.00
13.00	66.00	PHYSICAL THERAPY	3,515	0	3,515	179,000	19	13.00
14.00	69.01	CATH LAB	13,500	0	13,500	179,000	60	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	18,568	0	18,568	179,000	101	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	22,917	0	22,917	179,000	192	16.00
17.00	74.00	RENAL DIALYSIS	50,000	0	50,000	179,000	307	17.00
18.00	90.00	CLINIC	11,321	2,921	8,400	179,000	42	18.00
19.00	90.00	CLINIC	5,200	0	5,200	179,000	35	19.00
20.00	91.00	EMERGENCY	240,214	240,214	0	179,000	0	20.00
21.00	91.00	EMERGENCY	2,349,153	2,229,153	120,000	179,000	686	21.00
22.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	174,248	174,248	0	179,000	0	22.00
23.00	90.02	DMG PHYSICIAN GROUP	1,591,623	1,591,623	0	179,000	0	23.00
24.00	90.02	DMG PHYSICIAN GROUP	14,203	14,203	0	179,000	0	24.00
200.00			5,035,302	4,253,252	782,050		4,640	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	3,019	151	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	24,802	1,240	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	38,917	1,946	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	24,558	1,228	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	34,756	1,738	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	33,898	1,695	0	0	0	6.00
7.00	32.00	CORONARY CARE UNIT	22,599	1,130	0	0	0	7.00
8.00	50.00	OPERATING ROOM	84,700	4,235	0	0	0	8.00
9.00	50.00	OPERATING ROOM	6,752	338	0	0	0	9.00
10.00	50.00	OPERATING ROOM	28,431	1,422	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	6,013	301	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	1,635	82	0	0	0	13.00
14.00	69.01	CATH LAB	5,163	258	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	8,692	435	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	16,523	826	0	0	0	16.00
17.00	74.00	RENAL DIALYSIS	26,420	1,321	0	0	0	17.00
18.00	90.00	CLINIC	3,614	181	0	0	0	18.00
19.00	90.00	CLINIC	3,012	151	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	59,036	2,952	0	0	0	21.00
22.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	22.00
23.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	23.00
24.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	24.00
200.00			432,540	21,630	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	3,019	3,734	3,734		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	24,802	11,865	11,865		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	38,917	52,750	52,750		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	24,558	18,775	18,775		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	34,756	2,744	2,744		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	33,898	0	0		6.00
7.00	32.00	CORONARY CARE UNIT	0	22,599	34,693	34,693		7.00
8.00	50.00	OPERATING ROOM	0	84,700	77,550	77,550		8.00
9.00	50.00	OPERATING ROOM	0	6,752	5,869	5,869		9.00
10.00	50.00	OPERATING ROOM	0	28,431	31,569	31,569		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	890		11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:  
12/21/2016 12:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	6,013	2,937	2,937		12.00
13.00	66.00	PHYSICAL THERAPY	0	1,635	1,880	1,880		13.00
14.00	69.01	CATH LAB	0	5,163	8,337	8,337		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	8,692	9,876	9,876		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	16,523	6,394	6,394		16.00
17.00	74.00	RENAL DIALYSIS	0	26,420	23,580	23,580		17.00
18.00	90.00	CLINIC	0	3,614	4,786	7,707		18.00
19.00	90.00	CLINIC	0	3,012	2,188	2,188		19.00
20.00	91.00	EMERGENCY	0	0	0	240,214		20.00
21.00	91.00	EMERGENCY	0	59,036	60,964	2,290,117		21.00
22.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	174,248		22.00
23.00	90.02	DMG PHYSICIAN GROUP	0	0	0	1,591,623		23.00
24.00	90.02	DMG PHYSICIAN GROUP	0	0	0	14,203		24.00
200.00			0	432,540	360,491	4,613,743		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				4.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT	7,157,045	7,157,045				1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP	11,057,671		11,057,671			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	13,414,277	64,845	700	13,479,822		4.00	
5.00 00500 ADMINISTRATIVE & GENERAL	26,008,421	545,034	4,397,014	1,741,915	32,692,384	5.00	
7.00 00700 OPERATION OF PLANT	9,439,059	438,740	304,643	220,703	10,403,145	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	1,081,089	95,776	0	0	1,176,865	8.00	
9.00 00900 HOUSEKEEPING	2,536,720	881,209	16,586	275,375	3,709,890	9.00	
10.00 01000 DIETARY	556,910	74,222	97,730	51,791	780,653	10.00	
11.00 01100 CAFETERIA	1,059,374	378,522	0	282,448	1,720,344	11.00	
13.00 01300 NURSING ADMINISTRATION	3,602,322	83,720	341,342	389,937	4,417,321	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	1,684,505	236,182	77,551	113,805	2,112,043	14.00	
15.00 01500 PHARMACY	2,629,679	35,619	23,833	351,452	3,040,583	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	2,406,021	56,473	5,813	238,349	2,706,656	16.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	842,287	0	0	150,351	992,638	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	2,542,633	0	0	0	2,542,633	22.00	
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	459,720	0	961	74,291	534,972	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	10,856,046	1,022,163	124,955	1,779,207	13,782,371	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,324,932	162,295	60,561	546,849	4,094,637	31.00	
32.00 03200 CORONARY CARE UNIT	2,564,150	158,125	15,280	427,249	3,164,804	32.00	
40.00 04000 SUBPROVIDER - IPF	1,935,145	190,806	8,415	210,373	2,344,739	40.00	
43.00 04300 NURSERY	4,449	19,134	15,391	0	38,974	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	6,723,192	610,625	1,468,043	926,085	9,727,945	50.00	
50.01 05001 ORTHO MEDICAL	97,498	17,688	19,618	16,093	150,897	50.01	
51.00 05100 RECOVERY ROOM	879,202	29,683	14,340	143,435	1,066,660	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	303,278	37,735	0	47,743	388,756	52.00	
53.00 05300 ANESTHESIOLOGY	639,835	30,931	205,022	46,158	921,946	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,362,627	406,850	1,556,154	969,628	15,295,259	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	2,856,144	112,048	861,939	233,356	4,063,487	55.00	
60.00 06000 LABORATORY	6,724,204	158,277	240,886	529,875	7,653,242	60.00	
65.00 06500 RESPIRATORY THERAPY	974,569	0	24,403	158,964	1,157,936	65.00	
66.00 06600 PHYSICAL THERAPY	3,777,411	138,199	26,376	505,327	4,447,313	66.00	
67.00 06700 OCCUPATIONAL THERAPY	457,000	8,585	8,405	75,267	549,257	67.00	
68.00 06800 SPEECH PATHOLOGY	290,077	10,168	0	47,327	347,572	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,588,713	164,594	154,297	381,036	3,288,640	69.00	
69.01 06901 CATH LAB	1,023,210	174,062	484,241	141,715	1,823,228	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	646,711	26,669	70,326	105,028	848,734	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,198,978	0	0	0	10,198,978	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	13,796,235	0	0	0	13,796,235	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	8,749,135	0	0	0	8,749,135	73.00	
74.00 07400 RENAL DIALYSIS	447,482	0	20,338	8,925	476,745	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	3,608,809	71,619	180,219	524,347	4,384,994	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	822,453	0	20,376	0	842,829	90.00	
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	1,216,211	0	0	0	1,216,211	90.01	
90.02 09002 DMG PHYSICIAN GROUP	1,490,770	0	0	0	1,490,770	90.02	
91.00 09100 EMERGENCY	2,598,386	456,656	5,025	448,110	3,508,177	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	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 10100 HOME HEALTH AGENCY	3,065,605	62,318	23,950	451,944	3,603,817	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00 11600 HOSPICE	1,228,622	0	0	141,205	1,369,827	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	192,728,812	6,959,572	10,874,733	12,755,663	191,624,242	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	722,625	53,094	3,480	30,671	809,870	190.00	
190.01 19001 SIU CLINIC	118,717	0	568	0	119,285	190.01	
190.02 19002 WOMEN'S CENTER	91,135	0	0	13,832	104,967	190.02	
190.03 19011 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.03	
190.04 19004 NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04	
190.05 19005 RENTAL PROPERTY	813	98,485	0	0	99,298	190.05	
190.06 19006 DECATUR DIGESTIVE CENTER	198,071	0	0	30,241	228,312	190.06	
190.07 19007 DMH MEDICAL EQUIPMENT	1,546,480	0	45,291	86,287	1,678,058	190.07	
190.08 19008 PULMONARY EXTENDED CARE	0	11,980	0	0	11,980	190.08	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
190.09 19009 SHORE	52,236	0	0	0	52,236	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	0	272	0	272	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	3,384,925	0	34	22,951	3,407,910	190.12
190.13 19013 ELDERLY SERVICES	0	0	338	0	338	190.13
190.14 19014 REAL ESTATE MANAGEMENT	434,425	0	0	26,342	460,767	190.14
190.15 19015 CORPORATE HEALTH	3,388,421	0	80,234	291,338	3,759,993	190.15
190.16 19016 CANCER CARE INSTITUTE	301,702	7,306	41,170	35,520	385,698	190.16
190.17 19017 INTEGRATED CENTER	621,753	0	1,662	42,438	665,853	190.17
190.18 19019 340B ADMINISTRATION	93,220	0	0	0	93,220	190.18
191.00 19100 RESEARCH	927,907	26,608	9,889	144,539	1,108,943	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	48,278,391	0	0	0	48,278,391	192.00
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)	252,889,633	7,157,045	11,057,671	13,479,822	252,889,633	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,692,384				5.00
7.00	00700	OPERATION OF PLANT	1,544,545	11,947,690			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	174,728	187,332	1,538,925		8.00
9.00	00900	HOUSEKEEPING	550,804	1,723,588	0	5,984,282	9.00
10.00	01000	DIETARY	115,903	145,173	803	86,557	1,129,089
11.00	01100	CAFETERIA	255,418	740,365	0	441,432	0
13.00	01300	NURSING ADMINISTRATION	655,835	163,751	0	97,634	0
14.00	01400	CENTRAL SERVICES & SUPPLY	313,573	461,958	0	275,436	0
15.00	01500	PHARMACY	451,432	69,669	0	41,539	0
16.00	01600	MEDICAL RECORDS & LIBRARY	401,855	110,458	0	65,859	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	147,376	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	377,502	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	79,427	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,046,255	1,999,286	564,101	1,192,045	734,269
31.00	03100	INTENSIVE CARE UNIT	607,927	317,440	112,114	189,269	110,488
32.00	03200	CORONARY CARE UNIT	469,875	309,282	103,016	184,405	124,337
40.00	04000	SUBPROVIDER - IPF	348,121	373,204	0	222,518	102,555
43.00	04300	NURSERY	5,786	37,425	8,072	22,314	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,444,298	1,194,343	186,052	712,110	2,850
50.01	05001	ORTHO MEDICAL	22,404	34,596	6,286	20,627	0
51.00	05100	RECOVERY ROOM	158,366	58,057	21,315	34,616	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,718	73,807	0	44,007	0
53.00	05300	ANESTHESIOLOGY	136,880	60,499	0	36,071	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,270,872	795,772	103,230	474,468	6,033
55.00	05500	RADIOLOGY-THERAPEUTIC	603,302	219,159	17,640	130,670	0
60.00	06000	LABORATORY	1,136,269	309,579	0	184,582	0
65.00	06500	RESPIRATORY THERAPY	171,918	0	76	0	0
66.00	06600	PHYSICAL THERAPY	660,288	270,309	35,581	161,168	0
67.00	06700	OCCUPATIONAL THERAPY	81,548	16,792	0	10,012	0
68.00	06800	SPEECH PATHOLOGY	51,604	19,888	0	11,858	0
69.00	06900	ELECTROCARDIOLOGY	488,261	321,935	63,065	191,949	0
69.01	06901	CATH LAB	270,693	340,454	0	202,991	4,240
70.00	07000	ELECTROENCEPHALOGRAPHY	126,011	52,162	18,282	31,101	36
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,514,232	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,048,313	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,298,975	0	0	0	0
74.00	07400	RENAL DIALYSIS	70,782	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	651,036	140,082	88,127	83,522	26,407
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	125,134	0	9,163	0	0
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	180,570	0	532	0	0
90.02	09002	DMG PHYSICIAN GROUP	221,333	0	310	0	0
91.00	09100	EMERGENCY	520,856	893,190	182,222	532,552	17,874
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	535,055	121,891	0	72,676	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	203,377	0	1,543	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,596,457	11,561,446	1,521,530	5,753,988	1,129,089
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	120,241	103,848	0	61,918	0
190.01	19001	SIU CLINIC	17,710	0	0	0	0
190.02	19002	WOMEN'S CENTER	15,584	0	0	0	0
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0
190.05	19005	RENTAL PROPERTY	14,743	192,631	0	114,854	0
190.06	19006	DECATUR DIGESTIVE CENTER	33,897	0	0	0	0
190.07	19007	DMH MEDICAL EQUIPMENT	249,140	0	0	0	0
190.08	19008	PULMONARY EXTENDED CARE	1,779	23,431	0	13,971	0
190.09	19009	SHORE	7,755	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	40	0	0	0	0
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	505,969	0	0	0	0
190.13	19013	ELDERLY SERVICES	50	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.14	19014	REAL ESTATE MANAGEMENT	68,410	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	558,242	0	5,143	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	57,264	14,291	0	8,521	0	190.16
190.17	19017	INTEGRATED CENTER	98,859	0	4,353	0	0	190.17
190.18	19019	340B ADMINISTRATION	13,840	0	0	0	0	190.18
191.00	19100	RESEARCH	164,644	52,043	0	31,030	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,167,760	0	7,899	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	32,692,384	11,947,690	1,538,925	5,984,282	1,129,089	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part I Date/Time Prepared: 12/21/2016 12:09 pm
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,157,559					11.00
13.00	01300	65,976	5,400,517				13.00
14.00	01400	41,598	0	3,204,608			14.00
15.00	01500	59,267	0	2,434	3,664,924		15.00
16.00	01600	69,543	0	107	0	3,354,478	16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	6,898	0	672	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	427,438	3,236,965	5,114	0	105,188	30.00
31.00	03100	120,188	910,146	1,883	0	36,217	31.00
32.00	03200	95,220	721,153	1,585	0	25,481	32.00
40.00	04000	56,480	423,354	1,320	0	21,464	40.00
43.00	04300	0	0	457	0	3,767	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	210,353	0	25,259	16,000	568,087	50.00
50.01	05001	3,449	0	46	0	1,791	50.01
51.00	05100	27,519	0	420	0	36,226	51.00
52.00	05200	0	0	96	0	18,030	52.00
53.00	05300	60,921	0	27,490	0	9,996	53.00
54.00	05400	82,157	0	195,833	644,730	727,165	54.00
55.00	05500	39,189	0	923	542	72,938	55.00
60.00	06000	159,259	0	229,360	0	509,153	60.00
65.00	06500	38,645	0	1,217	0	77,148	65.00
66.00	06600	120,802	0	1,313	0	84,939	66.00
67.00	06700	14,055	0	43	0	35,131	67.00
68.00	06800	7,866	0	0	0	8,723	68.00
69.00	06900	79,251	0	2,212	73,928	128,695	69.00
69.01	06901	25,323	0	10,813	18,096	108,679	69.01
70.00	07000	25,016	0	1,712	0	31,022	70.00
71.00	07100	0	0	1,136,337	0	101,381	71.00
72.00	07200	0	0	1,501,000	0	87,517	72.00
73.00	07300	0	0	0	2,891,744	138,375	73.00
74.00	07400	0	0	49	0	6,325	74.00
75.00	07500	105,283	108,899	2,992	258	104,126	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	88	0	32,502	90.00
90.01	09001	28,441	0	696	0	15,171	90.01
90.02	09002	42,330	0	4,191	0	21,162	90.02
91.00	09100	111,235	0	2,109	0	214,486	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	98,527	0	393	0	15,587	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	24,165	0	761	19,626	8,006	116.00
118.00	11800	2,246,394	5,400,517	3,158,925	3,664,924	3,354,478	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	14,764	0	17,452	0	0	190.00
190.01	19001	35,622	0	3	0	0	190.01
190.02	19002	3,213	0	293	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	7,819	0	0	0	0	190.06
190.07	19007	28,110	0	2,198	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	9	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	7,087	0	10	0	0	190.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part I  
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12/21/2016 12:09 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
190.13	19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014 REAL ESTATE MANAGEMENT	7,299	0	31	0	0	190.14
190.15	19015 CORPORATE HEALTH	78,070	0	19,999	0	0	190.15
190.16	19016 CANCER CARE INSTITUTE	9,803	0	127	0	0	190.16
190.17	19017 INTEGRATED CENTER	14,197	0	3,340	0	0	190.17
190.18	19019 340B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100 RESEARCH	39,850	0	825	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	665,331	0	1,396	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,157,559	5,400,517	3,204,608	3,664,924	3,354,478	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		19.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		1,140,014			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			2,920,135		22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM				621,969	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	1,140,014	2,920,135	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
50.01 05001 ORTHO MEDICAL	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	621,969	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
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 CATH LAB	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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02 09002 DMG PHYSICIAN GROUP	0	0	0	0	90.02
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
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
116.00 11600 HOSPICE	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,140,014	2,920,135	621,969	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001 SIU CLINIC	0	0	0	0	190.01
190.02 19002 WOMEN'S CENTER	0	0	0	0	190.02
190.03 19011 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04 19004 NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005 RENTAL PROPERTY	0	0	0	0	190.05
190.06 19006 DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007 DMH MEDICAL EQUIPMENT	0	0	0	0	190.07
190.08 19008 PULMONARY EXTENDED CARE	0	0	0	0	190.08
190.09 19009 SHORE	0	0	0	0	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	0	0	0	3,920,976	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0	388	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0	536,507	190.14
190.15 19015 CORPORATE HEALTH	0	0	0	0	4,421,447	190.15
190.16 19016 CANCER CARE INSTITUTE	0	0	0	0	475,704	190.16
190.17 19017 INTEGRATED CENTER	0	0	0	0	786,602	190.17
190.18 19019 340B ADMINISTRATION	0	0	0	0	107,060	190.18
191.00 19100 RESEARCH	0	0	0	0	1,397,335	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	56,120,777	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,140,014	2,920,135	621,969	252,889,633	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-4,060,149	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	-431,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	90.02
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,491,554	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	3,920,976	190.12
190.13	19013	ELDERLY SERVICES	0	388	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	536,507	190.14
190.15	19015	CORPORATE HEALTH	0	4,421,447	190.15
190.16	19016	CANCER CARE INSTITUTE	0	475,704	190.16
190.17	19017	INTEGRATED CENTER	0	786,602	190.17
190.18	19019	340B ADMINISTRATION	0	107,060	190.18
191.00	19100	RESEARCH	0	1,397,335	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	56,120,777	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-4,491,554	248,398,079	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	64,845	700	65,545	65,545 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	545,034	4,397,014	4,942,048	8,470 5.00
7.00 00700	OPERATION OF PLANT	0	438,740	304,643	743,383	1,073 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	95,776	0	95,776	0 8.00
9.00 00900	HOUSEKEEPING	0	881,209	16,586	897,795	1,339 9.00
10.00 01000	DIETARY	0	74,222	97,730	171,952	252 10.00
11.00 01100	CAFETERIA	0	378,522	0	378,522	1,373 11.00
13.00 01300	NURSING ADMINISTRATION	0	83,720	341,342	425,062	1,896 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	236,182	77,551	313,733	553 14.00
15.00 01500	PHARMACY	0	35,619	23,833	59,452	1,709 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	56,473	5,813	62,286	1,159 16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	731 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	961	961	361 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,022,163	124,955	1,147,118	8,650 30.00
31.00 03100	INTENSIVE CARE UNIT	0	162,295	60,561	222,856	2,659 31.00
32.00 03200	CORONARY CARE UNIT	0	158,125	15,280	173,405	2,078 32.00
40.00 04000	SUBPROVIDER - I PF	0	190,806	8,415	199,221	1,023 40.00
43.00 04300	NURSERY	0	19,134	15,391	34,525	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	610,625	1,468,043	2,078,668	4,503 50.00
50.01 05001	ORTHO MEDICAL	0	17,688	19,618	37,306	78 50.01
51.00 05100	RECOVERY ROOM	0	29,683	14,340	44,023	697 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	37,735	0	37,735	232 52.00
53.00 05300	ANESTHESIOLOGY	0	30,931	205,022	235,953	224 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	406,850	1,556,154	1,963,004	4,715 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	112,048	861,939	973,987	1,135 55.00
60.00 06000	LABORATORY	0	158,277	240,886	399,163	2,577 60.00
65.00 06500	RESPIRATORY THERAPY	0	0	24,403	24,403	773 65.00
66.00 06600	PHYSICAL THERAPY	0	138,199	26,376	164,575	2,457 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	8,585	8,405	16,990	366 67.00
68.00 06800	SPEECH PATHOLOGY	0	10,168	0	10,168	230 68.00
69.00 06900	ELECTROCARDIOLOGY	0	164,594	154,297	318,891	1,853 69.00
69.01 06901	CATH LAB	0	174,062	484,241	658,303	689 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	26,669	70,326	96,995	511 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	20,338	20,338	43 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	71,619	180,219	251,838	2,550 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	20,376	20,376	0 90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0 90.01
90.02 09002	DMG PHYSICIAN GROUP	0	0	0	0	0 90.02
91.00 09100	EMERGENCY	0	456,656	5,025	461,681	2,179 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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	62,318	23,950	86,268	2,198 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 11600	HOSPICE	0	0	0	0	687 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,959,572	10,874,733	17,834,305	62,023 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,094	3,480	56,574	149 190.00
190.01 19001	SUICLINIC	0	0	568	568	0 190.01
190.02 19002	WOMEN'S CENTER	0	0	0	0	67 190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0 190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	0 190.04
190.05 19005	RENTAL PROPERTY	0	98,485	0	98,485	0 190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	147 190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	45,291	45,291	420 190.07
190.08 19008	PULMONARY EXTENDED CARE	0	11,980	0	11,980	0 190.08
190.09 19009	SHORE	0	0	0	0	0 190.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
190.10 19010 PHYSICIAN RECRUITMENT	0	0	272	272	0	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	0	34	34	112	190.12
190.13 19013 ELDERLY SERVICES	0	0	338	338	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0	128	190.14
190.15 19015 CORPORATE HEALTH	0	0	80,234	80,234	1,417	190.15
190.16 19016 CANCER CARE INSTITUTE	0	7,306	41,170	48,476	173	190.16
190.17 19017 INTEGRATED CENTER	0	0	1,662	1,662	206	190.17
190.18 19019 340B ADMINISTRATION	0	0	0	0	0	190.18
191.00 19100 RESEARCH	0	26,608	9,889	36,497	703	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers			0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	7,157,045	11,057,671	18,214,716	65,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 12/21/2016 12:09 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,950,518			5.00
7.00	00700	OPERATION OF PLANT	233,884	978,340		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,458	15,340	137,574	8.00
9.00	00900	HOUSEKEEPING	83,406	141,136	0	9.00
10.00	01000	DIETARY	17,551	11,888	72	10.00
11.00	01100	CAFETERIA	38,677	60,625	0	11.00
13.00	01300	NURSING ADMINISTRATION	99,310	13,409	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47,483	37,828	0	14.00
15.00	01500	PHARMACY	68,358	5,705	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,851	9,045	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	22,316	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	57,163	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	12,027	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	309,855	163,708	50,427	30.00
31.00	03100	INTENSIVE CARE UNIT	92,056	25,994	10,023	31.00
32.00	03200	CORONARY CARE UNIT	71,151	25,326	9,209	32.00
40.00	04000	SUBPROVIDER - IPF	52,714	30,560	0	40.00
43.00	04300	NURSERY	876	3,065	722	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	218,704	97,799	16,632	50.00
50.01	05001	ORTHO MEDICAL	3,392	2,833	562	50.01
51.00	05100	RECOVERY ROOM	23,981	4,754	1,906	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,740	6,044	0	52.00
53.00	05300	ANESTHESIOLOGY	20,727	4,954	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	343,868	65,162	9,228	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	91,355	17,946	1,577	55.00
60.00	06000	LABORATORY	172,060	25,350	0	60.00
65.00	06500	RESPIRATORY THERAPY	26,033	0	7	65.00
66.00	06600	PHYSICAL THERAPY	99,984	22,134	3,181	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,348	1,375	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,814	1,629	0	68.00
69.00	06900	ELECTROCARDIOLOGY	73,935	26,362	5,638	69.00
69.01	06901	CATH LAB	40,990	27,878	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	19,081	4,271	1,634	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	229,293	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	310,167	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	196,698	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,718	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	98,583	11,471	7,878	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	18,948	0	819	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	27,343	0	48	90.01
90.02	09002	DMG PHYSICIAN GROUP	33,515	0	28	90.02
91.00	09100	EMERGENCY	78,871	73,139	16,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			99,998	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	HOME HEALTH AGENCY	81,021	9,981	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	11600	HOSPICE	30,796	0	138	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,573,101	946,711	136,019	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,207	8,504	0	190.00
190.01	19001	SIU CLINIC	2,682	0	0	190.01
190.02	19002	WOMEN'S CENTER	2,360	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	2,232	15,774	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	5,133	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	37,726	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	269	1,919	0	190.08
190.09	19009	SHORE	1,174	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	6	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	76,617	0	0	190.12
190.13	19013	ELDERLY SERVICES	8	0	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.14	19014	REAL ESTATE MANAGEMENT	10,359	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	84,532	0	460	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	8,671	1,170	0	1,600	0	190.16
190.17	19017	INTEGRATED CENTER	14,970	0	389	0	0	190.17
190.18	19019	340B ADMINISTRATION	2,096	0	0	0	0	190.18
191.00	19100	RESEARCH	24,931	4,262	0	5,827	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,085,444	0	706	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,950,518	978,340	137,574	1,123,676	217,968	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	562,085					11.00
13.00	01300	11,745	569,755				13.00
14.00	01400	7,405	0	458,721			14.00
15.00	01500	10,550	0	348	153,922		15.00
16.00	01600	12,379	0	15	0	158,101	16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,228	0	96	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	76,089	341,500	732	0	4,960	30.00
31.00	03100	21,395	96,020	270	0	1,708	31.00
32.00	03200	16,950	76,082	227	0	1,202	32.00
40.00	04000	10,054	44,664	189	0	1,012	40.00
43.00	04300	0	0	65	0	178	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	37,445	0	3,616	672	26,789	50.00
50.01	05001	614	0	7	0	84	50.01
51.00	05100	4,899	0	60	0	1,708	51.00
52.00	05200	0	0	14	0	850	52.00
53.00	05300	10,845	0	3,935	0	471	53.00
54.00	05400	14,625	0	28,033	27,077	34,206	54.00
55.00	05500	6,976	0	132	23	3,440	55.00
60.00	06000	28,350	0	32,832	0	24,010	60.00
65.00	06500	6,879	0	174	0	3,638	65.00
66.00	06600	21,504	0	188	0	4,005	66.00
67.00	06700	2,502	0	6	0	1,657	67.00
68.00	06800	1,400	0	0	0	411	68.00
69.00	06900	14,108	0	317	3,105	6,069	69.00
69.01	06901	4,508	0	1,548	760	5,125	69.01
70.00	07000	4,453	0	245	0	1,463	70.00
71.00	07100	0	0	162,664	0	4,781	71.00
72.00	07200	0	0	214,855	0	4,127	72.00
73.00	07300	0	0	0	121,450	6,525	73.00
74.00	07400	0	0	7	0	298	74.00
75.00	07500	18,742	11,489	428	11	4,910	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	13	0	1,533	90.00
90.01	09001	5,063	0	100	0	715	90.01
90.02	09002	7,535	0	600	0	998	90.02
91.00	09100	19,801	0	302	0	10,115	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	17,539	0	56	0	735	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	4,302	0	109	824	378	116.00
118.00	11800	399,885	569,755	452,183	153,922	158,101	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	2,628	0	2,498	0	0	190.00
190.01	19001	6,341	0	0	0	0	190.01
190.02	19002	572	0	42	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	1,392	0	0	0	0	190.06
190.07	19007	5,004	0	315	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	1	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	1,261	0	1	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
190.13	19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014 REAL ESTATE MANAGEMENT	1,299	0	4	0	0	190.14
190.15	19015 CORPORATE HEALTH	13,897	0	2,863	0	0	190.15
190.16	19016 CANCER CARE INSTITUTE	1,745	0	18	0	0	190.16
190.17	19017 INTEGRATED CENTER	2,527	0	478	0	0	190.17
190.18	19019 340B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100 RESEARCH	7,094	0	118	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	118,440	0	200	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	562,085	569,755	458,721	153,922	158,101	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS				PARAMEDICAL EDUCATION PROGRAM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		19.00	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0					19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		23,047				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			57,163			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM				14,673		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS					2,468,622	30.00
31.00 03100	INTENSIVE CARE UNIT					529,849	31.00
32.00 03200	CORONARY CARE UNIT					434,259	32.00
40.00 04000	SUBPROVIDER - IPF					401,017	40.00
43.00 04300	NURSERY					43,621	43.00
44.00 04400	SKILLED NURSING FACILITY					0	44.00
46.00 04600	OTHER LONG TERM CARE					0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM					2,619,092	50.00
50.01 05001	ORTHO MEDICAL					48,749	50.01
51.00 05100	RECOVERY ROOM					88,528	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					61,878	52.00
53.00 05300	ANESTHESIOLOGY					283,882	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					2,580,174	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					1,121,107	55.00
60.00 06000	LABORATORY					719,001	60.00
65.00 06500	RESPIRATORY THERAPY					61,907	65.00
66.00 06600	PHYSICAL THERAPY					348,291	66.00
67.00 06700	OCCUPATIONAL THERAPY					37,124	67.00
68.00 06800	SPEECH PATHOLOGY					23,879	68.00
69.00 06900	ELECTROCARDIOLOGY					486,321	69.00
69.01 06901	CATH LAB					778,735	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY					134,500	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					396,738	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					529,149	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					324,673	73.00
74.00 07400	RENAL DIALYSIS					31,404	74.00
75.00 07500	ASC (NON-DISTINCT PART)					428,681	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC					41,689	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP					33,269	90.01
90.02 09002	DMG PHYSICIAN GROUP					42,676	90.02
91.00 09100	EMERGENCY					765,826	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)					0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 10100	HOME HEALTH AGENCY					211,444	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00 11600	HOSPICE					37,234	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	16,113,319	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					100,186	190.00
190.01 19001	SIU CLINIC					9,591	190.01
190.02 19002	WOMEN'S CENTER					3,041	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE					0	190.03
190.04 19004	NON HOSPITAL PHARMACIES					0	190.04
190.05 19005	RENTAL PROPERTY					138,057	190.05
190.06 19006	DECATUR DIGESTIVE CENTER					6,672	190.06
190.07 19007	DMH MEDICAL EQUIPMENT					88,756	190.07
190.08 19008	PULMONARY EXTENDED CARE					16,791	190.08
190.09 19009	SHORE					1,175	190.09
190.10 19010	PHYSICIAN RECRUITMENT					278	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE					0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY					78,025	190.12
190.13 19013 ELDERLY SERVICES					346	190.13
190.14 19014 REAL ESTATE MANAGEMENT					11,790	190.14
190.15 19015 CORPORATE HEALTH					183,403	190.15
190.16 19016 CANCER CARE INSTITUTE					61,853	190.16
190.17 19017 INTEGRATED CENTER					20,232	190.17
190.18 19019 340B ADMINISTRATION					2,096	190.18
191.00 19100 RESEARCH					79,432	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					1,204,790	192.00
200.00 Cross Foot Adjustments	0	23,047	57,163	14,673	94,883	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	23,047	57,163	14,673	18,214,716	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 12/21/2016 12:09 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	90.02
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SIU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	78,025	190.12
190.13	19013	ELDERLY SERVICES	0	346	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	11,790	190.14
190.15	19015	CORPORATE HEALTH	0	183,403	190.15
190.16	19016	CANCER CARE INSTITUTE	0	61,853	190.16
190.17	19017	INTEGRATED CENTER	0	20,232	190.17
190.18	19019	340B ADMINISTRATION	0	2,096	190.18
191.00	19100	RESEARCH	0	79,432	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,204,790	192.00
200.00		Cross Foot Adjustments	0	94,883	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	18,214,716	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B-1

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,182				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		11,177,153			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,260	708	75,515,882		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,806	4,444,525	9,758,465	-32,692,384	5.00
7.00 00700	OPERATION OF PLANT	28,823	307,935	1,236,409	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,292	0	0	0	8.00
9.00 00900	HOUSEKEEPING	57,891	16,765	1,542,691	0	9.00
10.00 01000	DIETARY	4,876	98,786	290,138	0	10.00
11.00 01100	CAFETERIA	24,867	0	1,582,315	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,500	345,030	2,184,485	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,516	78,389	637,554	0	14.00
15.00 01500	PHARMACY	2,340	24,091	1,968,884	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,710	5,876	1,335,268	0	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	842,287	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	971	416,187	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	67,151	126,305	9,967,328	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,662	61,215	3,063,530	0	31.00
32.00 03200	CORONARY CARE UNIT	10,388	15,445	2,393,512	0	32.00
40.00 04000	SUBPROVIDER - IPF	12,535	8,506	1,178,541	0	40.00
43.00 04300	NURSERY	1,257	15,557	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	40,115	1,483,906	5,188,062	0	50.00
50.01 05001	ORTHO MEDICAL	1,162	19,830	90,157	0	50.01
51.00 05100	RECOVERY ROOM	1,950	14,495	803,543	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,479	0	267,466	0	52.00
53.00 05300	ANESTHESIOLOGY	2,032	207,237	258,582	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,728	1,572,969	5,431,999	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,361	871,253	1,307,292	0	55.00
60.00 06000	LABORATORY	10,398	243,489	2,968,436	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	24,667	890,537	0	65.00
66.00 06600	PHYSICAL THERAPY	9,079	26,661	2,830,916	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	564	8,496	421,657	0	67.00
68.00 06800	SPEECH PATHOLOGY	668	0	265,134	0	68.00
69.00 06900	ELECTROCARDIOLOGY	10,813	155,964	2,134,618	0	69.00
69.01 06901	CATH LAB	11,435	489,473	793,910	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,752	71,086	588,383	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	20,558	50,000	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,705	182,166	2,937,469	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	20,596	0	0	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02 09002	DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00 09100	EMERGENCY	30,000	5,079	2,510,380	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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	4,094	24,209	2,531,854	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 11600	HOSPICE	0	0	791,053	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	457,209	10,992,238	71,459,042	-32,692,384	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	3,518	171,821	0	190.00
190.01 19001	SIU CLINIC	0	574	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	77,487	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	6,470	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	169,414	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	45,780	483,391	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	787	0	0	0	190.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B-1

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
190.09 19009 SHORE	0	0	0	0	52,236	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	275	0	0	272	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	34	128,577	0	3,407,910	190.12
190.13 19013 ELDERLY SERVICES	0	342	0	0	338	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	147,573	0	460,767	190.14
190.15 19015 CORPORATE HEALTH	0	81,101	1,632,117	0	3,759,993	190.15
190.16 19016 CANCER CARE INSTITUTE	480	41,615	198,991	0	385,698	190.16
190.17 19017 INTEGRATED CENTER	0	1,680	237,742	0	665,853	190.17
190.18 19019 340B ADMINISTRATION	0	0	0	0	93,220	190.18
191.00 19100 RESEARCH	1,748	9,996	809,727	0	1,108,943	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	48,278,391	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,157,045	11,057,671	13,479,822		32,692,384	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.221861	0.989310	0.178503		0.148469	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			65,545		4,950,518	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000868		0.022482	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B-1

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	401,293				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	2,037,001			8.00
9.00	00900	HOUSEKEEPING	57,891	0	337,110		9.00
10.00	01000	DIETARY	4,876	1,063	4,876	125,961	10.00
11.00	01100	CAFETERIA	24,867	0	24,867	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	14.00
15.00	01500	PHARMACY	2,340	0	2,340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
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	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	67,151	746,675	67,151	81,915	18,095
31.00	03100	INTENSIVE CARE UNIT	10,662	148,400	10,662	12,326	5,088
32.00	03200	CORONARY CARE UNIT	10,388	136,357	10,388	13,871	4,031
40.00	04000	SUBPROVIDER - IPF	12,535	0	12,535	11,441	2,391
43.00	04300	NURSERY	1,257	10,684	1,257	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	40,115	246,268	40,115	318	8,905
50.01	05001	ORTHO MEDICAL	1,162	8,321	1,162	0	146
51.00	05100	RECOVERY ROOM	1,950	28,214	1,950	0	1,165
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	2,479	0	0
53.00	05300	ANESTHESIOLOGY	2,032	0	2,032	0	2,579
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,728	136,640	26,728	673	3,478
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	23,349	7,361	0	1,659
60.00	06000	LABORATORY	10,398	0	10,398	0	6,742
65.00	06500	RESPIRATORY THERAPY	0	100	0	0	1,636
66.00	06600	PHYSICAL THERAPY	9,079	47,097	9,079	0	5,114
67.00	06700	OCCUPATIONAL THERAPY	564	0	564	0	595
68.00	06800	SPEECH PATHOLOGY	668	0	668	0	333
69.00	06900	ELECTROCARDIOLOGY	10,813	83,476	10,813	0	3,355
69.01	06901	CATH LAB	11,435	0	11,435	473	1,072
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	24,199	1,752	4	1,059
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	4,705	116,649	4,705	2,946	4,457
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	12,129	0	0	0
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	704	0	0	1,204
90.02	09002	DMG PHYSICIAN GROUP	0	410	0	0	1,792
91.00	09100	EMERGENCY	30,000	241,199	30,000	1,994	4,709
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	4,094	0	4,094	0	4,171
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	0	2,042	0	0	1,023
118.00		SUBTOTALS (SUM OF LINES 1-117)	388,320	2,013,976	324,137	125,961	95,098
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	0	3,488	0	625
190.01	19001	SIU CLINIC	0	0	0	0	1,508
190.02	19002	WOMEN'S CENTER	0	0	0	0	136
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0
190.05	19005	RENTAL PROPERTY	6,470	0	6,470	0	0
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	331
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	1,190
190.08	19008	PULMONARY EXTENDED CARE	787	0	787	0	0
190.09	19009	SHORE	0	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B-1

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	300	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	309	190.14
190.15	19015	CORPORATE HEALTH	0	6,807	0	0	3,305	190.15
190.16	19016	CANCER CARE INSTITUTE	480	0	480	0	415	190.16
190.17	19017	INTEGRATED CENTER	0	5,762	0	0	601	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100	RESEARCH	1,748	0	1,748	0	1,687	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,456	0	0	28,166	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,947,690	1,538,925	5,984,282	1,129,089	3,157,559	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	29.772984	0.755486	17.751719	8.963798	23.621870	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	978,340	137,574	1,123,676	217,968	562,085	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.437969	0.067538	3.333262	1.730440	4.204988	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B-1

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description			NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	631,255					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,454,842				14.00
15.00	01500	PHARMACY	0	22,371	11,088,433			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	986	0	756,874,526		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	6,181	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	378,362	47,001	0	23,733,767	0	30.00
31.00	03100	INTENSIVE CARE UNIT	106,385	17,312	0	8,171,738	0	31.00
32.00	03200	CORONARY CARE UNIT	84,294	14,564	0	5,749,315	0	32.00
40.00	04000	SUBPROVIDER - IPF	49,485	12,132	0	4,842,975	0	40.00
43.00	04300	NURSERY	0	4,200	0	849,962	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	232,163	48,408	128,178,372	0	50.00
50.01	05001	ORTHO MEDICAL	0	422	0	404,146	0	50.01
51.00	05100	RECOVERY ROOM	0	3,859	0	8,173,626	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	880	0	4,068,180	0	52.00
53.00	05300	ANESTHESIOLOGY	0	252,677	0	2,255,509	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,799,987	1,950,666	164,069,326	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,487	1,641	16,457,050	0	55.00
60.00	06000	LABORATORY	0	2,108,147	0	114,881,081	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,186	0	17,407,020	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,068	0	19,164,833	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	397	0	7,926,592	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,968,221	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,332	223,672	29,037,768	0	69.00
69.01	06901	CATH LAB	0	99,385	54,751	24,521,502	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,740	0	6,999,639	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,444,562	0	22,874,774	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,796,235	0	19,746,726	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,749,135	31,221,696	0	73.00
74.00	07400	RENAL DIALYSIS	0	452	0	1,427,096	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	12,729	27,499	780	23,494,041	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	813	0	7,333,459	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	6,395	0	3,423,093	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	38,518	0	4,774,890	0	90.02
91.00	09100	EMERGENCY	0	19,383	0	48,394,949	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
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	3,610	0	3,516,871	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	0	6,995	59,380	1,806,309	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	631,255	29,034,939	11,088,433	756,874,526	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	160,413	0	0	0	190.00
190.01	19001	SU CLINIC	0	30	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	2,697	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	20,203	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	80	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B-1

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
190.11	19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012 CCOP FISCAL INTERMEDIARY	0	95	0	0	0	190.12
190.13	19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014 REAL ESTATE MANAGEMENT	0	282	0	0	0	190.14
190.15	19015 CORPORATE HEALTH	0	183,821	0	0	0	190.15
190.16	19016 CANCER CARE INSTITUTE	0	1,166	0	0	0	190.16
190.17	19017 INTEGRATED CENTER	0	30,703	0	0	0	190.17
190.18	19019 340B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100 RESEARCH	0	7,579	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	12,834	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,400,517	3,204,608	3,664,924	3,354,478	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.555207	0.108797	0.330518	0.004432	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	569,755	458,721	153,922	158,101	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.902575	0.015574	0.013881	0.000209	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B-1  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	100			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	100	100	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	0	50.00
50.01 05001	ORTHO MEDICAL	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	100	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00 06000	LABORATORY	0	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901	CATH LAB	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	90.01
90.02 09002	DMG PHYSICIAN GROUP	0	0	0	90.02
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
116.00 11600	HOSPICE	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	100	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	SIU CLINIC	0	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	0	0	190.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet B-1

Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	23.00		
190.09 19009 SHORE	0	0	0		190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	0	0		190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0		190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	0	0		190.12
190.13 19013 ELDERLY SERVICES	0	0	0		190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0		190.14
190.15 19015 CORPORATE HEALTH	0	0	0		190.15
190.16 19016 CANCER CARE INSTITUTE	0	0	0		190.16
190.17 19017 INTEGRATED CENTER	0	0	0		190.17
190.18 19019 340B ADMINISTRATION	0	0	0		190.18
191.00 19100 RESEARCH	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,140,014	2,920,135	621,969		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11,400.140000	29,201.350000	6,219.690000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	23,047	57,163	14,673		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	230.470000	571.630000	146.730000		205.00

Provider CCN: 140135

Period:  
 From 10/01/2015  
 To 09/30/2016

Worksheet B-2

Date/Time Prepared:  
 12/21/2016 12:09 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	ADJ FOR NURSING/CRNA TUITION REC'D		1 53.00	-431,405	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	24,093,032	24,093,032	89,868	24,182,900	30.00
31.00	03100 INTENSIVE CARE UNIT	6,500,309	6,500,309	0	6,500,309	31.00
32.00	03200 CORONARY CARE UNIT	5,199,158	5,199,158	34,693	5,233,851	32.00
40.00	04000 SUBPROVIDER - IPF	3,893,755	3,893,755	0	3,893,755	40.00
43.00	04300 NURSERY	116,795	116,795	0	116,795	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	14,087,297	14,087,297	114,988	14,202,285	50.00
50.01	05001 ORTHO MEDICAL	240,096	240,096	0	240,096	50.01
51.00	05100 RECOVERY ROOM	1,403,179	1,403,179	0	1,403,179	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	582,414	582,414	0	582,414	52.00
53.00	05300 ANESTHESIOLOGY	1,444,367	1,444,367	0	1,444,367	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,595,519	20,595,519	0	20,595,519	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,147,850	5,147,850	2,937	5,150,787	55.00
60.00	06000 LABORATORY	10,181,444	10,181,444	0	10,181,444	60.00
65.00	06500 RESPIRATORY THERAPY	1,446,940	1,446,940	0	1,446,940	65.00
66.00	06600 PHYSICAL THERAPY	5,781,713	5,781,713	1,880	5,783,593	66.00
67.00	06700 OCCUPATIONAL THERAPY	706,838	706,838	0	706,838	67.00
68.00	06800 SPEECH PATHOLOGY	447,511	447,511	0	447,511	68.00
69.00	06900 ELECTROCARDIOLOGY	4,637,936	4,637,936	0	4,637,936	69.00
69.01	06901 CATH LAB	2,804,517	2,804,517	8,337	2,812,854	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,134,076	1,134,076	16,270	1,150,346	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,950,928	12,950,928	0	12,950,928	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,433,065	17,433,065	0	17,433,065	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,078,229	13,078,229	0	13,078,229	73.00
74.00	07400 RENAL DIALYSIS	553,901	553,901	23,580	577,481	74.00
75.00	07500 ASC (NON-DISTINCT PART)	5,695,726	5,695,726	0	5,695,726	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	1,009,716	1,009,716	6,974	1,016,690	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	1,441,621	1,441,621	0	1,441,621	90.01
90.02	09002 DMG PHYSICIAN GROUP	1,780,096	1,780,096	0	1,780,096	90.02
91.00	09100 EMERGENCY	5,982,701	5,982,701	60,964	6,043,665	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,252,982	4,252,982	0	4,252,982	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100 HOME HEALTH AGENCY	4,447,946	4,447,946		4,447,946	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	11600 HOSPICE	1,627,305	1,627,305		1,627,305	116.00
200.00	Subtotal (see instructions)	180,698,962	180,698,962	360,491	181,059,453	200.00
201.00	Less Observation Beds	4,252,982	4,252,982		4,252,982	201.00
202.00	Total (see instructions)	176,445,980	176,445,980	360,491	176,806,471	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		Hospital			PPS		
		9.00	10.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	18,922,479		18,922,479		30.00
31.00	03100	INTENSIVE CARE UNIT	8,171,738		8,171,738		31.00
32.00	03200	CORONARY CARE UNIT	5,749,315		5,749,315		32.00
40.00	04000	SUBPROVIDER - IPF	4,842,975		4,842,975		40.00
43.00	04300	NURSERY	849,962		849,962		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	50,394,801	77,783,571	128,178,372	0.109904	50.00
50.01	05001	ORTHO MEDICAL	25,354	378,792	404,146	0.594082	50.01
51.00	05100	RECOVERY ROOM	4,012,859	4,160,767	8,173,626	0.171672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,657,393	410,787	4,068,180	0.143163	52.00
53.00	05300	ANESTHESIOLOGY	810,495	1,445,014	2,255,509	0.640373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,317,180	130,752,146	164,069,326	0.125529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	378,383	16,078,667	16,457,050	0.312805	55.00
60.00	06000	LABORATORY	43,805,110	71,075,971	114,881,081	0.088626	60.00
65.00	06500	RESPIRATORY THERAPY	16,028,767	1,378,253	17,407,020	0.083124	65.00
66.00	06600	PHYSICAL THERAPY	3,858,429	15,306,404	19,164,833	0.301683	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,812,993	6,113,599	7,926,592	0.089173	67.00
68.00	06800	SPEECH PATHOLOGY	567,226	1,400,995	1,968,221	0.227368	68.00
69.00	06900	ELECTROCARDIOLOGY	7,636,428	21,401,340	29,037,768	0.159721	69.00
69.01	06901	CATH LAB	9,640,988	14,880,514	24,521,502	0.114370	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	581,469	6,418,170	6,999,639	0.162019	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,107,617	12,767,157	22,874,774	0.566166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,325,203	7,421,523	19,746,726	0.882833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,386,607	14,835,089	31,221,696	0.418883	73.00
74.00	07400	RENAL DIALYSIS	1,206,078	221,018	1,427,096	0.388132	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,370,412	22,123,629	23,494,041	0.242433	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	912,151	6,421,308	7,333,459	0.137686	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	3,423,093	3,423,093	0.421146	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	4,774,890	4,774,890	0.372804	90.02
91.00	09100	EMERGENCY	10,865,394	37,529,555	48,394,949	0.123622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	827,147	3,984,141	4,811,288	0.883959	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	3,516,871	3,516,871		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	0	1,806,309	1,806,309		116.00
200.00		Subtotal (see instructions)	269,064,953	487,809,573	756,874,526		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	269,064,953	487,809,573	756,874,526		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
46.00	04600 OTHER LONG TERM CARE				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.110801			50.00
50.01	05001 ORTHO MEDICAL	0.594082			50.01
51.00	05100 RECOVERY ROOM	0.171672			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.143163			52.00
53.00	05300 ANESTHESIOLOGY	0.640373			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125529			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.312984			55.00
60.00	06000 LABORATORY	0.088626			60.00
65.00	06500 RESPIRATORY THERAPY	0.083124			65.00
66.00	06600 PHYSICAL THERAPY	0.301782			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.089173			67.00
68.00	06800 SPEECH PATHOLOGY	0.227368			68.00
69.00	06900 ELECTROCARDIOLOGY	0.159721			69.00
69.01	06901 CATH LAB	0.114710			69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.164344			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.566166			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.882833			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.418883			73.00
74.00	07400 RENAL DIALYSIS	0.404655			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.242433			75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.138637			90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0.421146			90.01
90.02	09002 DMG PHYSICIAN GROUP	0.372804			90.02
91.00	09100 EMERGENCY	0.124882			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.883959			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	24,093,032		24,093,032	89,868	24,182,900	30.00
31.00	03100	INTENSIVE CARE UNIT	6,500,309		6,500,309	0	6,500,309	31.00
32.00	03200	CORONARY CARE UNIT	5,199,158		5,199,158	34,693	5,233,851	32.00
40.00	04000	SUBPROVIDER - IPF	3,893,755		3,893,755	0	3,893,755	40.00
43.00	04300	NURSERY	116,795		116,795	0	116,795	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	14,087,297		14,087,297	114,988	14,202,285	50.00
50.01	05001	ORTHO MEDICAL	240,096		240,096	0	240,096	50.01
51.00	05100	RECOVERY ROOM	1,403,179		1,403,179	0	1,403,179	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	582,414		582,414	0	582,414	52.00
53.00	05300	ANESTHESIOLOGY	1,444,367		1,444,367	0	1,444,367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,595,519		20,595,519	0	20,595,519	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,147,850		5,147,850	2,937	5,150,787	55.00
60.00	06000	LABORATORY	10,181,444		10,181,444	0	10,181,444	60.00
65.00	06500	RESPIRATORY THERAPY	1,446,940	0	1,446,940	0	1,446,940	65.00
66.00	06600	PHYSICAL THERAPY	5,781,713	0	5,781,713	1,880	5,783,593	66.00
67.00	06700	OCCUPATIONAL THERAPY	706,838	0	706,838	0	706,838	67.00
68.00	06800	SPEECH PATHOLOGY	447,511	0	447,511	0	447,511	68.00
69.00	06900	ELECTROCARDIOLOGY	4,637,936		4,637,936	0	4,637,936	69.00
69.01	06901	CATH LAB	2,804,517		2,804,517	8,337	2,812,854	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,134,076		1,134,076	16,270	1,150,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,950,928		12,950,928	0	12,950,928	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,433,065		17,433,065	0	17,433,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,078,229		13,078,229	0	13,078,229	73.00
74.00	07400	RENAL DIALYSIS	553,901		553,901	23,580	577,481	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,695,726		5,695,726	0	5,695,726	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,009,716		1,009,716	6,974	1,016,690	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	1,441,621		1,441,621	0	1,441,621	90.01
90.02	09002	DMG PHYSICIAN GROUP	1,780,096		1,780,096	0	1,780,096	90.02
91.00	09100	EMERGENCY	5,982,701		5,982,701	60,964	6,043,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,252,982		4,252,982	0	4,252,982	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	4,447,946		4,447,946		4,447,946	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	1,627,305		1,627,305		1,627,305	116.00
200.00		Subtotal (see instructions)	180,698,962	0	180,698,962	360,491	181,059,453	200.00
201.00		Less Observation Beds	4,252,982		4,252,982		4,252,982	201.00
202.00		Total (see instructions)	176,445,980	0	176,445,980	360,491	176,806,471	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	18,922,479		18,922,479		30.00
31.00	03100	INTENSIVE CARE UNIT	8,171,738		8,171,738		31.00
32.00	03200	CORONARY CARE UNIT	5,749,315		5,749,315		32.00
40.00	04000	SUBPROVIDER - IPF	4,842,975		4,842,975		40.00
43.00	04300	NURSERY	849,962		849,962		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	50,394,801	77,783,571	128,178,372	0.109904	50.00
50.01	05001	ORTHO MEDICAL	25,354	378,792	404,146	0.594082	50.01
51.00	05100	RECOVERY ROOM	4,012,859	4,160,767	8,173,626	0.171672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,657,393	410,787	4,068,180	0.143163	52.00
53.00	05300	ANESTHESIOLOGY	810,495	1,445,014	2,255,509	0.640373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,317,180	130,752,146	164,069,326	0.125529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	378,383	16,078,667	16,457,050	0.312805	55.00
60.00	06000	LABORATORY	43,805,110	71,075,971	114,881,081	0.088626	60.00
65.00	06500	RESPIRATORY THERAPY	16,028,767	1,378,253	17,407,020	0.083124	65.00
66.00	06600	PHYSICAL THERAPY	3,858,429	15,306,404	19,164,833	0.301683	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,812,993	6,113,599	7,926,592	0.089173	67.00
68.00	06800	SPEECH PATHOLOGY	567,226	1,400,995	1,968,221	0.227368	68.00
69.00	06900	ELECTROCARDIOLOGY	7,636,428	21,401,340	29,037,768	0.159721	69.00
69.01	06901	CATH LAB	9,640,988	14,880,514	24,521,502	0.114370	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	581,469	6,418,170	6,999,639	0.162019	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,107,617	12,767,157	22,874,774	0.566166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,325,203	7,421,523	19,746,726	0.882833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,386,607	14,835,089	31,221,696	0.418883	73.00
74.00	07400	RENAL DIALYSIS	1,206,078	221,018	1,427,096	0.388132	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,370,412	22,123,629	23,494,041	0.242433	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	912,151	6,421,308	7,333,459	0.137686	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	3,423,093	3,423,093	0.421146	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	4,774,890	4,774,890	0.372804	90.02
91.00	09100	EMERGENCY	10,865,394	37,529,555	48,394,949	0.123622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	827,147	3,984,141	4,811,288	0.883959	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	3,516,871	3,516,871		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	0	1,806,309	1,806,309		116.00
200.00		Subtotal (see instructions)	269,064,953	487,809,573	756,874,526		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	269,064,953	487,809,573	756,874,526		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet C  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000				30.00
31.00	03100				31.00
32.00	03200				32.00
40.00	04000				40.00
43.00	04300				43.00
44.00	04400				44.00
46.00	04600				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0.000000			50.00
50.01	05001	0.000000			50.01
51.00	05100	0.000000			51.00
52.00	05200	0.000000			52.00
53.00	05300	0.000000			53.00
54.00	05400	0.000000			54.00
55.00	05500	0.000000			55.00
60.00	06000	0.000000			60.00
65.00	06500	0.000000			65.00
66.00	06600	0.000000			66.00
67.00	06700	0.000000			67.00
68.00	06800	0.000000			68.00
69.00	06900	0.000000			69.00
69.01	06901	0.000000			69.01
70.00	07000	0.000000			70.00
71.00	07100	0.000000			71.00
72.00	07200	0.000000			72.00
73.00	07300	0.000000			73.00
74.00	07400	0.000000			74.00
75.00	07500	0.000000			75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0.000000			90.00
90.01	09001	0.000000			90.01
90.02	09002	0.000000			90.02
91.00	09100	0.000000			91.00
92.00	09200	0.000000			92.00
92.01	09201	0.000000			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
116.00	11600				116.00
200.00					200.00
201.00					201.00
202.00					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part I Date/Time Prepared: 12/21/2016 12:09 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,468,622	0	2,468,622	30,182	81.79	30.00
31.00	INTENSIVE CARE UNIT	529,849		529,849	5,382	98.45	31.00
32.00	CORONARY CARE UNIT	434,259		434,259	3,523	123.26	32.00
40.00	SUBPROVIDER - IPF	401,017	0	401,017	3,807	105.34	40.00
43.00	NURSERY	43,621		43,621	1,855	23.52	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	3,877,368		3,877,368	44,749		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	13,320	1,089,443				30.00
31.00	INTENSIVE CARE UNIT	2,453	241,498				31.00
32.00	CORONARY CARE UNIT	2,760	340,198				32.00
40.00	SUBPROVIDER - IPF	3,017	317,811				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30-199)	21,550	1,988,950				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 12/21/2016 12:09 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,619,092	128,178,372	0.020433	25,704,494	525,220	50.00
50.01	05001	ORTHO MEDICAL	48,749	404,146	0.120622	12,765	1,540	50.01
51.00	05100	RECOVERY ROOM	88,528	8,173,626	0.010831	1,975,200	21,393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,878	4,068,180	0.015210	27,139	413	52.00
53.00	05300	ANESTHESIOLOGY	283,882	2,255,509	0.125862	447,787	56,359	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,580,174	164,069,326	0.015726	19,490,275	306,504	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,121,107	16,457,050	0.068123	1,110	76	55.00
60.00	06000	LABORATORY	719,001	114,881,081	0.006259	23,928,278	149,767	60.00
65.00	06500	RESPIRATORY THERAPY	61,907	17,407,020	0.003556	9,615,826	34,194	65.00
66.00	06600	PHYSICAL THERAPY	348,291	19,164,833	0.018173	2,412,105	43,835	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,124	7,926,592	0.004683	1,130,593	5,295	67.00
68.00	06800	SPEECH PATHOLOGY	23,879	1,968,221	0.012132	380,494	4,616	68.00
69.00	06900	ELECTROCARDIOLOGY	486,321	29,037,768	0.016748	4,850,933	81,243	69.00
69.01	06901	CATH LAB	778,735	24,521,502	0.031757	5,466,389	173,596	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	134,500	6,999,639	0.019215	303,819	5,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	396,738	22,874,774	0.017344	5,788,504	100,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	529,149	19,746,726	0.026797	6,239,326	167,195	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	324,673	31,221,696	0.010399	8,598,129	89,412	73.00
74.00	07400	RENAL DIALYSIS	31,404	1,427,096	0.022006	868,863	19,120	74.00
75.00	07500	ASC (NON-DISTINCT PART)	428,681	23,494,041	0.018246	37,239	679	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	41,689	7,333,459	0.005685	72,083	410	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	33,269	3,423,093	0.009719	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	42,676	4,774,890	0.008938	0	0	90.02
91.00	09100	EMERGENCY	765,826	48,394,949	0.015825	6,347,337	100,447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	434,149	4,811,288	0.090236	616,078	55,592	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50-199)	12,421,422	713,014,877		124,314,766	1,943,140	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part III Date/Time Prepared: 12/21/2016 12:09 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	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)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,182	0.00	13,320	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,382	0.00	2,453	0	0	31.00
32.00	03200	CORONARY CARE UNIT	3,523	0.00	2,760	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	3,807	0.00	3,017	0	0	40.00
43.00	04300	NURSERY	1,855	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00		Total (lines 30-199)	44,749		21,550	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet D  
Part IV  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	190,564	0	190,564	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00		Total (Lines 50-199)	0	0	190,564	0	190,564	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet D  
Part IV  
Date/Time Prepared:  
12/21/2016 12:09 pm

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)	Hospital		
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	128,178,372	0.000000	0.000000	25,704,494	50.00
50.01	05001 ORTHO MEDICAL	0	404,146	0.000000	0.000000	12,765	50.01
51.00	05100 RECOVERY ROOM	0	8,173,626	0.000000	0.000000	1,975,200	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,068,180	0.000000	0.000000	27,139	52.00
53.00	05300 ANESTHESIOLOGY	190,564	2,255,509	0.084488	0.084488	447,787	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	164,069,326	0.000000	0.000000	19,490,275	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	16,457,050	0.000000	0.000000	1,110	55.00
60.00	06000 LABORATORY	0	114,881,081	0.000000	0.000000	23,928,278	60.00
65.00	06500 RESPIRATORY THERAPY	0	17,407,020	0.000000	0.000000	9,615,826	65.00
66.00	06600 PHYSICAL THERAPY	0	19,164,833	0.000000	0.000000	2,412,105	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,926,592	0.000000	0.000000	1,130,593	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,968,221	0.000000	0.000000	380,494	68.00
69.00	06900 ELECTROCARDIOLOGY	0	29,037,768	0.000000	0.000000	4,850,933	69.00
69.01	06901 CATH LAB	0	24,521,502	0.000000	0.000000	5,466,389	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,999,639	0.000000	0.000000	303,819	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,874,774	0.000000	0.000000	5,788,504	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,746,726	0.000000	0.000000	6,239,326	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	31,221,696	0.000000	0.000000	8,598,129	73.00
74.00	07400 RENAL DIALYSIS	0	1,427,096	0.000000	0.000000	868,863	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	23,494,041	0.000000	0.000000	37,239	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	7,333,459	0.000000	0.000000	72,083	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	3,423,093	0.000000	0.000000	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	4,774,890	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	48,394,949	0.000000	0.000000	6,347,337	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,811,288	0.000000	0.000000	616,078	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	190,564	713,014,877			124,314,766	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet D  
Part IV  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	25,038,397	0	50.00
50.01	05001 ORTHO MEDICAL	0	105,143	0	50.01
51.00	05100 RECOVERY ROOM	0	863,934	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	37,833	449,039	37,938	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	48,006,881	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,355,080	0	55.00
60.00	06000 LABORATORY	0	10,947,691	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	502,995	0	65.00
66.00	06600 PHYSICAL THERAPY	0	94,061	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	64,000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	12,743	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,878,051	0	69.00
69.01	06901 CATH LAB	0	9,162,466	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,927,450	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,107,164	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,781,127	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,261,801	0	73.00
74.00	07400 RENAL DIALYSIS	0	170,499	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	8,909,726	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	4,190,126	0	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	0	0	90.02
91.00	09100 EMERGENCY	0	9,067,426	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,285,600	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	37,833	155,181,400	37,938	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.109904	25,038,397	0	0	2,751,820	50.00
50.01	05001	ORTHO MEDICAL	0.594082	105,143	0	0	62,464	50.01
51.00	05100	RECOVERY ROOM	0.171672	863,934	0	0	148,313	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.143163	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.640373	449,039	0	0	287,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125529	48,006,881	6	0	6,026,256	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.312805	8,355,080	0	0	2,613,511	55.00
60.00	06000	LABORATORY	0.088626	10,947,691	2,435	0	970,250	60.00
65.00	06500	RESPIRATORY THERAPY	0.083124	502,995	0	0	41,811	65.00
66.00	06600	PHYSICAL THERAPY	0.301683	94,061	0	0	28,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.089173	64,000	0	0	5,707	67.00
68.00	06800	SPEECH PATHOLOGY	0.227368	12,743	0	0	2,897	68.00
69.00	06900	ELECTROCARDIOLOGY	0.159721	9,878,051	0	0	1,577,732	69.00
69.01	06901	CATH LAB	0.114370	9,162,466	0	0	1,047,911	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162019	1,927,450	0	0	312,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.566166	5,107,164	0	0	2,891,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.882833	3,781,127	0	0	3,338,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.418883	7,261,801	0	27,414	3,041,845	73.00
74.00	07400	RENAL DIALYSIS	0.388132	170,499	0	0	66,176	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.242433	8,909,726	0	0	2,160,012	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.137686	4,190,126	0	0	576,922	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.421146	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.372804	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.123622	9,067,426	0	0	1,120,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.883959	1,285,600	0	0	1,136,418	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		155,181,400	2,441	27,414	30,208,798	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		155,181,400	2,441	27,414	30,208,798	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ORTHO MEDICAL	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
60.00	06000 LABORATORY	216	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 CATH LAB	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	11,483	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	0	90.02
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
200.00	Subtotal (see instructions)	217	11,483	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	217	11,483	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 12/21/2016 12:09 pm
		Component CCN: 14S135	Title XVIII	Subprovider - IPF

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	2,619,092	128,178,372	0.020433	3,597	73	50.00
50.01	05001 ORTHO MEDICAL	48,749	404,146	0.120622	590	71	50.01
51.00	05100 RECOVERY ROOM	88,528	8,173,626	0.010831	467	5	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	61,878	4,068,180	0.015210	0	0	52.00
53.00	05300 ANESTHESIOLOGY	283,882	2,255,509	0.125862	1,911	241	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,580,174	164,069,326	0.015726	346,699	5,452	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,121,107	16,457,050	0.068123	22	1	55.00
60.00	06000 LABORATORY	719,001	114,881,081	0.006259	398,461	2,494	60.00
65.00	06500 RESPIRATORY THERAPY	61,907	17,407,020	0.003556	254,077	903	65.00
66.00	06600 PHYSICAL THERAPY	348,291	19,164,833	0.018173	51,316	933	66.00
67.00	06700 OCCUPATIONAL THERAPY	37,124	7,926,592	0.004683	13,153	62	67.00
68.00	06800 SPEECH PATHOLOGY	23,879	1,968,221	0.012132	13,406	163	68.00
69.00	06900 ELECTROCARDIOLOGY	486,321	29,037,768	0.016748	33,406	559	69.00
69.01	06901 CATH LAB	778,735	24,521,502	0.031757	11,238	357	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	134,500	6,999,639	0.019215	10,834	208	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	396,738	22,874,774	0.017344	10,701	186	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	529,149	19,746,726	0.026797	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	324,673	31,221,696	0.010399	277,174	2,882	73.00
74.00	07400 RENAL DIALYSIS	31,404	1,427,096	0.022006	113	2	74.00
75.00	07500 ASC (NON-DISTINCT PART)	428,681	23,494,041	0.018246	88	2	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	41,689	7,333,459	0.005685	99	1	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	33,269	3,423,093	0.009719	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	42,676	4,774,890	0.008938	0	0	90.02
91.00	09100 EMERGENCY	765,826	48,394,949	0.015825	88,961	1,408	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,811,288	0.000000	15,725	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50-199)	11,987,273	713,014,877		1,532,038	16,003	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140135 Component CCN: 14S135	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 12/21/2016 12:09 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ORTHO MEDICAL	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	621,969	0	621,969	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
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 CATH LAB	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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	0	0	0	0	90.02
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
200.00	Total (lines 50-199)	0	0	621,969	0	621,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140135 Component CCN: 14S135	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 12/21/2016 12:09 pm PPS
		Title XVIII	Subprovider - IPF

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	128,178,372	0.000000	0.000000	3,597	50.00
50.01 05001 ORTHO MEDICAL	0	404,146	0.000000	0.000000	590	50.01
51.00 05100 RECOVERY ROOM	0	8,173,626	0.000000	0.000000	467	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,068,180	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	621,969	2,255,509	0.275755	0.275755	1,911	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	164,069,326	0.000000	0.000000	346,699	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16,457,050	0.000000	0.000000	22	55.00
60.00 06000 LABORATORY	0	114,881,081	0.000000	0.000000	398,461	60.00
65.00 06500 RESPIRATORY THERAPY	0	17,407,020	0.000000	0.000000	254,077	65.00
66.00 06600 PHYSICAL THERAPY	0	19,164,833	0.000000	0.000000	51,316	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	7,926,592	0.000000	0.000000	13,153	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,968,221	0.000000	0.000000	13,406	68.00
69.00 06900 ELECTROCARDIOLOGY	0	29,037,768	0.000000	0.000000	33,406	69.00
69.01 06901 CATH LAB	0	24,521,502	0.000000	0.000000	11,238	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,999,639	0.000000	0.000000	10,834	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,874,774	0.000000	0.000000	10,701	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,746,726	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	31,221,696	0.000000	0.000000	277,174	73.00
74.00 07400 RENAL DIALYSIS	0	1,427,096	0.000000	0.000000	113	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	23,494,041	0.000000	0.000000	88	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	7,333,459	0.000000	0.000000	99	90.00
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	3,423,093	0.000000	0.000000	0	90.01
90.02 09002 DMG PHYSICIAN GROUP	0	4,774,890	0.000000	0.000000	0	90.02
91.00 09100 EMERGENCY	0	48,394,949	0.000000	0.000000	88,961	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,811,288	0.000000	0.000000	15,725	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00 Total (lines 50-199)	621,969	713,014,877			1,532,038	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140135 Component CCN: 14S135	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 12/21/2016 12:09 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ORTHO MEDICAL	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	527	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CATH LAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	527	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,182	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,182	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)		24,874	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)		13,320	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		24,182,900	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)		24,182,900	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		24,182,900	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		801.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,672,517	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)		10,672,517	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 12/21/2016 12:09 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	6,500,309	5,382	1,207.79	2,453	2,962,709	43.00
44.00	CORONARY CARE UNIT	5,233,851	3,523	1,485.62	2,760	4,100,311	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,314,356	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,049,893	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,671,139	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,980,973	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,652,112	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,397,781	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)					5,308	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					801.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,252,982	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet D-1  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Title XVIII Hospital PPS		
				Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,468,622	24,182,900	0.102081	4,252,982	434,149	90.00
91.00 Nursing School cost	0	24,182,900	0.000000	4,252,982	0	91.00
92.00 Allied health cost	0	24,182,900	0.000000	4,252,982	0	92.00
93.00 All other Medical Education	0	24,182,900	0.000000	4,252,982	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135 Component CCN: 14S135	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,807	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,807	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,807	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,017	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,893,755	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,893,755	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,893,755	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,022.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,085,757	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,085,757	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1		
		Component CCN: 14S135				Date/Time Prepared: 12/21/2016 12:09 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					277,382		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,363,139		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					317,811		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,530		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					334,341		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,028,798		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135 Component CCN: 14S135		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 12/21/2016 12:09 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	401,017	3,893,755	0.102990	0	0	90.00
91.00	Nursing School cost	0	3,893,755	0.000000	0	0	91.00
92.00	Allied health cost	0	3,893,755	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,893,755	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 12/21/2016 12:09 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		8,285,684		30.00
31.00	03100 INTENSIVE CARE UNIT		4,700,552		31.00
32.00	03200 CORONARY CARE UNIT		2,717,964		32.00
40.00	04000 SUBPROVIDER - I/PF		0		40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.110801	25,704,494	2,848,084	50.00
50.01	05001 ORTHO MEDICAL	0.594082	12,765	7,583	50.01
51.00	05100 RECOVERY ROOM	0.171672	1,975,200	339,087	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.143163	27,139	3,885	52.00
53.00	05300 ANESTHESIOLOGY	0.640373	447,787	286,751	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125529	19,490,275	2,446,595	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.312984	1,110	347	55.00
60.00	06000 LABORATORY	0.088626	23,928,278	2,120,668	60.00
65.00	06500 RESPIRATORY THERAPY	0.083124	9,615,826	799,306	65.00
66.00	06600 PHYSICAL THERAPY	0.301782	2,412,105	727,930	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.089173	1,130,593	100,818	67.00
68.00	06800 SPEECH PATHOLOGY	0.227368	380,494	86,512	68.00
69.00	06900 ELECTROCARDIOLOGY	0.159721	4,850,933	774,796	69.00
69.01	06901 CATH LAB	0.114710	5,466,389	627,049	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.164344	303,819	49,931	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.566166	5,788,504	3,277,254	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.882833	6,239,326	5,508,283	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.418883	8,598,129	3,601,610	73.00
74.00	07400 RENAL DIALYSIS	0.404655	868,863	351,590	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.242433	37,239	9,028	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.138637	72,083	9,993	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0.421146	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0.372804	0	0	90.02
91.00	09100 EMERGENCY	0.124882	6,347,337	792,668	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.883959	616,078	544,588	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		124,314,766	25,314,356	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)		124,314,766		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140135 Component CCN: 14S135	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 12/21/2016 12:09 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		3,837,975	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.110801	3,597	399 50.00
50.01	05001	ORTHO MEDICAL	0.594082	590	351 50.01
51.00	05100	RECOVERY ROOM	0.171672	467	80 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.143163	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.640373	1,911	1,224 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125529	346,699	43,521 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.312984	22	7 55.00
60.00	06000	LABORATORY	0.088626	398,461	35,314 60.00
65.00	06500	RESPIRATORY THERAPY	0.083124	254,077	21,120 65.00
66.00	06600	PHYSICAL THERAPY	0.301782	51,316	15,486 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.089173	13,153	1,173 67.00
68.00	06800	SPEECH PATHOLOGY	0.227368	13,406	3,048 68.00
69.00	06900	ELECTROCARDIOLOGY	0.159721	33,406	5,336 69.00
69.01	06901	CATH LAB	0.114710	11,238	1,289 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.164344	10,834	1,781 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.566166	10,701	6,059 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.882833	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.418883	277,174	116,103 73.00
74.00	07400	RENAL DIALYSIS	0.404655	113	46 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.242433	88	21 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.138637	99	14 90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.421146	0	0 90.01
90.02	09002	DMG PHYSICIAN GROUP	0.372804	0	0 90.02
91.00	09100	EMERGENCY	0.124882	88,961	11,110 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.883959	15,725	13,900 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
200.00		Total (sum of lines 50-94 and 96-98)		1,532,038	277,382 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		1,532,038	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		35,850,040	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)		289,307	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		5,442,248	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		186.95	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		5.81	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		5.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.17	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)		5.81	12.00
13.00	Total allowable FTE count for the prior year.		5.81	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		5.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.81	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		5.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.031078	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.030773	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.030773	21.00
22.00	IME payment adjustment (see instructions)		597,764	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		90,744	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		7.20	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.36	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)		7.20	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.038513	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010179	27.00
28.00	IME add-on adjustment amount (see instructions)		364,918	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		55,397	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		962,682	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		146,141	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.97	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.66	31.00
32.00	Sum of lines 30 and 31		24.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.53	33.00
34.00	Disproportionate share adjustment (see instructions)		854,127	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000		0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,603,288 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,603,288 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,603,288	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		39,559,444	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		39,705,585	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,164,097	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).		446,211	52.00
53.00	Nursing and Allied Health Managed Care payment		21,236	53.00
54.00	Special add-on payments for new technologies		1,036	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		37,833	58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,375,998	59.00
60.00	Primary payer payments		16,825	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,359,173	61.00
62.00	Deductibles billed to program beneficiaries		3,977,904	62.00
63.00	Coinurance billed to program beneficiaries		61,614	63.00
64.00	Allowable bad debts (see instructions)		684,793	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		445,115	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		362,960	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,764,770	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		85,321	70.93
70.94	HRR adjustment amount (see instructions)		-78,870	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 12/21/2016 12:09 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)			422,510	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			39,348,711	71.00
71.01	Sequestration adjustment (see instructions)			786,974	71.01
72.00	Interim payments			38,134,866	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)			426,871	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		11,700	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,170,860	2.00
3.00	PPS payments		28,991,822	3.00
4.00	Outlier payment (see instructions)		60,578	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		37,938	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,700	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		29,855	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)		29,855	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		29,855	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		18,155	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)		11,700	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)		29,090,338	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,865,431	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)		23,236,607	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		290,543	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)		23,527,150	30.00
31.00	Primary payer payments		10,363	31.00
32.00	Subtotal (line 30 minus line 31)		23,516,787	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		850,765	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		552,997	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		473,666	36.00
37.00	Subtotal (see instructions)		24,069,784	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,069,784	40.00
40.01	Sequestration adjustment (see instructions)		481,396	40.01
41.00	Interim payments		23,765,506	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-177,118	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,166,708		23,906,758	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	09/20/2016	67,904		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	05/12/2016	99,746	05/12/2016	141,252	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)		-31,842		-141,252	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)		38,134,866		23,765,506	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		426,871		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		177,118	6.02	
7.00	Total Medicare program liability (see instructions)		38,561,737		23,588,388	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: 140135  
Component CCN: 14S135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm  
PPS

Title XVIII

Subprovider -  
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,065,366		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)		2,065,366		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		525		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,065,891		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet E-1  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			8,385 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			18,533 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,218 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			33,779 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			756,874,526 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			7,743,410 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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135 Component CCN: 14S135	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part II Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,305,135 1.00
2.00	Net IPF PPS Outlier Payments			11,102 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see 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)			10.401639 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,316,237 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,316,237 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,316,237 18.00
19.00	Deductibles			146,496 19.00
20.00	Subtotal (line 18 minus line 19)			2,169,741 20.00
21.00	Coinsurance			62,216 21.00
22.00	Subtotal (line 20 minus line 21)			2,107,525 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,107,525 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)			527 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,108,052 31.00
31.01	Sequestration adjustment (see instructions)			42,161 31.01
32.00	Interim payments			2,065,366 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)			525 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			11,102 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: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 12/21/2016 12:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.17	6.00
7.00	Enter the lesser of line 5 or line 6			7.19	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.	14.17	0.00	14.17	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.	7.19	0.00	7.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	7.19	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.19	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.19	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.19	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	7.19	0.00		17.00
18.00	Per resident amount	81,975.50	0.00		18.00
19.00	Approved amount for resident costs	589,404	0	589,404	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)			5.82	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.98	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.82	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,496.34	23.00
24.00	Multiply line 22 time line 23			555,789	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,145,193	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	21,550	3,218		26.00
27.00	Total Inpatient Days (see instructions)	37,792	37,792		27.00
28.00	Ratio of inpatient days to total inpatient days	0.570227	0.085150		28.00
29.00	Program direct GME amount	653,020	97,513		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		13,779		30.00
31.00	Net Program direct GME amount			736,754	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,427,096	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		46,413,032	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)		16,825	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		46,396,207	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		30,220,498	42.00
43.00	Primary payer payments (see instructions)		10,363	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		30,210,135	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		76,606,342	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.605644	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.394356	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		736,754	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		446,211	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		290,543	50.00

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

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet G

Date/Time Prepared:  
12/21/2016 12:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	13,207,296	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	106,594,088	0	0	0	4.00
5.00	Other receivable	83,266	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-70,076,565	0	0	0	6.00
7.00	Inventory	3,393,525	0	0	0	7.00
8.00	Prepaid expenses	2,636,676	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	133,923	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	55,972,209	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	104,795,257	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	104,795,257	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	57,966,787	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	128,467,108	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	186,433,895	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	347,201,361	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,648,415	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,102,076	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	59,414	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	23,039,654	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	41,849,559	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	16,358,568	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	20,556,663	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	36,915,231	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	78,764,790	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	268,436,571	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)	268,436,571	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	347,201,361	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet G-1

Date/Time Prepared:  
12/21/2016 12:09 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		275,726,210		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-8,746,284			2.00
3.00	Total (sum of line 1 and line 2)		266,979,926		0	3.00
4.00	ADDITIONS	1,456,645		0		4.00
5.00		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)		1,456,645		0	10.00
11.00	Subtotal (line 3 plus line 10)		268,436,571		0	11.00
12.00	DEDUCTIONS	0		0		12.00
13.00		0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		268,436,571		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ADDITIONS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	DEDUCTIONS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	23,285,035		23,285,035	1.00
2.00	SUBPROVIDER - IPF	4,842,975		4,842,975	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	28,128,010		28,128,010	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,520,288		8,520,288	11.00
12.00	CORONARY CARE UNIT	6,839,111		6,839,111	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	15,359,399		15,359,399	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	43,487,409		43,487,409	17.00
18.00	Ancillary services	221,826,498	435,407,865	657,234,363	18.00
19.00	Outpatient services	11,884,900	52,666,231	64,551,131	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		3,516,871	3,516,871	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	1,806,309	1,806,309	26.00
27.00	NON-REIMBURSABLE	5,673,538	80,669,356	86,342,894	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	282,872,345	574,066,632	856,938,977	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		283,705,413		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	NORV-GAIN/LOSS-CAPITAL EQUIPMENT	143,516			31.00
32.00	NET ASSETS RELEASED FROM RESTRICTION	135,348			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)		278,864		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	RESTRICTED DISBURSEMENTS - OTHER REV	288			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)		288		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		283,983,989		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet G-3

Date/Time Prepared:  
12/21/2016 12:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	856,938,977	1.00
2.00	Less contractual allowances and discounts on patients' accounts	602,694,947	2.00
3.00	Net patient revenues (line 1 minus line 2)	254,244,030	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	283,983,989	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-29,739,959	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,676,993	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	12,697,666	24.00
24.01	NORV-GAIN LOSS INVEST IN DD	140,398	24.01
24.02	TRUST DISTRIBUTION	1,343,270	24.02
24.03	NET ASSETS RELEASED FROM RESTRICTION	135,348	24.03
25.00	Total other income (sum of lines 6-24)	20,993,675	25.00
26.00	Total (line 5 plus line 25)	-8,746,284	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)	-8,746,284	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140135

Period: From 10/01/2015

Worksheet H

HHA CCN: 147206

To 09/30/2016

Date/Time Prepared: 12/21/2016 12:09 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		165	165	1.00
2.00			0		24,209	24,209	2.00
3.00	0	0	0	0	74,020	74,020	3.00
4.00	0	0	136,218	0	0	136,218	4.00
5.00	468,668	188,935	0	78,997	86,978	823,578	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	1,261,662	0	0	0	0	1,261,662	6.00
7.00	480,931	0	0	0	0	480,931	7.00
8.00	73,630	0	0	0	0	73,630	8.00
9.00	6,426	0	0	0	0	6,426	9.00
10.00	141,885	0	0	0	0	141,885	10.00
11.00	98,652	0	0	0	0	98,652	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	2,531,854	188,935	136,218	78,997	185,372	3,121,376	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	-165	0	0	0			1.00
2.00	-24,209	0	0	0			2.00
3.00	0	74,020	0	74,020			3.00
4.00	0	136,218	0	136,218			4.00
5.00	-30,649	792,929	-748	792,181			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,261,662	0	1,261,662			6.00
7.00	0	480,931	0	480,931			7.00
8.00	0	73,630	0	73,630			8.00
9.00	0	6,426	0	6,426			9.00
10.00	0	141,885	0	141,885			10.00
11.00	0	98,652	0	98,652			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-55,023	3,066,353	-748	3,065,605			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: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet H-1 Part I Date/Time Prepared: 12/21/2016 12:09 pm
		HHA CCN: 147206	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				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	74,020	0	0	74,020	0	3.00
4.00	Transportation	136,218	0	0	74,020	210,238	4.00
5.00	Administrative and General	792,181	0	0	0	210,238	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,261,662	0	0	0	0	6.00
7.00	Physical Therapy	480,931	0	0	0	0	7.00
8.00	Occupational Therapy	73,630	0	0	0	0	8.00
9.00	Speech Pathology	6,426	0	0	0	0	9.00
10.00	Medical Social Services	141,885	0	0	0	0	10.00
11.00	Home Health Aide	98,652	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,065,605	0	0	74,020	210,238	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,002,419					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	612,991	1,874,653				6.00
7.00	Physical Therapy	233,665	714,596				7.00
8.00	Occupational Therapy	35,774	109,404				8.00
9.00	Speech Pathology	3,122	9,548				9.00
10.00	Medical Social Services	68,936	210,821				10.00
11.00	Home Health Aide	47,931	146,583				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		3,065,605				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140135  
HHA CCN: 147206

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet H-1  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm  
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	74,020	0		3.00
4.00	Transportation (see instructions)	0	0	74,020	136,218		4.00
5.00	Administrative and General	0	0	0	136,218	-1,002,419	2,063,186
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,261,662
7.00	Physical Therapy	0	0	0	0	0	480,931
8.00	Occupational Therapy	0	0	0	0	0	73,630
9.00	Speech Pathology	0	0	0	0	0	6,426
10.00	Medical Social Services	0	0	0	0	0	141,885
11.00	Home Health Aide	0	0	0	0	0	98,652
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	74,020	136,218	-1,002,419	2,063,186
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	74,020	210,238		1,002,419
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.543394		0.485860

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140135  
HHA CCN: 147206

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet H-2  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm  
PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	62,318	23,950	451,944	538,212	79,908	1.00
2.00 Skilled Nursing Care	1,874,653	0	0	0	1,874,653	278,328	2.00
3.00 Physical Therapy	714,596	0	0	0	714,596	106,095	3.00
4.00 Occupational Therapy	109,404	0	0	0	109,404	16,243	4.00
5.00 Speech Pathology	9,548	0	0	0	9,548	1,418	5.00
6.00 Medical Social Services	210,821	0	0	0	210,821	31,300	6.00
7.00 Home Health Aide	146,583	0	0	0	146,583	21,763	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,065,605	62,318	23,950	451,944	3,603,817	535,055	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	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	121,891	0	72,676	0	98,527	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	121,891	0	72,676	0	98,527	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140135  
HHA CCN: 147206

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet H-2  
Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm  
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	14.00	15.00	16.00	19.00	21.00	22.00		
1.00 Administrative and General	393	0	15,587	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	393	0	15,587	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	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part I)	Total HHA Costs		
	23.00	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	927,194	0	927,194				1.00
2.00 Skilled Nursing Care	0	2,152,981	0	2,152,981	566,990	2,719,971		2.00
3.00 Physical Therapy	0	820,691	0	820,691	216,130	1,036,821		3.00
4.00 Occupational Therapy	0	125,647	0	125,647	33,089	158,736		4.00
5.00 Speech Pathology	0	10,966	0	10,966	2,888	13,854		5.00
6.00 Medical Social Services	0	242,121	0	242,121	63,763	305,884		6.00
7.00 Home Health Aide	0	168,346	0	168,346	44,334	212,680		7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	0	4,447,946	0	4,447,946	927,194	4,447,946		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.					0.263351			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: 140135  
HHA CCN: 147206

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet H-2  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm  
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	4,094	24,209	2,531,854	0	538,212	4,094	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,874,653	0	2.00
3.00 Physical Therapy	0	0	0	0	714,596	0	3.00
4.00 Occupational Therapy	0	0	0	0	109,404	0	4.00
5.00 Speech Pathology	0	0	0	0	9,548	0	5.00
6.00 Medical Social Services	0	0	0	0	210,821	0	6.00
7.00 Home Health Aide	0	0	0	0	146,583	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,094	24,209	2,531,854		3,603,817	4,094	20.00
21.00 Total cost to be allocated	62,318	23,950	451,944		535,055	121,891	21.00
22.00 Unit cost multiplier	15.221788	0.989301	0.178503		0.148469	29.773083	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	4,094	0	4,171	0	3,610	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	4,094	0	4,171	0	3,610	20.00
21.00 Total cost to be allocated	0	72,676	0	98,527	0	393	21.00
22.00 Unit cost multiplier	0.000000	17.751832	0.000000	23.621913	0.000000	0.108864	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140135  
HHA CCN: 147206

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet H-2  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm  
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
				SERVICES-SALARIES & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
				15.00	16.00			19.00
1.00 Administrative and General	0	3,516,871	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	3,516,871	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	15,587	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.004432	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2015 To 09/30/2016	Worksheet H-3 Part I Date/Time Prepared: 12/21/2016 12:09 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,719,971		2,719,971	12,558	216.59	1.00
2.00	Physical Therapy	3.00	1,036,821	0	1,036,821	7,052	147.03	2.00
3.00	Occupational Therapy	4.00	158,736	0	158,736	596	266.34	3.00
4.00	Speech Pathology	5.00	13,854	0	13,854	179	77.40	4.00
5.00	Medical Social Services	6.00	305,884		305,884	79	3,871.95	5.00
6.00	Home Health Aide	7.00	212,680		212,680	2,247	94.65	6.00
7.00	Total (sum of lines 1-6)		4,447,946	0	4,447,946	22,711		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	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		19500	0	7,463			8.00
9.00	Physical Therapy		19500	0	4,198			9.00
10.00	Occupational Therapy		19500	0	387			10.00
11.00	Speech Pathology		19500	0	54			11.00
12.00	Medical Social Services		19500	0	55			12.00
13.00	Home Health Aide		19500	0	1,522			13.00
14.00	Total (sum of lines 8-13)			0	13,679			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)			
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B	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	7,463		0	1,616,411		1.00
2.00	Physical Therapy	0	4,198		0	617,232		2.00
3.00	Occupational Therapy	0	387		0	103,074		3.00
4.00	Speech Pathology	0	54		0	4,180		4.00
5.00	Medical Social Services	0	55		0	212,957		5.00
6.00	Home Health Aide	0	1,522		0	144,057		6.00
7.00	Total (sum of lines 1-6)	0	13,679		0	2,697,911		7.00
Cost Center Description								
	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2015 To 09/30/2016	Worksheet H-3 Part I Date/Time Prepared: 12/21/2016 12:09 pm PPS
				Title XVII I	Home Health Agency I	
Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B				
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance	Part A	Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	0	0	0	0	0
16.00	Cost of Drugs		0	0	0	0
<b>Cost Center Description</b>						
		Total Program Cost (sum of col s. 9-10)				
		12.00				
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>						
<b>Cost Per Visit Computation</b>						
1.00	Skilled Nursing Care	1,616,411				
2.00	Physical Therapy	617,232				
3.00	Occupational Therapy	103,074				
4.00	Speech Pathology	4,180				
5.00	Medical Social Services	212,957				
6.00	Home Health Aide	144,057				
7.00	Total (sum of lines 1-6)	2,697,911				
<b>Cost Center Description</b>						
		12.00				
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care					
9.00	Physical Therapy					
10.00	Occupational Therapy					
11.00	Speech Pathology					
12.00	Medical Social Services					
13.00	Home Health Aide					
14.00	Total (sum of lines 8-13)					

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2015 To 09/30/2016	Worksheet H-3 Part II Date/Time Prepared: 12/21/2016 12:09 pm PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.301683	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.089173	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.227368	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.566166	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.418883	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2015 To 09/30/2016	Worksheet H-4 Part I-II Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,900,338
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	72,899
13.00	Total PPS Reimbursement - LUPA Episodes		0	38,543
14.00	Total PPS Reimbursement - PEP Episodes		0	2,621
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	25,918
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,040,319
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,040,319
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,040,319
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,040,319
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	2,040,319
31.01	Sequestration adjustment (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,040,320
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	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 140135  
HHA CCN: 147206

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet H-5  
Date/Time Prepared:  
12/21/2016 12:09 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,040,320	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,040,320	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		2,040,319	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140135

Period: From 10/01/2015

Worksheet K

Hospice CCN: 141517

To 09/30/2016

Date/Time Prepared: 12/21/2016 12:09 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	11,725	3.00
4.00	Transportation - Staff	0	0	26,736	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	148,338	60,303	0	196,427	82,998	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	203,232	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	448,498	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	800,068	60,303	26,736	196,427	94,723	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140135

Period: From 10/01/2015

Worksheet K

Hospice CCN: 141517

To 09/30/2016

Date/Time Prepared: 12/21/2016 12:09 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	11,725	0	11,725	0	11,725	3.00
4.00	Transportation - Staff	26,736	0	26,736	0	26,736	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	488,066	0	488,066	0	488,066	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	203,232	0	203,232	0	203,232	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	448,498	0	448,498	0	448,498	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,178,257	0	1,178,257	0	1,178,257	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135  
 Hospice CCN: 141517

Period:  
 From 10/01/2015  
 To 09/30/2016

Worksheet K-1  
 Date/Time Prepared:  
 12/21/2016 12:09 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	83,895	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	448,498	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	83,895	448,498	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135  
 Hospice CCN: 141517

Period:  
 From 10/01/2015  
 To 09/30/2016

Worksheet K-1  
 Date/Time Prepared:  
 12/21/2016 12:09 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	64,443	148,338	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	203,232	203,232	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	448,498	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	267,675	800,068	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140135	Period:	Worksheet K-2
		Hospice CCN: 141517	From 10/01/2015 To 09/30/2016	Date/Time Prepared: 12/21/2016 12:09 pm

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

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140135

Period: From 10/01/2015

Worksheet K-2

Hospice CCN: 141517

To 09/30/2016

Date/Time Prepared: 12/21/2016 12:09 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	60,303	60,303	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	60,303	60,303	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140135	Period: From 10/01/2015	Worksheet K-3
		Hospice CCN: 141517	To 09/30/2016	Date/Time Prepared: 12/21/2016 12:09 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet K-3
		Hospice CCN: 141517		Date/Time Prepared: 12/21/2016 12:09 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	196,427	196,427	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	196,427	196,427	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140135  
 Hospice CCN: 141517

Period:  
 From 10/01/2015  
 To 09/30/2016

Worksheet K-4  
 Part I  
 Date/Time Prepared:  
 12/21/2016 12:09 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	11,725	0	0	0		3.00
4.00	Transportation - Staff	26,736	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	488,066	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	203,232	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	448,498	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,178,257	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140135	Period: From 10/01/2015	Worksheet K-4
		Hospice CCN: 141517	To 09/30/2016	Part I Date/Time Prepared: 12/21/2016 12:09 pm
		Hospice I		
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)
	5.00	5A	6.00	7.00
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.			1.00
2.00	Capital Related Costs-Movable Equip.			2.00
3.00	Plant Operation and Maintenance			3.00
4.00	Transportation - Staff			4.00
5.00	Volunteer Service Coordination	0		5.00
6.00	Administrative and General	0	488,066	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	203,232	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	448,498	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,139,796	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet K-4  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135  
 Hospice CCN: 141517

Period:  
 From 10/01/2015  
 To 09/30/2016

Worksheet K-4  
 Part II  
 Date/Time Prepared:  
 12/21/2016 12:09 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-488,066	651,730	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	203,232	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	448,498	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		488,066	39.00
40.00	Unit Cost Multiplier		0.748878	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2015

Worksheet K-5

Hospice CCN: 141517

To 09/30/2016

Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		0	0	141,205	141,205	1.00
2.00	Inpatient - General Care	355,428	0	0	0	355,428	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	784,368	0	0	0	784,368	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,139,796	0	0	141,205	1,281,001	34.00
35.00	Unit Cost Multiplier (see instructions)					0	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

From 10/01/2015  
To 09/30/2016

Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	22,418	0	0	0	0	1.00
2.00	Inpatient - General Care	56,429	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	124,530	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	203,377	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2015

Worksheet K-5

Hospice CCN: 141517

To 09/30/2016

Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	24,165	0	0	0	8,006	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	24,165	0	0	0	8,006	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135  
 Hospice CCN: 141517

Period:  
 From 10/01/2015  
 To 09/30/2016

Worksheet K-5  
 Part I  
 Date/Time Prepared:  
 12/21/2016 12:09 pm

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM		
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00	22.00	23.00	24.00	
1.00	Administrative and General	0	0	0	0	195,794	1.00
2.00	Inpatient - General Care	0	0	0	0	411,857	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	908,898	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	1,516,549	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2015

Worksheet K-5

Hospice CCN: 141517

To 09/30/2016

Part I  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	411,857	61,055	472,912		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	908,898	134,739	1,043,637		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,516,549		1,516,549		34.00
35.00	Unit Cost Multiplier (see instructions)			0.148244			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00 Administrative and General	0	0	800,068	5A	141,205	1.00	
2.00 Inpatient - General Care	0	0	0		355,428	2.00	
3.00 Inpatient - Respite Care	0	0	0		0	3.00	
4.00 Physician Services	0	0	0		0	4.00	
5.00 Nursing Care	0	0	0		784,368	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0		0	6.00	
7.00 Physical Therapy	0	0	0		0	7.00	
8.00 Occupational Therapy	0	0	0		0	8.00	
9.00 Speech/ Language Pathology	0	0	0		0	9.00	
10.00 Medical Social Services	0	0	0		0	10.00	
11.00 Spiritual Counseling	0	0	0		0	11.00	
12.00 Dietary Counseling	0	0	0		0	12.00	
13.00 Counseling - Other	0	0	0		0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0		0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0		0	15.00	
16.00 Other	0	0	0		0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0		0	17.00	
18.00 Analgesics	0	0	0		0	18.00	
19.00 Sedatives / Hypnotics	0	0	0		0	19.00	
20.00 Other - Specify	0	0	0		0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0		0	21.00	
22.00 Patient Transportation	0	0	0		0	22.00	
23.00 Imaging Services	0	0	0		0	23.00	
24.00 Labs and Diagnostics	0	0	0		0	24.00	
25.00 Medical Supplies	0	0	0		0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0		0	26.00	
27.00 Radiation Therapy	0	0	0		0	27.00	
28.00 Chemotherapy	0	0	0		0	28.00	
29.00 Other	0	0	0		0	29.00	
30.00 Bereavement Program Costs	0	0	0		0	30.00	
31.00 Volunteer Program Costs	0	0	0		0	31.00	
32.00 Fundraising	0	0	0		0	32.00	
33.00 Other Program Costs	0	0	0		0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	0	800,068		1,281,001	34.00	
35.00 Total cost to be allocated	0	0	141,205		203,377	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.176491		0.158764	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description	Hospice I					CAFETERIA (FTE)	
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)			
	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	0	0	0	0	0	1,023	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	1,023	34.00
35.00 Total cost to be allocated	0	1,543	0	0	0	24,165	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	23.621701	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		(DIRECT NRS ING)	(COSTED REQUIS.)	15.00	16.00	19.00	
1.00	Administrative and General	0	0	0	1,806,309	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	1,806,309	0	34.00
35.00	Total cost to be allocated	0	761	19,626	8,006	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.004432	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2015  
To 09/30/2016

Worksheet K-5  
Part II  
Date/Time Prepared:  
12/21/2016 12:09 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140135

Period: From 10/01/2015

Worksheet K-5

Hospice CCN: 141517

To 09/30/2016

Part III  
Date/Time Prepared:  
12/21/2016 12:09 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.301782	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.089173	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.227368	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.418883	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.088626	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.566166	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.312984	0	0 9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140135  
 Hospice CCN: 141517

Period:  
 From 10/01/2015  
 To 09/30/2016

Worksheet K-6  
 Date/Time Prepared:  
 12/21/2016 12:09 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,516,549	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				0	2.00
3.00	Average cost per diem (line 1 divided by line 2)				0.00	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	0				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	0				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140135	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 12/21/2016 12:09 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,860,348	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		43,457	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)		94.17	3.00
4.00	Number of interns & residents (see instructions)		13.01	4.00
5.00	Indirect medical education percentage (see instructions)		3.98	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)		113,842	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.97	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.66	8.00
9.00	Sum of lines 7 and 8		24.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.12	10.00
11.00	Disproportionate share adjustment (see instructions)		146,450	11.00
12.00	Total prospective capital payments (see instructions)		3,164,097	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00