

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/23/2017 2:24 pm
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PART I - COST REPORT STATUS

Provider use only

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

Date: _____ Time: _____

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

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

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL (14-0185) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

VICE PRESIDENT OF OPERATIONS

 Title

05/24/2017

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	855,344	70,937	0	0
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	0	0	0	0
5.00	Swing bed - SNF	0	0	0	0	0
6.00	Swing bed - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	8,249	-130	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
200.00	Total	0	863,593	70,807	0	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 2:24 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 62226		4.00 County: SAINT CLAIR				
1.00 Street: 4500 MEMORIAL DRIVE		2.00 City: BELLEVILLE								
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		
1.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									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	MEMORIAL CONVALESCENT CENTER	145102	41180		01/01/1967	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MEMORIAL HOME CARE SERVICES	147443	41180		03/10/1986	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	12/31/2016		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)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,528	1,355	5	0	1,024	161		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 2:24 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.	0					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0					37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N					37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
		Y/N		Y/N				
		1.00		2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N			40.00	
		V		XVII		XIX		
		1.00		2.00		3.00		
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y		N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		N		46.00
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		N		48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N						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.							57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N						58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N						59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N						60.00
		Y/N		IME		Direct GME		
		1.00		2.00		3.00		
						4.00		
						5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N				0.00		61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			0.00		0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)			0.00		0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)			0.00		0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).			0.00		0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)			0.00		0.00		61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							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)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						N	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))					
			1.00	2.00	3.00					
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.									
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		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)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		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	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		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N						116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	2,862,500		3,850,000				118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N						118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N				120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y						121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06				122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N						125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 2:24 pm	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		269026		140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 4901 FOREST PARK PARKWAY	PO Box:				142.00	
143.00	City: ST LOUIS	State: MO		Zip Code: 63108		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 2:24 pm
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2016	12/31/2016	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 2:24 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					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.				Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/04/2017	Y	04/04/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N	04/04/2017	N	04/04/2017		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: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 2:24 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		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CI NDY		BREMER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0616		CI NDY. BREMER@BJC. ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 2:24 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part IX Date/Time Prepared: 5/23/2017 2:24 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	296	108,336	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)		296	108,336	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		316	115,656	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	82	30,012		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		398				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: 14-0185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,673	1,544	53,050			1.00
2.00 HMO and other (see instructions)	9,790	8,692				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)	24,673	1,544	53,050			7.00
8.00 INTENSIVE CARE UNIT	2,161	83	4,700			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		593	2,088			13.00
14.00 Total (see instructions)	26,834	2,220	59,838	0.00	1,606.18	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	16,934	0	26,109	0.00	75.54	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	5,002	0	14,261	0.00	23.60	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,705.32	27.00
28.00 Observation Bed Days		0	4,544			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	161	261			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: 14-0185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 2:24 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	5,360	2,215	12,909	1.00
2.00 HMO and other (see instructions)			1,919	367		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	5,360	2,215	12,909	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						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						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2017 2:24 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- 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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	95,938,393	0	95,938,393	3,547,056.84	27.05
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	3,997,121	54,434	4,051,555	157,120.51	25.79
10.00	Excluded area salaries (see instructions)		2,430,300	-185,689	2,244,611	72,756.25	30.85
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,352,848	0	4,352,848	60,534.25	71.91
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		836,228	0	836,228	5,466.00	152.99
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		583,691	0	583,691	6,706.00	87.04
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,779,864	0	26,779,864		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,159,526	0	1,159,526		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		48,011	0	48,011		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,025,678	11,074	1,036,752	31,213.45	33.21
27.00	Administrative & General	5.00	11,099,471	-13,246	11,086,225	405,148.68	27.36

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2017 2:24 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	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,187,711	0	1,187,711	99,872.20	11.89	30.00
31.00	Laundry & Linen Service	8.00	0	76,898	76,898	6,370.92	12.07	31.00
32.00	Housekeeping	9.00	1,934,253	-76,898	1,857,355	163,669.43	11.35	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,693,308	-264,638	1,428,670	102,190.37	13.98	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	409,411	515,858	925,269	68,894.28	13.43	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,771,989	-316,407	3,455,582	82,541.45	41.86	38.00
39.00	Central Services and Supply	14.00	569,409	0	569,409	36,447.10	15.62	39.00
40.00	Pharmacy	15.00	3,823,305	0	3,823,305	90,932.33	42.05	40.00
41.00	Medical Records & Medical Records Library	16.00	1,052,725	2,172	1,054,897	48,344.75	21.82	41.00
42.00	Social Service	17.00	683,509	0	683,509	25,139.62	27.19	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2017 2:24 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	95,938,393	0	95,938,393	3,547,056.84	27.05	1.00
2.00	Excluded area salaries (see instructions)	6,427,421	-131,255	6,296,166	229,876.76	27.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,510,972	131,255	89,642,227	3,317,180.08	27.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,772,767	0	5,772,767	72,706.25	79.40	4.00
5.00	Subtotal wage-related costs (see inst.)	26,827,875	0	26,827,875	0.00	29.93	5.00
6.00	Total (sum of lines 3 thru 5)	122,111,614	131,255	122,242,869	3,389,886.33	36.06	6.00
7.00	Total overhead cost (see instructions)	27,250,769	-65,187	27,185,582	1,160,764.58	23.42	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2017 2:24 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,329,905	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	15,455,013	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	161,313	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)	264,333	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,470,634	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,269,213	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	67,677	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	517,649	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,535,737	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0185

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

Worksheet S-3
Part V
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			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			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			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0185 Component CCN: 14-7443		Period: From 01/01/2016 To 12/31/2016		Worksheet S-4 Date/Time Prepared: 5/23/2017 2:24 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			ST. CLAIR, ILLINOIS		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	21	0	15	36	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	609.00	0.00	454.00	1,063.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	4.83	4.83	5.00
6.00	Direct Nursing Service			0.00	15.77	15.77	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	5.93	5.93	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.02	0.02	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.02	0.02	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.01	0.01	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.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
20.01				44100			20.01
20.02				99914			20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,301	86	190	37	2,614	21.00
22.00	Skilled Nursing Visit Charges	745,524	27,864	61,560	11,988	846,936	22.00
23.00	Physical Therapy Visits	2,044	0	25	40	2,109	23.00
24.00	Physical Therapy Visit Charges	721,532	0	8,825	14,120	744,477	24.00
25.00	Occupational Therapy Visits	197	4	17	3	221	25.00
26.00	Occupational Therapy Visit Charges	70,132	1,424	6,052	1,068	78,676	26.00
27.00	Speech Pathology Visits	33	0	0	0	33	27.00
28.00	Speech Pathology Visit Charges	12,639	0	0	0	12,639	28.00
29.00	Medical Social Service Visits	6	0	0	0	6	29.00
30.00	Medical Social Service Visit Charges	3,114	0	0	0	3,114	30.00
31.00	Home Health Aide Visits	19	0	0	0	19	31.00
32.00	Home Health Aide Visit Charges	2,774	0	0	0	2,774	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,600	90	232	80	5,002	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)	1,555,715	29,288	76,437	27,176	1,688,616	35.00
36.00	Total Number of Episodes (standard/non outlier)	388		80	10	478	36.00
37.00	Total Number of Outlier Episodes		3		0	3	37.00
38.00	Total Non-Routine Medical Supply Charges	29,586	671	1,749	72	32,078	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:
5/23/2017 2:24 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	26	0	26	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	29	0	29	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	11	0	11	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	1,576	0	1,576	12.00
13.00	RUB	2,515	0	2,515	13.00
14.00	RUA	3,026	0	3,026	14.00
15.00	RVC	1,547	0	1,547	15.00
16.00	RVB	2,337	0	2,337	16.00
17.00	RVA	3,529	0	3,529	17.00
18.00	RHC	282	0	282	18.00
19.00	RHB	399	0	399	19.00
20.00	RHA	591	0	591	20.00
21.00	RMC	33	0	33	21.00
22.00	RMB	76	0	76	22.00
23.00	RMA	87	0	87	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	31	0	31	30.00
31.00	HD2	30	0	30	31.00
32.00	HD1	28	0	28	32.00
33.00	HC2	54	0	54	33.00
34.00	HC1	32	0	32	34.00
35.00	HB2	64	0	64	35.00
36.00	HB1	372	0	372	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	8	0	8	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	43	0	43	40.00
41.00	LC2	5	0	5	41.00
42.00	LC1	7	0	7	42.00
43.00	LB2	6	0	6	43.00
44.00	LB1	2	0	2	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	9	0	9	47.00
48.00	CD1	16	0	16	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	22	0	22	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	60	0	60	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	15	0	15	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	8	0	8	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:
5/23/2017 2:24 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	11	0	11	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	24	0	24	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	23	0	23	199.00
200.00	TOTAL		16,934	0	16,934	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 41180
 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	3,263,240	46.48	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	2,379	0.03	Y	205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	7,020,093			207.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:
5/23/2017 2:24 pm

			Prior to 10/1	On/After 10/1	Transfer Total to Settlement Worksheet (Y/N)		
			1.00	2.00	3.00		
1.00	Wage Index Factor		0.9256	0.9214		1.00	
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	745.12	745.12	0	760.86	3.00
4.00		RUL	728.89	728.89	26	744.28	4.00
5.00		RVX	663.21	663.21	0	677.22	5.00
6.00		RVL	595.01	595.01	0	607.59	6.00
7.00		RHX	600.87	600.87	0	613.57	7.00
8.00		RHL	535.93	535.93	0	547.25	8.00
9.00		RMX	551.20	551.20	0	562.84	9.00
10.00		RML	505.73	505.73	0	516.42	10.00
11.00		RLX	484.07	484.07	0	494.30	11.00
12.00		RUC	564.89	564.89	1,083	576.82	12.00
13.00		RUB	564.89	564.89	1,769	576.82	13.00
14.00		RUA	472.34	472.34	2,216	482.32	14.00
15.00		RVC	484.61	484.61	1,246	494.84	15.00
16.00		RVB	419.66	419.66	1,871	428.52	16.00
17.00		RVA	418.03	418.03	2,814	426.87	17.00
18.00		RHC	422.27	422.27	176	431.20	18.00
19.00		RHB	380.05	380.05	334	388.08	19.00
20.00		RHA	334.59	334.59	503	341.66	20.00
21.00		RMC	370.96	370.96	7	378.80	21.00
22.00		RMB	348.24	348.24	71	355.59	22.00
23.00		RMA	286.53	286.53	75	292.59	23.00
24.00		RLB	360.67	360.67	0	368.30	24.00
25.00		RLA	232.39	232.39	0	237.31	25.00
26.00		ES3	680.26	680.26	0	694.64	26.00
27.00		ES2	532.50	532.50	0	543.76	27.00
28.00		ES1	475.67	475.67	0	485.73	28.00
29.00		HE2	459.44	459.44	0	469.15	29.00
30.00		HE1	381.50	381.50	31	389.57	30.00
31.00		HD2	430.21	430.21	30	439.31	31.00
32.00		HD1	358.77	358.77	19	366.36	32.00
33.00		HC2	405.85	405.85	35	414.44	33.00
34.00		HC1	339.28	339.28	32	346.45	34.00
35.00		HB2	400.99	400.99	59	409.27	35.00
36.00		HB1	336.04	336.04	346	343.14	36.00
37.00		LE2	417.22	417.22	0	426.04	37.00
38.00		LE1	349.02	349.02	8	356.41	38.00
39.00		LD2	400.99	400.99	0	409.46	39.00
40.00		LD1	336.04	336.04	35	343.14	40.00
41.00		LC2	352.28	352.28	5	359.73	41.00
42.00		LC1	297.07	297.07	7	303.35	42.00
43.00		LB2	334.42	334.42	6	341.49	43.00
44.00		LB1	284.07	284.07	1	290.09	44.00
45.00		CE2	371.76	371.76	0	379.62	45.00
46.00		CE1	342.54	342.54	0	349.77	46.00
47.00		CD2	352.28	352.28	0	359.73	47.00
48.00		CD1	323.04	323.04	15	329.88	48.00
49.00		CC2	308.43	308.43	0	314.95	49.00
50.00		CC1	285.71	285.71	16	291.74	50.00
51.00		CB2	285.71	285.71	0	291.74	51.00
52.00		CB1	264.59	264.59	54	270.19	52.00
53.00		CA2	241.86	241.86	0	246.98	53.00
54.00		CA1	225.62	225.62	15	230.40	54.00
55.00		SE3	0.00	0.00	0	0.00	55.00
56.00		SE2	0.00	0.00	0	0.00	56.00
57.00		SE1	0.00	0.00	0	0.00	57.00
58.00		SSC	0.00	0.00	0	0.00	58.00
59.00		SSB	0.00	0.00	0	0.00	59.00
60.00		SSA	0.00	0.00	0	0.00	60.00
61.00		IB2	0.00	0.00	0	0.00	61.00
62.00		IB1	0.00	0.00	0	0.00	62.00
63.00		IA2	0.00	0.00	0	0.00	63.00
64.00		IA1	0.00	0.00	0	0.00	64.00
65.00		BB2	256.47	256.47	0	261.90	65.00
66.00		BB1	245.11	245.11	8	250.29	66.00
67.00		BA2	212.64	212.64	0	217.14	67.00
68.00		BA1	202.89	202.89	0	207.19	68.00
69.00		PE2	342.54	342.54	0	349.77	69.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:
5/23/2017 2:24 pm

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
70.00	PE1	326.30	326.30	0	333.19	70.00
71.00	PD2	323.04	323.04	0	329.88	71.00
72.00	PD1	306.81	306.81	8	313.30	72.00
73.00	PC2	277.59	277.59	0	283.46	73.00
74.00	PC1	264.59	264.59	0	270.19	74.00
75.00	PB2	235.36	235.36	0	240.35	75.00
76.00	PB1	225.62	225.62	17	230.40	76.00
77.00	PA2	194.77	194.77	0	198.90	77.00
78.00	PA1	186.65	186.65	0	190.60	78.00
199.00	AAA	186.65	186.65	19	190.60	199.00
200.00	TOTAL			12,957		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7
Date/Time Prepared:
5/23/2017 2:24 pm

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
3.00	760.86	0	0	3.00
4.00	744.28	0	18,951	4.00
5.00	677.22	0	0	5.00
6.00	607.59	29	17,620	6.00
7.00	613.57	0	0	7.00
8.00	547.25	11	6,020	8.00
9.00	562.84	0	0	9.00
10.00	516.42	0	0	10.00
11.00	494.30	0	0	11.00
12.00	576.82	493	896,148	12.00
13.00	576.82	746	1,429,598	13.00
14.00	482.32	810	1,437,384	14.00
15.00	494.84	301	752,771	15.00
16.00	428.52	466	984,874	16.00
17.00	426.87	715	1,481,548	17.00
18.00	431.20	106	120,027	18.00
19.00	388.08	65	152,162	19.00
20.00	341.66	88	198,365	20.00
21.00	378.80	26	12,446	21.00
22.00	355.59	5	26,503	22.00
23.00	292.59	12	25,001	23.00
24.00	368.30	0	0	24.00
25.00	237.31	0	0	25.00
26.00	694.64	0	0	26.00
27.00	543.76	0	0	27.00
28.00	485.73	0	0	28.00
29.00	469.15	0	0	29.00
30.00	389.57	0	11,827	30.00
31.00	439.31	0	12,906	31.00
32.00	366.36	9	10,114	32.00
33.00	414.44	19	22,079	33.00
34.00	346.45	0	10,857	34.00
35.00	409.27	5	25,704	35.00
36.00	343.14	26	125,192	36.00
37.00	426.04	0	0	37.00
38.00	356.41	0	2,792	38.00
39.00	409.46	0	0	39.00
40.00	343.14	8	14,506	40.00
41.00	359.73	0	1,761	41.00
42.00	303.35	0	2,079	42.00
43.00	341.49	0	2,007	43.00
44.00	290.09	1	574	44.00
45.00	379.62	0	0	45.00
46.00	349.77	0	0	46.00
47.00	359.73	9	3,238	47.00
48.00	329.88	1	5,176	48.00
49.00	314.95	0	0	49.00
50.00	291.74	6	6,321	50.00
51.00	291.74	0	0	51.00
52.00	270.19	6	15,909	52.00
53.00	246.98	0	0	53.00
54.00	230.40	0	3,384	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	261.90	0	0	65.00
66.00	250.29	0	1,961	66.00
67.00	217.14	0	0	67.00
68.00	207.19	0	0	68.00
69.00	349.77	0	0	69.00
70.00	333.19	0	0	70.00
71.00	329.88	0	0	71.00
72.00	313.30	3	3,394	72.00
73.00	283.46	0	0	73.00
74.00	270.19	0	0	74.00
75.00	240.35	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7
Date/Time Prepared:
5/23/2017 2:24 pm

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	230.40	7	5,449	76.00
77.00	198.90	0	0	77.00
78.00	190.60	0	0	78.00
199.00	190.60	4	4,308	199.00
200.00 TOTAL		3,977	7,850,956	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/23/2017 2:24 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.220425	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		27,604,132	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		142,637,841	6.00
7.00	Medicaid cost (line 1 times line 6)		31,440,946	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,836,814	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,836,814	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	3,147,532	1,177,167	4,324,699
21.00	Cost of patients approved for charity care (line 1 times line 20)	693,795	259,477	953,272
22.00	Partial payment by patients approved for charity care	14,186	86,862	101,048
23.00	Cost of charity care (line 21 minus line 22)	679,609	172,615	852,224
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,073,792	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,058,097	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,015,695	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		885,160	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,737,384	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,574,198	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/23/2017 2:24 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	3,956,825	3,956,825	1.00	
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	643,969	643,969	1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	10,941,307	10,941,307	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,025,678	27,984,347	29,010,025	11,074	29,021,099	4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	1,159,526	1,159,526	0	1,159,526	4.01
5.01	01160	COMMUNICATIONS	269,630	554,334	823,964	0	823,964	5.01
5.02	00550	DATA PROCESSING	1,784,368	3,162,878	4,947,246	3,936	4,951,182	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	458,492	77,548	536,040	-46,821	489,219	5.03
5.04	00570	ADMINISTRATIVE	2,597,528	1,959,836	4,557,364	-2,833,350	1,724,014	5.04
5.05	00540	PATIENT ACCOUNTS	0	0	0	2,865,025	2,865,025	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	5,888,005	43,320,814	49,208,819	-10,959,006	38,249,813	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	101,448	432,581	534,029	-357,379	176,650	5.07
7.00	00700	OPERATION OF PLANT	1,129,055	7,329,447	8,458,502	0	8,458,502	7.00
7.01	00701	OPERATION OF PLANT CC	58,656	93,989	152,645	0	152,645	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	951,567	951,567	8.00
9.00	00900	HOUSEKEEPING	1,807,110	1,608,978	3,416,088	-951,567	2,464,521	9.00
9.01	00901	HOUSEKEEPING CC	127,143	106,438	233,581	0	233,581	9.01
10.00	01000	DIETARY	1,189,673	628,261	1,817,934	-244,133	1,573,801	10.00
10.01	01001	DIETARY CC	503,635	347,980	851,615	0	851,615	10.01
11.00	01100	CAFETERIA	409,411	502,179	911,590	735,710	1,647,300	11.00
13.00	01300	NURSING ADMINISTRATION	3,771,989	1,597,161	5,369,150	-321,266	5,047,884	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	569,409	1,304,863	1,874,272	-998,966	875,306	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	3,526,324	8,397,627	11,923,951	-7,359,501	4,564,450	15.00
15.01	01501	PHARMACY CC	296,981	548,379	845,360	-548,379	296,981	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	1,052,725	1,282,466	2,335,191	2,172	2,337,363	16.00
17.00	01700	SOCIAL SERVICE	606,782	115,548	722,330	0	722,330	17.00
17.01	01701	SOCIAL SERVICE CC	76,727	0	76,727	0	76,727	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,220,373	4,114,961	25,335,334	-720,730	24,614,604	30.00
31.00	03100	INTENSIVE CARE UNIT	3,259,997	1,225,989	4,485,986	-23,795	4,462,191	31.00
43.00	04300	NURSERY	0	0	0	886,863	886,863	43.00
44.00	04400	SKILLED NURSING FACILITY	3,997,121	828,949	4,826,070	59,380	4,885,450	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,064,388	15,151,262	24,215,650	-12,456,793	11,758,857	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,864,556	750,128	2,614,684	0	2,614,684	52.00
53.00	05300	ANESTHESIOLOGY	0	926,517	926,517	0	926,517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,096,474	1,214,036	4,310,510	0	4,310,510	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	536,396	778,375	1,314,771	0	1,314,771	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	273,791	420,258	694,049	0	694,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,146,626	4,147,725	5,294,351	-3,747,536	1,546,815	59.00
60.00	06000	LABORATORY	4,006,890	4,960,430	8,967,320	-12,833	8,954,487	60.00
65.00	06500	RESPIRATORY THERAPY	1,882,940	689,832	2,572,772	-66,791	2,505,981	65.00
66.00	06600	PHYSICAL THERAPY	5,026,168	191,088	5,217,256	-260,481	4,956,775	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,130,544	20,600	1,151,144	86,797	1,237,941	67.00
68.00	06800	SPEECH PATHOLOGY	640,781	24,750	665,531	0	665,531	68.00
69.00	06900	ELECTROCARDIOLOGY	1,432,552	220,573	1,653,125	0	1,653,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	796,373	78,228	874,601	-100	874,501	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,026,172	8,026,172	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,248,356	9,248,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,352,135	7,352,135	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	513,755	513,755	0	513,755	90.00
90.01	09001	DIABETIC EDUCATION OP	160,690	3,805	164,495	-65,531	98,964	90.01
90.02	09002	PAIN MANAGEMENT	979,206	483,689	1,462,895	-452,859	1,010,036	90.02
91.00	09100	EMERGENCY	5,741,458	3,978,410	9,719,868	-770,498	8,949,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,734,284	150,913	1,885,197	0	1,885,197	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	2,146,927	2,146,927	-2,146,927	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,242,377	145,536,380	240,778,757	426,046	241,204,803	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	316,893	410,188	727,081	-426,046	301,035	190.00
194.00	07953	EMERGENCY PREPAREDNESS	379,123	218,076	597,199	0	597,199	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	95,938,393	146,164,644	242,103,037	0	242,103,037	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A
Date/Time Prepared:
5/23/2017 2: 24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,811,480	2,145,345	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	-268,217	375,752	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,657,111	13,598,418	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	295,527	29,316,626	4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	1,159,526	4.01
5.01	01160	COMMUNICATIONS	-57,937	766,027	5.01
5.02	00550	DATA PROCESSING	0	4,951,182	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	489,219	5.03
5.04	00570	ADMINISTRATIVE	0	1,724,014	5.04
5.05	00540	PATIENT ACCOUNTS	0	2,865,025	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-11,855,652	26,394,161	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	176,650	5.07
7.00	00700	OPERATION OF PLANT	0	8,458,502	7.00
7.01	00701	OPERATION OF PLANT CC	0	152,645	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	951,567	8.00
9.00	00900	HOUSEKEEPING	0	2,464,521	9.00
9.01	00901	HOUSEKEEPING CC	0	233,581	9.01
10.00	01000	DIETARY	0	1,573,801	10.00
10.01	01001	DIETARY CC	0	851,615	10.01
11.00	01100	CAFETERIA	-724,788	922,512	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,047,884	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	875,306	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	14.01
15.00	01500	PHARMACY	0	4,564,450	15.00
15.01	01501	PHARMACY CC	0	296,981	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	-15,144	2,322,219	16.00
17.00	01700	SOCIAL SERVICE	0	722,330	17.00
17.01	01701	SOCIAL SERVICE CC	0	76,727	17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	24,614,604	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,462,191	31.00
43.00	04300	NURSERY	0	886,863	43.00
44.00	04400	SKILLED NURSING FACILITY	-13,043	4,872,407	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-646,000	11,112,857	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-467,082	2,147,602	52.00
53.00	05300	ANESTHESIOLOGY	0	926,517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,310,510	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	56.02
57.00	05700	CT SCAN	0	1,314,771	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	694,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,546,815	59.00
60.00	06000	LABORATORY	0	8,954,487	60.00
65.00	06500	RESPIRATORY THERAPY	-2,019	2,503,962	65.00
66.00	06600	PHYSICAL THERAPY	-20,750	4,936,025	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,237,941	67.00
68.00	06800	SPEECH PATHOLOGY	0	665,531	68.00
69.00	06900	ELECTROCARDIOLOGY	-4,750	1,648,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	874,501	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,026,172	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,248,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,352,135	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	513,755	90.00
90.01	09001	DIABETIC EDUCATION OP	0	98,964	90.01
90.02	09002	PAIN MANAGEMENT	0	1,010,036	90.02
91.00	09100	EMERGENCY	-1,410,000	7,539,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,885,197	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,344,224	226,860,579	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	301,035	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	597,199	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-14,344,224	227,758,813	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0185

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

Worksheet Non-CMS W
Date/Time Prepared:
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT CC	00101		1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
4.01 EMPLOYEE BENEFITS DEPARTMENT CC	00401		4.01
5.01 COMMUNICATIONS	01160	COMMUNICATIONS	5.01
5.02 DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03 PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04 ADMITTING	00570	ADMITTING	5.04
5.05 PATIENT ACCOUNTS	00540	NONPATIENT TELEPHONES	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00591		5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL CC	00590		5.07
7.00 OPERATION OF PLANT	00700		7.00
7.01 OPERATION OF PLANT CC	00701		7.01
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
9.01 HOUSEKEEPING CC	00901		9.01
10.00 DIETARY	01000		10.00
10.01 DIETARY CC	01001		10.01
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
14.01 CENTRAL SERVICE & SUPPLY CC	01401		14.01
15.00 PHARMACY	01500		15.00
15.01 PHARMACY CC	01501		15.01
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
17.01 SOCIAL SERVICE CC	01701		17.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
56.02 MISC NURSING OP	05602		56.02
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
90.01 DIABETIC EDUCATION OP	09001		90.01
90.02 PAIN MANAGEMENT	09002		90.02
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
101.00 HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
194.00 EMERGENCY PREPAREDNESS	07953		194.00
194.01 NONREIMBURSABLE COST CENTER	07950		194.01
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,022,067	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
	TOTALS		0	9,022,067	
B - RECLASS DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,352,135	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	7,352,135	
D - RECLASS DIETARY COST					
1.00	CAFETERIA	11.00	330,169	0	1.00
2.00	DIETARY	10.00	0	20,505	2.00
	TOTALS		330,169	20,505	
E - MED SUPPLY REBATE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,147,672	1.00
	TOTALS		0	1,147,672	
F - RECLASS EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,180,405	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
	TOTALS		0	1,180,405	
G - RECLASS EMP MEALS TO CAFETERIA					
1.00	CAFETERIA	11.00	185,689	240,357	1.00
	TOTALS		185,689	240,357	
H - RECLASS MCC ACTIVITY THERAPY					
1.00	SKILLED NURSING FACILITY	44.00	54,434	7,330	1.00
	TOTALS		54,434	7,330	
I - RECLASS FLOAT & TRANSPORTATION COST					
1.00	ADULTS & PEDIATRICS	30.00	316,407	4,859	1.00
	TOTALS		316,407	4,859	
J - TO RECLASS MCC EXPENSES					
1.00	DATA PROCESSING	5.02	3,936	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	2,172	0	2.00
3.00	PATIENT ACCOUNTS	5.05	31,675	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,074	0	4.00
	TOTALS		48,857	0	
K - RECLASS BLDG RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	55,960	1.00
	TOTALS		0	55,960	
L - RECLASS BUILDING RENTAL SIHVI					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,877,882	1.00
	TOTALS		0	1,877,882	
M - RECLASS IPA ASSESSMENT MCC					
1.00	SKILLED NURSING FACILITY	44.00	0	104,614	1.00
	TOTALS		0	104,614	
N - RECLASS DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	308,522	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	9,760,902	2.00
	TOTALS		0	10,069,424	
O - RECLASS PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	211,503	1.00
	TOTALS		0	211,503	
Q - RECLASS NURSERY EXPENSE					
1.00	NURSERY	43.00	886,863	0	1.00
	TOTALS		886,863	0	

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
R - RECLASS COST MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	151,777	1.00
	TOTALS		0	151,777	
S - RECLASS OT EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	85,484	1,313	1.00
	TOTALS		85,484	1,313	
T - RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,248,356	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	9,248,356	
U - DIETICIAN SALARY					
1.00	DIETARY	10.00	65,531	0	1.00
	TOTALS		65,531	0	
V - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,811,480	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	335,447	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	2,146,927	
W - RECLASS PATIENT ACCTS EXPENSE					
1.00	PATIENT ACCOUNTS	5.05	1,173,398	1,659,952	1.00
	TOTALS		1,173,398	1,659,952	
X - RECLASS HOUSEKEEPING TO LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	76,898	874,669	1.00
	TOTALS		76,898	874,669	
500.00	Grand Total: Increases		3,223,730	45,377,707	500.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	795,916	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	46,821	0		2.00
3.00	OPERATING ROOM	50.00	0	4,745,553	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	2,210,420	0		4.00
5.00	PAIN MANAGEMENT	90.02	0	452,859	0		5.00
6.00	EMERGENCY	91.00	0	770,498	0		6.00
TOTALS			0	9,022,067			
B - RECLASS DRUGS SOLD							
1.00	PHARMACY	15.00	0	6,803,756	0		1.00
2.00	PHARMACY CC	15.01	0	548,379	0		2.00
TOTALS			0	7,352,135			
D - RECLASS DIETARY COST							
1.00	DIETARY	10.00	330,169	0	0		1.00
2.00	CAFETERIA	11.00	0	20,505	0		2.00
TOTALS			330,169	20,505			
E - MED SUPPLY REBATE							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,147,672	0		1.00
TOTALS			0	1,147,672			
F - RECLASS EQUIPMENT RENTAL							
1.00	PHARMACY	15.00	0	555,745	14		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	203,050	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	155,133	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	23,795	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	106,998	0		5.00
6.00	LABORATORY	60.00	0	12,833	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	66,791	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	55,960	0		8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	100	0		9.00
TOTALS			0	1,180,405			
G - RECLASS EMP MEALS TO CAFETERIA							
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	185,689	240,357	0		1.00
TOTALS			185,689	240,357			
H - RECLASS MCC ACTIVITY THERAPY							
1.00	PHYSICAL THERAPY	66.00	54,434	7,330	0		1.00
TOTALS			54,434	7,330			
I - RECLASS FLOAT & TRANSPORTATION COST							
1.00	NURSING ADMINISTRATION	13.00	316,407	4,859	0		1.00
TOTALS			316,407	4,859			
J - TO RECLASS MCC EXPENSES							
1.00	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	48,857	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
TOTALS			48,857	0			
K - RECLASS BLDG RENTAL							
1.00	PHYSICAL THERAPY	66.00	0	55,960	14		1.00
TOTALS			0	55,960			
L - RECLASS BUILDING RENTAL SIHVI							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,877,882	14		1.00
TOTALS			0	1,877,882			
M - RECLASS IPA ASSESSMENT MCC							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	104,614	0		1.00
TOTALS			0	104,614			
N - RECLASS DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,760,902	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0	308,522	9		2.00
TOTALS			0	10,069,424			
O - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	211,503	12		1.00
TOTALS			0	211,503			
Q - RECLASS NURSERY EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	886,863	0	0		1.00
TOTALS			886,863	0			

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
R - RECLASS COST MEDICAL SUPPLIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	151,777	0	1.00
	TOTALS		0	151,777		
S - RECLASS OT EXPENSE						
1.00	PHYSICAL THERAPY	66.00	85,484	1,313	0	1.00
	TOTALS		85,484	1,313		
T - RECLASS IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	7,711,240	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,537,116	0	2.00
	TOTALS		0	9,248,356		
U - DIETICIAN SALARY						
1.00	DIABETIC EDUCATION OP	90.01	65,531	0	0	1.00
	TOTALS		65,531	0		
V - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	2,146,927	14	1.00
2.00		0.00	0	0	14	2.00
3.00		0.00	0	0	14	3.00
	TOTALS		0	2,146,927		
W - RECLASS PATIENT ACCTS EXPENSE						
1.00	ADMINISTRATIVE	5.04	1,173,398	1,659,952	0	1.00
	TOTALS		1,173,398	1,659,952		
X - RECLASS HOUSEKEEPING TO LAUNDRY						
1.00	HOUSEKEEPING	9.00	76,898	874,669	0	1.00
	TOTALS		76,898	874,669		
500.00	Grand Total: Decreases		3,223,730	45,377,707		500.00

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,022,067	CENTRAL SERVICES & SUPPLY	14.00	0	795,916	1.00
2.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.03	0	46,821	2.00
3.00		0.00	0	0	OPERATING ROOM	50.00	0	4,745,553	3.00
4.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,210,420	4.00
5.00		0.00	0	0	PAIN MANAGEMENT	90.02	0	452,859	5.00
6.00		0.00	0	0	EMERGENCY	91.00	0	770,498	6.00
	TOTALS		0	9,022,067	TOTALS		0	9,022,067	
B - RECLASS DRUGS SOLD									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,352,135	PHARMACY	15.00	0	6,803,756	1.00
2.00		0.00	0	0	PHARMACY CC	15.01	0	548,379	2.00
	TOTALS		0	7,352,135	TOTALS		0	7,352,135	
D - RECLASS DIETARY COST									
1.00	CAFETERIA	11.00	330,169	0	DIETARY	10.00	330,169	0	1.00
2.00	DIETARY	10.00	0	20,505	CAFETERIA	11.00	0	20,505	2.00
	TOTALS		330,169	20,505	TOTALS		330,169	20,505	
E - MED SUPPLY REBATE									
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,147,672	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,147,672	1.00
	TOTALS		0	1,147,672	TOTALS		0	1,147,672	
F - RECLASS EQUIPMENT RENTAL									
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,180,405	PHARMACY	15.00	0	555,745	1.00
2.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	203,050	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	155,133	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	23,795	4.00
5.00		0.00	0	0	SKI LLED NURSING FACILITY	44.00	0	106,998	5.00
6.00		0.00	0	0	LABORATORY	60.00	0	12,833	6.00
7.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	66,791	7.00
8.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	55,960	8.00
9.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	100	9.00
	TOTALS		0	1,180,405	TOTALS		0	1,180,405	
G - RECLASS EMP MEALS TO CAFETERIA									
1.00	CAFETERIA	11.00	185,689	240,357	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	185,689	240,357	1.00
	TOTALS		185,689	240,357	TOTALS		185,689	240,357	
H - RECLASS MCC ACTIVITY THERAPY									
1.00	SKI LLED NURSING FACILITY	44.00	54,434	7,330	PHYSICAL THERAPY	66.00	54,434	7,330	1.00
	TOTALS		54,434	7,330	TOTALS		54,434	7,330	
I - RECLASS FLOAT & TRANSPORTATION COST									
1.00	ADULTS & PEDIATRICS	30.00	316,407	4,859	NURSING ADMINISTRATION	13.00	316,407	4,859	1.00
	TOTALS		316,407	4,859	TOTALS		316,407	4,859	
J - TO RECLASS MCC EXPENSES									
1.00	DATA PROCESSING	5.02	3,936	0	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	48,857	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	2,172	0		0.00	0	0	2.00
3.00	PATIENT ACCOUNTS	5.05	31,675	0		0.00	0	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,074	0		0.00	0	0	4.00
	TOTALS		48,857	0	TOTALS		48,857	0	
K - RECLASS BLDG RENTAL									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	55,960	PHYSICAL THERAPY	66.00	0	55,960	1.00
	TOTALS		0	55,960	TOTALS		0	55,960	
L - RECLASS BUILDING RENTAL SIHVI									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,877,882	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,877,882	1.00
	TOTALS		0	1,877,882	TOTALS		0	1,877,882	
M - RECLASS IPA ASSESSMENT MCC									
1.00	SKI LLED NURSING FACILITY	44.00	0	104,614	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	104,614	1.00
	TOTALS		0	104,614	TOTALS		0	104,614	

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/23/2017 2:24 pm

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
N - RECLASS DEPRECIATION									
1.00	NEW CAP REL	1.01	0	308,522	OTHER ADMINISTRATIVE	5.06	0	9,760,902	1.00
	COSTS-BLDG & FIXT CC				AND GENERAL				
2.00	NEW CAP REL	2.00	0	9,760,902	OTHER ADMINISTRATIVE	5.07	0	308,522	2.00
	COSTS-MVBLE EQUIP				AND GENERAL CC				
	TOTALS		0	10,069,424	TOTALS		0	10,069,424	
O - RECLASS PROPERTY INSURANCE									
1.00	NEW CAP REL	1.00	0	211,503	OTHER ADMINISTRATIVE	5.06	0	211,503	1.00
	COSTS-BLDG & FIXT				AND GENERAL				
	TOTALS		0	211,503	TOTALS		0	211,503	
Q - RECLASS NURSERY EXPENSE									
1.00	NURSERY	43.00	886,863	0	ADULTS & PEDIATRICS	30.00	886,863	0	1.00
	TOTALS		886,863	0	TOTALS		886,863	0	
R - RECLASS COST MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES	71.00	0	151,777	OTHER ADMINISTRATIVE	5.06	0	151,777	1.00
	CHARGED TO PATIENTS				AND GENERAL				
	TOTALS		0	151,777	TOTALS		0	151,777	
S - RECLASS OT EXPENSE									
1.00	OCCUPATIONAL THERAPY	67.00	85,484	1,313	PHYSICAL THERAPY	66.00	85,484	1,313	1.00
	TOTALS		85,484	1,313	TOTALS		85,484	1,313	
T - RECLASS IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO	72.00	0	9,248,356	OPERATING ROOM	50.00	0	7,711,240	1.00
	PATIENT				CARDIAC	59.00	0	1,537,116	2.00
2.00		0.00	0	0	CATHETERIZATION				
	TOTALS		0	9,248,356	TOTALS		0	9,248,356	
U - DIETICIAN SALARY									
1.00	DIETARY	10.00	65,531	0	DIABETIC EDUCATION OP	90.01	65,531	0	1.00
	TOTALS		65,531	0	TOTALS		65,531	0	
V - RECLASS INTEREST EXPENSE									
1.00	NEW CAP REL	1.00	0	1,811,480	INTEREST EXPENSE	113.00	0	2,146,927	1.00
	COSTS-BLDG & FIXT								
2.00	NEW CAP REL	1.01	0	335,447		0.00	0	0	2.00
	COSTS-BLDG & FIXT CC								
	TOTALS		0	2,146,927	TOTALS		0	2,146,927	
W - RECLASS PATIENT ACCTS EXPENSE									
1.00	PATIENT ACCOUNTS	5.05	1,173,398	1,659,952	ADMINITING	5.04	1,173,398	1,659,952	1.00
	TOTALS		1,173,398	1,659,952	TOTALS		1,173,398	1,659,952	
X - RECLASS HOUSEKEEPING TO LAUNDRY									
1.00	LAUNDRY & LINEN	8.00	76,898	874,669	HOUSEKEEPING	9.00	76,898	874,669	1.00
	SERVICE								
	TOTALS		76,898	874,669	TOTALS		76,898	874,669	
500.00	Grand Total:		3,223,730	45,377,707	Grand Total:		3,223,730	45,377,707	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,997,010	0	0	0	0	1.00
2.00	Land Improvements	2,366,103	166,160	0	166,160	0	2.00
3.00	Buildings and Fixtures	26,785,378	943,737	0	943,737	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	12,722,585	732,183	0	732,183	0	5.00
6.00	Movable Equipment	35,708,346	8,031,493	0	8,031,493	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	79,579,422	9,873,573	0	9,873,573	0	8.00
9.00	Reconciling Items	-226,214	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	79,805,636	9,873,573	0	9,873,573	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,997,010	0				1.00
2.00	Land Improvements	2,532,263	2,886,268				2.00
3.00	Buildings and Fixtures	27,729,115	16,034,515				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	13,454,768	8,178,681				5.00
6.00	Movable Equipment	43,739,839	91,335,534				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	89,452,995	118,434,998				8.00
9.00	Reconciling Items	-226,214	0				9.00
10.00	Total (line 8 minus line 9)	89,679,209	118,434,998				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2017 2:24 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

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

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2017 2:24 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	NEW CAP REL COSTS-BLDG & FIXT	59,008,331	0	59,008,331	0.233537	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	113,081	0	113,081	0.000448	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	193,550,620	0	193,550,620	0.766015	0	2.00
3.00	Total (sum of lines 1-2)	252,672,032	0	252,672,032	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	0	375,752	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	12,418,013	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,793,765	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	NEW CAP REL COSTS-BLDG & FIXT	-1,811,480	211,503	0	3,745,322	2,145,345	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	-335,447	0	0	335,447	375,752	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,180,405	13,598,418	2.00
3.00	Total (sum of lines 1-2)	-2,146,927	211,503	0	5,261,174	16,119,515	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center	Line #		
				1.00	2.00	3.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-1,811,480	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)	A	-335,447	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	11	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-57,937	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,670,636			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-724,788	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-15,144	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00	
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00	
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC		0	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00	
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00	
30.99	Hospice (non-distinct) (see instructions)		0	OADULTS & PEDIATRICS	30.00	30.99	

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.				
			Cost Center	Line #					
			1.00	2.00		3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00	PRE NATAL CLASS REGISTRATION	B	-4,680		OTHER ADMINISTRATIVE AND GENERAL	5.06		0	33.00
33.01	PHYSICIAN LOAN FORGIVENESS	A	-257,544		OTHER ADMINISTRATIVE AND GENERAL	5.06		0	33.01
33.02	OTHER INCOME	B	-561,276		OTHER ADMINISTRATIVE AND GENERAL	5.06		0	33.02
33.03	MISC OTHER INCOME	B	-82,571		OTHER ADMINISTRATIVE AND GENERAL	5.06		0	33.03
33.05	ADVERTISING EXPENSE	A	-875,243		OTHER ADMINISTRATIVE AND GENERAL	5.06		0	33.05
33.07	PENSION ADJUSTMENT	A	410,842		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.07
33.08			0			0.00		0	33.08
33.09	ELIMINATE RENTAL EXPENSE FOR VP OFFI	A	-7,200		OTHER ADMINISTRATIVE AND GENERAL	5.06		0	33.09
33.10	PURCHASE DISCOUNTS	A	-27,461		OTHER ADMINISTRATIVE AND GENERAL	5.06		0	33.10
33.11	LOBBYING	A	-48,000		OTHER ADMINISTRATIVE AND GENERAL	5.06		0	33.11
33.13	DEPRECIATION	A	67,230		NEW CAP REL COSTS-BLDG & FIXT CC	1.01		9	33.13
33.14	DEPRECIATION	A	2,657,111		NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	33.14
33.15			0			0.00		0	33.15
33.17			0			0.00		0	33.17
33.18			0			0.00		0	33.18
35.00			0			0.00		0	35.00
36.00			0			0.00		0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00		0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,344,224			0.00		0	50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0185

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2017 2:24 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	OTHER EXPENSE	48,011	48,011 1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GEN	OTHER EXPENSE	357,570	357,570 2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	SALARY	542,818	542,818 3.00
3.01	7.00	OPERATION OF PLANT	SALARY	38,682	38,682 3.01
3.02	5.06	OTHER ADMINISTRATIVE AND GEN	RENT	2,127,104	2,127,104 3.02
3.03	0.00			0	0 3.03
4.00	0.00			0	0 4.00
5.00	0	0		3,114,185	3,114,185 5.00

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

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

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

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

6.00			0.00		0.00 6.00
7.00	B	BJC HEALTHCARE	50.00		0.00 7.00
8.00			0.00		0.00 8.00
9.00			0.00		0.00 9.00
10.00			0.00		0.00 10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0185

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2017 2:24 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	0	14		3.02
3.03	0	0		3.03
4.00	0	0		4.00
5.00	0	0		5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0185

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2017 2:24 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	115,315	115,315	0	0	0	1.00
2.00	5.06	DR. A	321,984	0	321,984	197,500	2,478	2.00
3.00	5.06	DR. B	37,050	0	37,050	197,500	247	3.00
4.00	5.06	DR. C	88,800	0	88,800	197,500	592	4.00
5.00	5.06	DR. D	30,075	0	30,075	197,500	201	5.00
6.00	44.00	SKILLED NURSING FACILITY	13,043	13,043	0	0	0	6.00
7.00	50.00	OPERATING ROOM	646,000	646,000	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	467,082	467,082	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	2,019	2,019	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	20,750	20,750	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	4,750	4,750	0	0	0	11.00
12.00	91.00	EMERGENCY	1,410,000	1,410,000	0	0	0	12.00
13.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	9,858,798	9,858,798	0	0	0	13.00
200.00			13,015,666	12,537,757	477,909		3,518	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.06	DR. A	235,291	11,765	0	0	0	2.00
3.00	5.06	DR. B	23,453	1,173	0	0	0	3.00
4.00	5.06	DR. C	56,211	2,811	0	0	0	4.00
5.00	5.06	DR. D	19,085	954	0	0	430,833	5.00
6.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
13.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	13.00
200.00			334,040	16,703	0	0	430,833	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	115,315		1.00
2.00	5.06	DR. A	0	235,291	86,693	86,693		2.00
3.00	5.06	DR. B	0	23,453	13,597	13,597		3.00
4.00	5.06	DR. C	0	56,211	32,589	32,589		4.00
5.00	5.06	DR. D	430,833	449,918	0	0		5.00
6.00	44.00	SKILLED NURSING FACILITY	0	0	0	13,043		6.00
7.00	50.00	OPERATING ROOM	0	0	0	646,000		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	467,082		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	2,019		9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	20,750		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	4,750		11.00
12.00	91.00	EMERGENCY	0	0	0	1,410,000		12.00
13.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	9,858,798		13.00
200.00			430,833	764,873	132,879	12,670,636		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B Part I Date/Time Prepared: 5/23/2017 2: 24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	2,145,345	2,145,345			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	375,752	0	375,752		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	13,598,418			13,598,418	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	29,316,626	3,358	0	7,031	29,327,015
4.01 00401	EMPLOYEE BENEFITS DEPARTMENT CC	1,159,526	0	0	0	0
5.01 01160	COMMUNICATIONS	766,027	4,190	0	65,587	88,120
5.02 00550	DATA PROCESSING	4,951,182	33,426	0	4,407,073	584,454
5.03 00560	PURCHASING RECEIVING AND STORES	489,219	35,928	0	26,815	149,844
5.04 00570	ADMITTING	1,724,014	0	0	3,105	465,434
5.05 00540	PATIENT ACCOUNTS	2,865,025	0	0	0	393,842
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	26,394,161	171,482	0	3,362,899	1,924,318
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL CC	176,650	0	86,030	35,574	0
7.00 00700	OPERATION OF PLANT	8,458,502	310,904	0	146,907	368,998
7.01 00701	OPERATION OF PLANT CC	152,645	0	11,649	146	0
8.00 00800	LAUNDRY & LINEN SERVICE	951,567	1,090	4,219	0	25,132
9.00 00900	HOUSEKEEPING	2,464,521	32,640	0	27,540	565,468
9.01 00901	HOUSEKEEPING CC	233,581	0	7,052	68	0
10.00 01000	DIETARY	1,573,801	57,756	0	24,354	302,318
10.01 01001	DIETARY CC	851,615	0	6,646	0	0
11.00 01100	CAFETERIA	922,512	23,217	0	15,699	302,398
13.00 01300	NURSING ADMINISTRATION	5,047,884	20,534	0	353,557	1,129,353
14.00 01400	CENTRAL SERVICES & SUPPLY	875,306	39,051	0	71,717	186,094
14.01 01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0
15.00 01500	PHARMACY	4,564,450	33,326	0	15,798	1,152,473
15.01 01501	PHARMACY CC	296,981	0	3,858	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	2,322,219	32,441	0	9,842	344,761
17.00 01700	SOCIAL SERVICE	722,330	7,231	0	0	198,308
17.01 01701	SOCIAL SERVICE CC	76,727	0	4,355	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,614,604	519,661	0	346,048	6,748,842
31.00 03100	INTENSIVE CARE UNIT	4,462,191	67,244	0	215,194	1,065,432
43.00 04300	NURSERY	886,863	14,908	0	21,376	289,845
44.00 04400	SKILLED NURSING FACILITY	4,872,407	0	242,902	100,035	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,112,857	203,355	0	1,531,508	2,962,423
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,147,602	35,770	0	126,761	609,374
53.00 05300	ANESTHESIOLOGY	926,517	3,961	0	171,742	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,310,510	80,968	0	705,798	1,011,990
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.02 05602	MISC NURSING OP	0	0	0	0	0
57.00 05700	CT SCAN	1,314,771	23,657	0	121,419	175,305
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	694,049	19,291	0	506,959	89,480
59.00 05900	CARDIAC CATHETERIZATION	1,546,815	0	0	297,969	374,740
60.00 06000	LABORATORY	8,954,487	109,776	0	169,468	1,309,532
65.00 06500	RESPIRATORY THERAPY	2,503,962	15,506	527	40,758	615,382
66.00 06600	PHYSICAL THERAPY	4,936,025	20,827	5,500	66,001	1,596,924
67.00 06700	OCCUPATIONAL THERAPY	1,237,941	0	3,014	22,849	397,422
68.00 06800	SPEECH PATHOLOGY	665,531	0	0	31,063	209,420
69.00 06900	ELECTROCARDIOLOGY	1,648,375	33,103	0	181,606	468,187
70.00 07000	ELECTROENCEPHALOGRAPHY	874,501	22,901	0	46,243	260,271
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,026,172	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	9,248,356	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	7,352,135	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	513,755	16,742	0	0	0
90.01 09001	DIABETIC EDUCATION OP	98,964	4,149	0	7,607	31,100
90.02 09002	PAIN MANAGEMENT	1,010,036	0	0	43,967	320,024
91.00 09100	EMERGENCY	7,539,370	95,894	0	174,392	1,876,423
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,885,197	10,314	0	1,802	566,799
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	226,860,579	2,104,601	375,752	13,504,277	29,160,230
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	301,035	9,622	0	5,553	42,880
194.00 07953	EMERGENCY PREPAREDNESS	597,199	3,334	0	3,594	123,905

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
194.01 07950 NONREIMBURSABLE COST CENTER	0	1.00	1.01	2.00	4.00	
200.00 Cross Foot Adjustments	0	27,788	0	84,994	0	194.01
201.00 Negative Cost Centers		0	0	0	0	200.00
202.00 TOTAL (sum lines 118-201)	227,758,813	2,145,345	375,752	13,598,418	29,327,015	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT CC	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	
			4.01	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	1,159,526					4.01
5.01	01160	COMMUNICATIONS	0	923,924				5.01
5.02	00550	DATA PROCESSING	0	38,409	10,014,544			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	9,997	98,461	810,264		5.03
5.04	00570	ADMINITTING	0	22,625	347,894	4,035	2,567,107	5.04
5.05	00540	PATIENT ACCOUNTS	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	100,495	567,790	257	0	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	11,801	0	0	108	0	5.07
7.00	00700	OPERATION OF PLANT	0	36,305	127,999	490	0	7.00
7.01	00701	OPERATION OF PLANT CC	13,162	526	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,578	5,470	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,105	63,452	242	0	9.00
9.01	00901	HOUSEKEEPING CC	28,531	526	0	0	0	9.01
10.00	01000	DIETARY	0	6,314	161,913	441	0	10.00
10.01	01001	DIETARY CC	113,014	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	8,418	0	20	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	35,252	492,303	323	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,157	75,487	13,492	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	21,572	173,947	74,114	0	15.00
15.01	01501	PHARMACY CC	66,642	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,517	300,852	47	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,788	75,487	1	0	17.00
17.01	01701	SOCIAL SERVICE CC	17,217	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	102,074	1,546,928	109,279	2,360,079	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,520	249,434	57,410	207,028	31.00
43.00	04300	NURSERY	0	6,840	57,982	412	0	43.00
44.00	04400	SKILLED NURSING FACILITY	909,159	18,941	411,347	19,643	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	152,059	1,362,039	425,598	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,735	196,921	10,024	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,157	0	16,886	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,246	498,867	3,518	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	9,471	0	1,624	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,209	17,504	192	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,889	110,495	11,836	0	59.00
60.00	06000	LABORATORY	0	45,775	457,295	2,874	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,892	168,477	4,482	0	65.00
66.00	06600	PHYSICAL THERAPY	0	28,412	579,824	1,395	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,262	75,487	18	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,209	57,982	769	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,200	156,443	1,042	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,945	133,469	592	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,840	35,008	45	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	3,157	17,504	23	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	277,878	1,577	0	90.02
91.00	09100	EMERGENCY	0	45,775	776,745	42,463	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	10,523	191,451	1,104	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,159,526	919,715	9,870,135	806,376	2,567,107	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	526	0	6	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	3,683	63,452	3,866	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	80,957	16	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,159,526	923,924	10,014,544	810,264	2,567,107	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description			PATIENT ACCOUNTS	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT	
			5.05	5A.05	5.06	5.07	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00540	PATIENT ACCOUNTS	3,258,867					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	32,521,402	32,521,402			5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	310,163	51,665	361,828		5.07
7.00	00700	OPERATION OF PLANT	0	9,450,105	1,574,142	0	11,024,247	7.00
7.01	00701	OPERATION OF PLANT CC	0	178,128	29,671	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	989,056	164,751	0	7,576	8.00
9.00	00900	HOUSEKEEPING	0	3,155,968	525,702	0	226,874	9.00
9.01	00901	HOUSEKEEPING CC	0	269,758	44,935	0	0	9.01
10.00	01000	DIETARY	0	2,126,897	354,286	0	401,449	10.00
10.01	01001	DIETARY CC	0	971,275	161,789	0	0	10.01
11.00	01100	CAFETERIA	0	1,272,264	211,926	0	161,378	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,079,206	1,179,212	0	142,723	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,264,304	210,600	0	271,434	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	6,035,680	1,005,387	0	231,640	15.00
15.01	01501	PHARMACY CC	0	367,481	61,213	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,040,679	506,498	0	225,489	16.00
17.00	01700	SOCIAL SERVICE	0	1,009,145	168,097	0	50,263	17.00
17.01	01701	SOCIAL SERVICE CC	0	98,299	16,374	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	380,278	36,727,793	6,117,822	0	3,612,023	30.00
31.00	03100	INTENSIVE CARE UNIT	63,367	6,407,820	1,067,376	0	467,393	31.00
43.00	04300	NURSERY	10,617	1,288,843	214,688	0	103,621	43.00
44.00	04400	SKILLED NURSING FACILITY	22,338	6,596,772	1,098,851	361,828	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	321,804	18,071,643	3,010,266	0	1,413,462	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,904	3,143,091	523,557	0	248,625	52.00
53.00	05300	ANESTHESIOLOGY	63,880	1,186,143	197,581	0	27,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	229,487	6,896,384	1,148,758	0	562,786	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	331,068	1,977,315	329,369	0	164,433	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	69,572	1,401,256	233,413	0	134,088	58.00
59.00	05900	CARDIAC CATHETERIZATION	79,343	2,439,087	406,288	0	0	59.00
60.00	06000	LABORATORY	507,561	11,556,768	1,925,057	0	763,022	60.00
65.00	06500	RESPIRATORY THERAPY	124,733	3,481,719	579,964	0	107,775	65.00
66.00	06600	PHYSICAL THERAPY	140,431	7,375,339	1,228,540	0	144,760	66.00
67.00	06700	OCCUPATIONAL THERAPY	40,875	1,782,868	296,979	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,341	982,315	163,628	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	172,943	2,695,899	449,067	0	230,092	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,750	1,378,672	229,651	0	159,178	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,619	8,062,791	1,343,051	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	54,651	9,303,007	1,549,639	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	351,577	7,703,712	1,283,238	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,710	584,100	97,296	0	116,370	90.00
90.01	09001	DIABETIC EDUCATION OP	271	162,775	27,114	0	28,838	90.01
90.02	09002	PAIN MANAGEMENT	37,066	1,690,548	281,601	0	0	90.02
91.00	09100	EMERGENCY	136,275	10,687,337	1,780,232	0	666,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	15,406	2,682,596	446,851	0	71,687	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,258,867	226,406,403	32,296,125	361,828	10,741,042	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	359,622	59,904	0	66,881	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	799,033	133,098	0	23,176	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	193,755	32,275	0	193,148	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,258,867	227,758,813	32,521,402	361,828	11,024,247	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
		7.01	8.00	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00540						5.05
5.06	00591						5.06
5.07	00590						5.07
7.00	00700						7.00
7.01	00701	207,799					7.01
8.00	00800	3,153	1,164,536				8.00
9.00	00900	0	13,821	3,922,365			9.00
9.01	00901	5,270	0	136	320,099		9.01
10.00	01000	0	0	9,817	0	2,892,449	10.00
10.01	01001	4,966	0	0	7,973	0	10.01
11.00	01100	0	0	33,474	0	0	11.00
13.00	01300	0	0	21,373	0	0	13.00
14.00	01400	0	28,725	72,947	0	0	14.00
14.01	01401	0	0	0	0	0	14.01
15.00	01500	0	0	31,974	0	0	15.00
15.01	01501	2,883	0	0	4,628	0	15.01
16.00	01600	0	0	19,839	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	3,254	0	0	5,225	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	489,300	1,642,260	0	2,658,105	30.00
31.00	03100	0	0	127,862	0	234,344	31.00
43.00	04300	0	7,952	55,869	0	0	43.00
44.00	04400	181,517	0	0	291,425	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	180,653	748,524	0	0	50.00
52.00	05200	0	70,616	12,237	0	0	52.00
53.00	05300	0	0	10,669	0	0	53.00
54.00	05400	0	60,090	133,384	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	0	29,382	14,828	0	0	57.00
58.00	05800	0	15,816	14,555	0	0	58.00
59.00	05900	0	23,691	101,137	0	0	59.00
60.00	06000	0	47	128,646	0	0	60.00
65.00	06500	394	0	9,579	633	0	65.00
66.00	06600	4,110	871	17,862	6,599	0	66.00
67.00	06700	2,252	0	0	3,616	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	17,890	78,503	0	0	69.00
70.00	07000	0	9,465	39,064	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	14,692	0	0	90.00
90.01	09001	0	0	11,556	0	0	90.01
90.02	09002	0	216,217	0	0	0	90.02
91.00	09100	0	0	487,995	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	9,579	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		207,799	1,164,536	3,848,361	320,099	2,892,449	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	51,233	0	0	190.00
194.00	07953	0	0	10,397	0	0	194.00
194.01	07950	0	0	12,374	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		207,799	1,164,536	3,922,365	320,099	2,892,449	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/23/2017 2:24 pm	
Cost Center Description			DIETARY CC	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY CC	
			10.01	11.00	13.00	14.00	14.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00540	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC	1,146,003					10.01
11.00	01100	CAFETERIA	0	1,679,042				11.00
13.00	01300	NURSING ADMINISTRATION	0	51,242	8,473,756			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,624	0	1,870,634		14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	52,059	0	0	0	15.00
15.01	01501	PHARMACY CC	0	4,408	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,021	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,808	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	1,803	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	477,782	3,885,888	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	58,008	716,846	0	0	31.00
43.00	04300	NURSERY	0	17,723	191,133	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,146,003	97,553	471,325	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	171,512	1,705,365	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,431	356,315	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,304	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	12,976	6,181	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,471	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,514	37,618	0	0	59.00
60.00	06000	LABORATORY	0	98,709	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	45,556	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	113,319	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	26,338	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,832	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,600	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,127	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	931,530	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	939,104	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	1,295	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	20,636	184,169	0	0	90.02
91.00	09100	EMERGENCY	0	128,206	918,916	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	30,483	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,146,003	1,664,340	8,473,756	1,870,634	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,442	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	8,260	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,146,003	1,679,042	8,473,756	1,870,634	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description			PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC	
			15.00	15.01	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00540	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC						14.01
15.00	01500	PHARMACY	7,356,740					15.00
15.01	01501	PHARMACY CC	0	440,613				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,822,526			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,241,313		17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	124,955	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,027	0	833,791	1,148,701	0	30.00
31.00	03100	INTENSIVE CARE UNIT	38	0	73,512	60,960	0	31.00
43.00	04300	NURSERY	4,439	0	32,621	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	440,613	408,338	0	124,955	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	112,063	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,334	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	49,651	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,683	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	10,227	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,611	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	37	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	1,936	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,933,759	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	945	0	0	0	0	90.02
91.00	09100	EMERGENCY	176,464	0	2,430,961	31,652	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	560	0	43,303	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,324,861	440,613	3,822,526	1,241,313	124,955	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	31,879	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,356,740	440,613	3,822,526	1,241,313	124,955	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
4.01	00401				4.01
5.01	01160				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00540				5.05
5.06	00591				5.06
5.07	00590				5.07
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
9.01	00901				9.01
10.00	01000				10.00
10.01	01001				10.01
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
14.01	01401				14.01
15.00	01500				15.00
15.01	01501				15.01
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	57,599,492	0	57,599,492	30.00
31.00	03100	9,214,159	0	9,214,159	31.00
43.00	04300	1,916,889	0	1,916,889	43.00
44.00	04400	11,219,180	0	11,219,180	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	25,413,488	0	25,413,488	50.00
52.00	05200	4,397,206	0	4,397,206	52.00
53.00	05300	1,471,578	0	1,471,578	53.00
54.00	05400	8,881,389	0	8,881,389	54.00
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
56.02	05602	0	0	0	56.02
57.00	05700	2,544,711	0	2,544,711	57.00
58.00	05800	1,804,686	0	1,804,686	58.00
59.00	05900	3,039,946	0	3,039,946	59.00
60.00	06000	14,472,249	0	14,472,249	60.00
65.00	06500	4,225,657	0	4,225,657	65.00
66.00	06600	8,891,400	0	8,891,400	66.00
67.00	06700	2,112,053	0	2,112,053	67.00
68.00	06800	1,155,775	0	1,155,775	68.00
69.00	06900	3,499,987	0	3,499,987	69.00
70.00	07000	1,836,157	0	1,836,157	70.00
71.00	07100	10,337,372	0	10,337,372	71.00
72.00	07200	11,791,750	0	11,791,750	72.00
73.00	07300	15,920,709	0	15,920,709	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	812,458	0	812,458	90.00
90.01	09001	231,578	0	231,578	90.01
90.02	09002	2,394,116	0	2,394,116	90.02
91.00	09100	17,308,292	0	17,308,292	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	3,285,059	0	3,285,059	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		225,777,336	0	225,777,336	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	544,082	0	544,082	190.00
194.00	07953	1,005,843	0	1,005,843	194.00
194.01	07950	431,552	0	431,552	194.01
200.00		0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	227,758,813	0	227,758,813		202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0185

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

Worksheet Non-CMS W

Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	20	SQUARE	FEET	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
4.01	EMPLOYEE BENEFITS DEPARTMENT CC	21	SALARIES		4.01
5.01	COMMUNICATIONS	22	PHONES		5.01
5.02	DATA PROCESSING	23	%	RESOURCES	5.02
5.03	PURCHASING RECEIVING AND STORES	24	STORE	REQUISITIONS	5.03
5.04	ADMITTING	25	PATIENT	DAYS	5.04
5.05	PATIENT ACCOUNTS	C	GROSS	CHARGES	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-27	ACCUM.	COST	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL CC	26	COST		5.07
7.00	OPERATION OF PLANT	1	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT CC	20	SQUARE	FEET	7.01
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	7	HOURS OF	SERVICE	9.00
9.01	HOUSEKEEPING CC	20	SQUARE	FEET	9.01
10.00	DIETARY	8	PATIENT	MEALS	10.00
10.01	DIETARY CC	10	MEALS SERVED		10.01
11.00	CAFETERIA	9	EMPLOYEE	MEALS	11.00
13.00	NURSING ADMINISTRATION	11	TIME	SPENT	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUISITIONS	14.00
14.01	CENTRAL SERVICE & SUPPLY CC	14	COSTED	REQUIS.	14.01
15.00	PHARMACY	13	COSTED	REQUISITIONS	15.00
15.01	PHARMACY CC	16	COSTED	REQUISITION	15.01
16.00	MEDICAL RECORDS & LIBRARY	18	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	15	TIME	SPENT	17.00
17.01	SOCIAL SERVICE CC	17	TIME	SPENT	17.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 2: 24 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1. 00	2. 00		
GENERAL SERVICE COST CENTERS						
1. 00 00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
1. 01 00101	NEW CAP REL COSTS-BLDG & FIXT CC					1. 01
2. 00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,358	0	7,031	10,389 4. 00
4. 01 00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	0 4. 01
5. 01 01160	COMMUNICATIONS	0	4,190	0	65,587	69,777 5. 01
5. 02 00550	DATA PROCESSING	0	33,426	0	4,407,073	4,440,499 5. 02
5. 03 00560	PURCHASING RECEIVING AND STORES	0	35,928	0	26,815	62,743 5. 03
5. 04 00570	ADMITTING	0	0	0	3,105	3,105 5. 04
5. 05 00540	PATIENT ACCOUNTS	0	0	0	0	0 5. 05
5. 06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	171,482	0	3,362,899	3,534,381 5. 06
5. 07 00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	86,030	35,574	121,604 5. 07
7. 00 00700	OPERATION OF PLANT	0	310,904	0	146,907	457,811 7. 00
7. 01 00701	OPERATION OF PLANT CC	0	0	11,649	146	11,795 7. 01
8. 00 00800	LAUNDRY & LINEN SERVICE	0	1,090	4,219	0	5,309 8. 00
9. 00 00900	HOUSEKEEPING	0	32,640	0	27,540	60,180 9. 00
9. 01 00901	HOUSEKEEPING CC	0	0	7,052	68	7,120 9. 01
10. 00 01000	DIETARY	0	57,756	0	24,354	82,110 10. 00
10. 01 01001	DIETARY CC	0	0	6,646	0	6,646 10. 01
11. 00 01100	CAFETERIA	0	23,217	0	15,699	38,916 11. 00
13. 00 01300	NURSING ADMINISTRATION	0	20,534	0	353,557	374,091 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	39,051	0	71,717	110,768 14. 00
14. 01 01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0 14. 01
15. 00 01500	PHARMACY	0	33,326	0	15,798	49,124 15. 00
15. 01 01501	PHARMACY CC	0	0	3,858	0	3,858 15. 01
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	32,441	0	9,842	42,283 16. 00
17. 00 01700	SOCIAL SERVICE	0	7,231	0	0	7,231 17. 00
17. 01 01701	SOCIAL SERVICE CC	0	0	4,355	0	4,355 17. 01
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	0	519,661	0	346,048	865,709 30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	67,244	0	215,194	282,438 31. 00
43. 00 04300	NURSERY	0	14,908	0	21,376	36,284 43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	0	242,902	100,035	342,937 44. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	0	203,355	0	1,531,508	1,734,863 50. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	35,770	0	126,761	162,531 52. 00
53. 00 05300	ANESTHESIOLOGY	0	3,961	0	171,742	175,703 53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	80,968	0	705,798	786,766 54. 00
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55. 00
56. 00 05600	RADIOISOTOPE	0	0	0	0	0 56. 00
56. 02 05602	MISC NURSING OP	0	0	0	0	0 56. 02
57. 00 05700	CT SCAN	0	23,657	0	121,419	145,076 57. 00
58. 00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,291	0	506,959	526,250 58. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	0	0	297,969	297,969 59. 00
60. 00 06000	LABORATORY	0	109,776	0	169,468	279,244 60. 00
65. 00 06500	RESPIRATORY THERAPY	0	15,506	527	40,758	56,791 65. 00
66. 00 06600	PHYSICAL THERAPY	0	20,827	5,500	66,001	92,328 66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	0	3,014	22,849	25,863 67. 00
68. 00 06800	SPEECH PATHOLOGY	0	0	0	31,063	31,063 68. 00
69. 00 06900	ELECTROCARDIOLOGY	0	33,103	0	181,606	214,709 69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	22,901	0	46,243	69,144 70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000	CLINIC	0	16,742	0	0	16,742 90. 00
90. 01 09001	DIABETIC EDUCATION OP	0	4,149	0	7,607	11,756 90. 01
90. 02 09002	PAIN MANAGEMENT	0	0	0	43,967	43,967 90. 02
91. 00 09100	EMERGENCY	0	95,894	0	174,392	270,286 91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92. 00
OTHER REIMBURSABLE COST CENTERS						
101. 00 10100	HOME HEALTH AGENCY	0	10,314	0	1,802	12,116 101. 00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300	INTEREST EXPENSE					113. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	0	2,104,601	375,752	13,504,277	15,984,630 118. 00
NONREIMBURSABLE COST CENTERS						
190. 00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,622	0	5,553	15,175 190. 00
194. 00 07953	EMERGENCY PREPAREDNESS	0	3,334	0	3,594	6,928 194. 00
194. 01 07950	NONREIMBURSABLE COST CENTER	0	27,788	0	84,994	112,782 194. 01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal
			NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP	
			1.00	1.01	2.00	
200.00	Cross Foot Adjustments	0			0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	2,145,345	375,752	13,598,418	16,119,515

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 2:24 pm		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	EMPLOYEE BENEFITS DEPARTMENT CC 4.01	COMMUNICATIONS 5.01	DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,389				4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0			4.01
5.01	01160	COMMUNICATIONS	31	0	69,808		5.01
5.02	00550	DATA PROCESSING	207	0	2,902	4,443,608	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	53	0	755	43,689	107,240
5.04	00570	ADMINISTRATION	165	0	1,709	154,366	534
5.05	00540	PATIENT ACCOUNTS	140	0	0	0	0
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	683	0	7,593	251,937	34
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	0	0	14
7.00	00700	OPERATION OF PLANT	131	0	2,743	56,795	65
7.01	00701	OPERATION OF PLANT CC	0	0	40	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	9	0	119	2,427	0
9.00	00900	HOUSEKEEPING	201	0	159	28,155	32
9.01	00901	HOUSEKEEPING CC	0	0	40	0	0
10.00	01000	DIETARY	107	0	477	71,843	58
10.01	01001	DIETARY CC	0	0	0	0	0
11.00	01100	CAFETERIA	107	0	636	0	3
13.00	01300	NURSING ADMINISTRATION	401	0	2,664	218,443	43
14.00	01400	CENTRAL SERVICES & SUPPLY	66	0	239	33,495	1,786
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0
15.00	01500	PHARMACY	409	0	1,630	77,183	9,809
15.01	01501	PHARMACY CC	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	122	0	2,306	133,493	6
17.00	01700	SOCIAL SERVICE	70	0	437	33,495	0
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,379	0	7,712	686,391	14,463
31.00	03100	INTENSIVE CARE UNIT	378	0	1,550	110,678	7,598
43.00	04300	NURSERY	103	0	517	25,728	55
44.00	04400	SKILLED NURSING FACILITY	0	0	1,431	182,521	2,600
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,051	0	11,486	604,358	56,329
52.00	05200	DELIVERY ROOM & LABOR ROOM	216	0	358	87,377	1,327
53.00	05300	ANESTHESIOLOGY	0	0	239	0	2,235
54.00	05400	RADIOLOGY-DIAGNOSTIC	359	0	4,174	221,355	466
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	62	0	716	0	215
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32	0	318	7,767	25
59.00	05900	CARDIAC CATHETERIZATION	133	0	1,352	49,028	1,566
60.00	06000	LABORATORY	465	0	3,459	202,909	380
65.00	06500	RESPIRATORY THERAPY	218	0	596	74,756	593
66.00	06600	PHYSICAL THERAPY	567	0	2,147	257,277	185
67.00	06700	OCCUPATIONAL THERAPY	141	0	398	33,495	2
68.00	06800	SPEECH PATHOLOGY	74	0	318	25,728	102
69.00	06900	ELECTROCARDIOLOGY	166	0	2,584	69,416	138
70.00	07000	ELECTROENCEPHALOGRAPHY	92	0	676	59,222	78
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	517	15,534	6
90.01	09001	DIABETIC EDUCATION OP	11	0	239	7,767	3
90.02	09002	PAIN MANAGEMENT	114	0	0	123,299	209
91.00	09100	EMERGENCY	666	0	3,459	344,654	5,620
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	201	0	795	84,950	146
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,330	0	69,490	4,379,531	106,725
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15	0	40	0	1
194.00	07953	EMERGENCY PREPAREDNESS	44	0	278	28,155	512
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	35,922	2
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	10,389	0	69,808	4,443,608	107,240

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 2:24 pm	
Cost Center Description			ADMITTING	PATIENT ACCOUNTS	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT	
			5.04	5.05	5.06	5.07	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	159,879					5.04
5.05	00540	PATIENT ACCOUNTS	0	140				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	3,794,628			5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	6,028	127,646		5.07
7.00	00700	OPERATION OF PLANT	0	0	183,672	0	701,217	7.00
7.01	00701	OPERATION OF PLANT CC	0	0	3,462	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	19,223	0	482	8.00
9.00	00900	HOUSEKEEPING	0	0	61,339	0	14,431	9.00
9.01	00901	HOUSEKEEPING CC	0	0	5,243	0	0	9.01
10.00	01000	DIETARY	0	0	41,338	0	25,535	10.00
10.01	01001	DIETARY CC	0	0	18,878	0	0	10.01
11.00	01100	CAFETERIA	0	0	24,728	0	10,265	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	137,591	0	9,078	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	24,573	0	17,265	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	117,309	0	14,734	15.00
15.01	01501	PHARMACY CC	0	0	7,142	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	59,099	0	14,343	16.00
17.00	01700	SOCIAL SERVICE	0	0	19,614	0	3,197	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	1,911	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	146,985	0	713,838	0	229,749	30.00
31.00	03100	INTENSIVE CARE UNIT	12,894	0	124,542	0	29,729	31.00
43.00	04300	NURSERY	0	0	25,050	0	6,591	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	128,215	127,646	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	351,240	0	89,906	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	61,089	0	15,814	52.00
53.00	05300	ANESTHESIOLOGY	0	0	23,054	0	1,751	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	134,038	0	35,797	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	38,431	0	10,459	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	27,235	0	8,529	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	47,406	0	0	59.00
60.00	06000	LABORATORY	0	140	224,617	0	48,533	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	67,671	0	6,855	65.00
66.00	06600	PHYSICAL THERAPY	0	0	143,347	0	9,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	34,652	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	19,092	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	52,397	0	14,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	26,796	0	10,125	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	156,708	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	180,813	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	149,729	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	11,353	0	7,402	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	3,164	0	1,834	90.01
90.02	09002	PAIN MANAGEMENT	0	0	32,857	0	0	90.02
91.00	09100	EMERGENCY	0	0	207,719	0	42,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	52,139	0	4,560	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	159,879	140	3,768,342	127,646	683,203	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,990	0	4,254	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	15,530	0	1,474	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	3,766	0	12,286	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	159,879	140	3,794,628	127,646	701,217	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 2:24 pm	
Cost Center Description			OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
			7.01	8.00	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00540	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC	15,297					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	232	27,801				8.00
9.00	00900	HOUSEKEEPING	0	330	164,827			9.00
9.01	00901	HOUSEKEEPING CC	388	0	6	12,797		9.01
10.00	01000	DIETARY	0	0	413	0	221,881	10.00
10.01	01001	DIETARY CC	366	0	0	319	0	10.01
11.00	01100	CAFETERIA	0	0	1,407	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	898	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	686	3,065	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	1,344	0	0	15.00
15.01	01501	PHARMACY CC	212	0	0	185	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	834	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	240	0	0	209	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	11,679	69,008	0	203,904	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,373	0	17,977	31.00
43.00	04300	NURSERY	0	190	2,348	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	13,361	0	0	11,650	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,313	31,455	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,686	514	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	448	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,435	5,605	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	701	623	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	378	612	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	566	4,250	0	0	59.00
60.00	06000	LABORATORY	0	1	5,406	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	29	0	403	25	0	65.00
66.00	06600	PHYSICAL THERAPY	303	21	751	264	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	166	0	0	145	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	427	3,299	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	226	1,642	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	617	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	486	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	5,162	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	20,507	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	403	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,297	27,801	161,717	12,797	221,881	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,153	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	437	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	520	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	15,297	27,801	164,827	12,797	221,881	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 2:24 pm	
Cost Center Description			DIETARY CC	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY CC	
			10.01	11.00	13.00	14.00	14.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00540	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC	26,209					10.01
11.00	01100	CAFETERIA	0	76,062				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,321	745,530			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,025	0	192,968		14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	2,358	0	0	0	15.00
15.01	01501	PHARMACY CC	0	200	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,360	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	626	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	82	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	21,641	341,884	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,628	63,069	0	0	31.00
43.00	04300	NURSERY	0	803	16,816	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	26,209	4,419	41,468	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,770	150,040	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,605	31,349	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,140	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	588	544	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	248	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	975	3,310	0	0	59.00
60.00	06000	LABORATORY	0	4,472	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,064	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,133	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,193	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	445	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,205	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	912	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	96,096	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	96,872	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	59	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	935	16,203	0	0	90.02
91.00	09100	EMERGENCY	0	5,808	80,847	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,381	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,209	75,396	745,530	192,968	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	292	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	374	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	26,209	76,062	745,530	192,968	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 2:24 pm	
Cost Center Description			PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC	
			15.00	15.01	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00540	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC						14.01
15.00	01500	PHARMACY	273,900					15.00
15.01	01501	PHARMACY CC	0	11,597				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	253,846			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	64,670		17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	6,797	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	224	0	55,370	59,845	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1	0	4,882	3,176	0	31.00
43.00	04300	NURSERY	165	0	2,166	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	11,597	27,117	0	6,797	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,172	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	273	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,849	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	398	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	381	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	395	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1	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	72	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	258,153	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	35	0	0	0	0	90.02
91.00	09100	EMERGENCY	6,570	0	161,435	1,649	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	21	0	2,876	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	272,713	11,597	253,846	64,670	6,797	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	1,187	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	273,900	11,597	253,846	64,670	6,797	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
4.01	00401				4.01
5.01	01160				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00540				5.05
5.06	00591				5.06
5.07	00590				5.07
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
9.01	00901				9.01
10.00	01000				10.00
10.01	01001				10.01
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
14.01	01401				14.01
15.00	01500				15.00
15.01	01501				15.01
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,430,781	0	3,430,781	30.00
31.00	03100	666,913	0	666,913	31.00
43.00	04300	116,816	0	116,816	43.00
44.00	04400	927,968	0	927,968	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	3,046,983	0	3,046,983	50.00
52.00	05200	364,139	0	364,139	52.00
53.00	05300	205,279	0	205,279	53.00
54.00	05400	1,193,533	0	1,193,533	54.00
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
56.02	05602	0	0	0	56.02
57.00	05700	197,796	0	197,796	57.00
58.00	05800	571,397	0	571,397	58.00
59.00	05900	406,950	0	406,950	59.00
60.00	06000	769,626	0	769,626	60.00
65.00	06500	210,002	0	210,002	65.00
66.00	06600	511,531	0	511,531	66.00
67.00	06700	96,055	0	96,055	67.00
68.00	06800	76,822	0	76,822	68.00
69.00	06900	359,048	0	359,048	69.00
70.00	07000	168,913	0	168,913	70.00
71.00	07100	252,804	0	252,804	71.00
72.00	07200	277,685	0	277,685	72.00
73.00	07300	407,882	0	407,882	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	52,171	0	52,171	90.00
90.01	09001	25,319	0	25,319	90.01
90.02	09002	222,781	0	222,781	90.02
91.00	09100	1,151,616	0	1,151,616	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	159,588	0	159,588	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		15,870,398	0	15,870,398	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	28,920	0	28,920	190.00
194.00	07953	54,919	0	54,919	194.00
194.01	07950	165,278	0	165,278	194.01
200.00		0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	16,119,515	0	16,119,515	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2: 24 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	366,098				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	24,935			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			11,917,965		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	573	0	6,162	89,734,353	4.00
4.01 00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	4.01
5.01 01160	COMMUNICATIONS	715	0	57,482	269,630	5.01
5.02 00550	DATA PROCESSING	5,704	0	3,862,463	1,788,304	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	6,131	0	23,501	458,492	5.03
5.04 00570	ADMINISTRATIVE	0	0	2,721	1,424,130	5.04
5.05 00540	PATIENT ACCOUNTS	0	0	0	1,205,073	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	29,263	0	2,947,321	5,888,005	5.06
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	5,709	31,178	0	5.07
7.00 00700	OPERATION OF PLANT	53,055	0	128,753	1,129,055	7.00
7.01 00701	OPERATION OF PLANT CC	0	773	128	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	186	280	0	76,898	8.00
9.00 00900	HOUSEKEEPING	5,570	0	24,137	1,730,212	9.00
9.01 00901	HOUSEKEEPING CC	0	468	60	0	9.01
10.00 01000	DIETARY	9,856	0	21,344	925,030	10.00
10.01 01001	DIETARY CC	0	441	0	0	10.01
11.00 01100	CAFETERIA	3,962	0	13,759	925,274	11.00
13.00 01300	NURSING ADMINISTRATION	3,504	0	309,865	3,455,582	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,664	0	62,854	569,409	14.00
14.01 01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	14.01
15.00 01500	PHARMACY	5,687	0	13,846	3,526,324	15.00
15.01 01501	PHARMACY CC	0	256	0	0	15.01
16.00 01600	MEDICAL RECORDS & LIBRARY	5,536	0	8,626	1,054,897	16.00
17.00 01700	SOCIAL SERVICE	1,234	0	0	606,782	17.00
17.01 01701	SOCIAL SERVICE CC	0	289	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	88,679	0	303,284	20,649,917	30.00
31.00 03100	INTENSIVE CARE UNIT	11,475	0	188,601	3,259,997	31.00
43.00 04300	NURSERY	2,544	0	18,734	886,863	43.00
44.00 04400	SKILLED NURSING FACILITY	0	16,119	87,673	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,702	0	1,342,248	9,064,388	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,104	0	111,096	1,864,556	52.00
53.00 05300	ANESTHESIOLOGY	676	0	150,519	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,817	0	618,577	3,096,474	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.02 05602	MISC NURSING OP	0	0	0	0	56.02
57.00 05700	CT SCAN	4,037	0	106,414	536,396	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,292	0	444,310	273,791	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	261,147	1,146,626	59.00
60.00 06000	LABORATORY	18,733	0	148,526	4,006,890	60.00
65.00 06500	RESPIRATORY THERAPY	2,646	35	35,721	1,882,940	65.00
66.00 06600	PHYSICAL THERAPY	3,554	365	57,845	4,886,250	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	200	20,025	1,216,028	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	27,224	640,781	68.00
69.00 06900	ELECTROCARDIOLOGY	5,649	0	159,164	1,432,552	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,908	0	40,528	796,373	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,857	0	0	0	90.00
90.01 09001	DIABETIC EDUCATION OP	708	0	6,667	95,159	90.01
90.02 09002	PAIN MANAGEMENT	0	0	38,534	979,206	90.02
91.00 09100	EMERGENCY	16,364	0	152,841	5,741,458	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,760	0	1,579	1,734,284	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	359,145	24,935	11,835,457	89,224,026	5,167,288
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,642	0	4,867	131,204	190.00
194.00 07953	EMERGENCY PREPAREDNESS	569	0	3,150	379,123	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00				
194.01	07950	NONREIMBURSABLE COST CENTER	4,742	0	74,491	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,145,345	375,752	13,598,418	29,327,015	1,159,526	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.860029	15.069260	1.141002	0.326820	0.224397	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				10,389	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000116	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2: 24 pm

Cost Center Description			COMMUNICATIONS (PHONES)	DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS	1,756					5.01
5.02	00550	DATA PROCESSING	73	9,154				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	19	90	9,456,915			5.03
5.04	00570	ADMITTING	43	318	47,092	58,279		5.04
5.05	00540	PATIENT ACCOUNTS	0	0	0	0	1,024,284,049	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	191	519	3,001	0	0	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	1,264	0	0	5.07
7.00	00700	OPERATION OF PLANT	69	117	5,722	0	0	7.00
7.01	00701	OPERATION OF PLANT CC	1	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3	5	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4	58	2,819	0	0	9.00
9.01	00901	HOUSEKEEPING CC	1	0	0	0	0	9.01
10.00	01000	DIETARY	12	148	5,150	0	0	10.00
10.01	01001	DIETARY CC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	16	0	235	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	67	450	3,767	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6	69	157,474	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	41	159	865,004	0	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	58	275	544	0	0	16.00
17.00	01700	SOCIAL SERVICE	11	69	10	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	194	1,414	1,275,432	53,579	119,509,096	30.00
31.00	03100	INTENSIVE CARE UNIT	39	228	670,057	4,700	19,914,149	31.00
43.00	04300	NURSERY	13	53	4,807	0	3,336,589	43.00
44.00	04400	SKILLED NURSING FACILITY	36	376	229,261	0	7,020,093	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	289	1,245	4,967,359	0	101,132,742	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9	180	116,992	0	3,740,995	52.00
53.00	05300	ANESTHESIOLOGY	6	0	197,087	0	20,075,553	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105	456	41,065	0	72,120,229	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	18	0	18,950	0	104,044,121	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8	16	2,239	0	21,864,362	58.00
59.00	05900	CARDIAC CATHETERIZATION	34	101	138,137	0	24,934,865	59.00
60.00	06000	LABORATORY	87	418	33,538	0	159,637,315	60.00
65.00	06500	RESPIRATORY THERAPY	15	154	52,313	0	39,199,503	65.00
66.00	06600	PHYSICAL THERAPY	54	530	16,284	0	44,132,810	66.00
67.00	06700	OCCUPATIONAL THERAPY	10	69	211	0	12,845,746	67.00
68.00	06800	SPEECH PATHOLOGY	8	53	8,975	0	4,192,604	68.00
69.00	06900	ELECTROCARDIOLOGY	65	143	12,161	0	54,350,329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17	122	6,907	0	9,977,896	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,508,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	17,174,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	110,489,422	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	13	32	521	0	3,680,003	90.00
90.01	09001	DIABETIC EDUCATION OP	6	16	265	0	85,285	90.01
90.02	09002	PAIN MANAGEMENT	0	254	18,405	0	11,648,659	90.02
91.00	09100	EMERGENCY	87	710	495,599	0	42,826,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	20	175	12,882	0	4,841,586	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,748	9,022	9,411,529	58,279	1,024,284,049	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	71	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	7	58	45,127	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	74	188	0	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	
		(PHONES)	(% RESOURCES)	(STORE REQUISITIONS)			
		5.01	5.02	5.03	5.04	5.05	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	923,924	10,014,544	810,264	2,567,107	3,258,867	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	526.152620	1,094.007428	0.085680	44.048577	0.003182	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	69,808	4,443,608	107,240	159,879	140	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	39.753986	485.428010	0.011340	2.743338	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL CC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	
			5A.06	5.06	5.07	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00540	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-32,521,402	195,237,411				5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	310,163	1			5.07
7.00	00700	OPERATION OF PLANT	0	9,450,105	0	270,657		7.00
7.01	00701	OPERATION OF PLANT CC	0	178,128	0	0	18,453	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	989,056	0	186	280	8.00
9.00	00900	HOUSEKEEPING	0	3,155,968	0	5,570	0	9.00
9.01	00901	HOUSEKEEPING CC	0	269,758	0	0	468	9.01
10.00	01000	DIETARY	0	2,126,897	0	9,856	0	10.00
10.01	01001	DIETARY CC	0	971,275	0	0	441	10.01
11.00	01100	CAFETERIA	0	1,272,264	0	3,962	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,079,206	0	3,504	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,264,304	0	6,664	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	6,035,680	0	5,687	0	15.00
15.01	01501	PHARMACY CC	0	367,481	0	0	256	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,040,679	0	5,536	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,009,145	0	1,234	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	98,299	0	0	289	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	36,727,793	0	88,679	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,407,820	0	11,475	0	31.00
43.00	04300	NURSERY	0	1,288,843	0	2,544	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,596,772	1	0	16,119	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,071,643	0	34,702	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,143,091	0	6,104	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,186,143	0	676	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,896,384	0	13,817	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	1,977,315	0	4,037	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,401,256	0	3,292	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,439,087	0	0	0	59.00
60.00	06000	LABORATORY	0	11,556,768	0	18,733	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,481,719	0	2,646	35	65.00
66.00	06600	PHYSICAL THERAPY	0	7,375,339	0	3,554	365	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,782,868	0	0	200	67.00
68.00	06800	SPEECH PATHOLOGY	0	982,315	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,695,899	0	5,649	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,378,672	0	3,908	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,062,791	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,303,007	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,703,712	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	584,100	0	2,857	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	162,775	0	708	0	90.01
90.02	09002	PAIN MANAGEMENT	0	1,690,548	0	0	0	90.02
91.00	09100	EMERGENCY	0	10,687,337	0	16,364	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,682,596	0	1,760	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-32,521,402	193,885,001	1	263,704	18,453	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	359,622	0	1,642	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	799,033	0	569	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	193,755	0	4,742	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL CC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	
		5A.06	5.06	5.07	7.00	7.01	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		32,521,402	361,828	11,024,247	207,799	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.166574	361,828.000000	40.731431	11.260987	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		3,794,628	127,646	701,217	15,297	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.019436	127,646.000000	2.590796	0.828971	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	
		8.00	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITING					5.04
5.05	00540	PATIENT ACCOUNTS					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC					5.07
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CC					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,235,093				8.00
9.00	00900	HOUSEKEEPING	14,658	115,068			9.00
9.01	00901	HOUSEKEEPING CC	0	4	17,705		9.01
10.00	01000	DIETARY	0	288	0	174,033	10.00
10.01	01001	DIETARY CC	0	0	441	0	10.01
11.00	01100	CAFETERIA	0	982	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	627	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,465	2,140	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	14.01
15.00	01500	PHARMACY	0	938	0	0	15.00
15.01	01501	PHARMACY CC	0	0	256	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	582	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	289	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	518,947	48,178	0	159,933	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,751	0	14,100	31.00
43.00	04300	NURSERY	8,434	1,639	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	16,119	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	191,598	21,959	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,895	359	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	313	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,731	3,913	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	31,162	435	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,774	427	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,126	2,967	0	0	59.00
60.00	06000	LABORATORY	50	3,774	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	281	35	0	65.00
66.00	06600	PHYSICAL THERAPY	924	524	365	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	200	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,974	2,303	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,038	1,146	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	431	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	339	0	0	90.01
90.02	09002	PAIN MANAGEMENT	229,317	0	0	0	90.02
91.00	09100	EMERGENCY	0	14,316	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	281	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,235,093	112,897	17,705	174,033	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,503	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	305	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	363	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	
		8.00	9.00	9.01	10.00	10.01	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,164,536	3,922,365	320,099	2,892,449	1,146,003	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.942873	34.087366	18.079582	16.620118	14.624287	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	27,801	164,827	12,797	221,881	26,209	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.022509	1.432431	0.722790	1.274936	0.334456	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	PHARMACY (COSTED REQUIREMENTS)	
		11.00	13.00	14.00	14.01	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00540						5.05
5.06	00591						5.06
5.07	00590						5.07
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100						11.00
13.00	01300	108,949	974,691				13.00
14.00	01400	1,468	0	18,422,200			14.00
14.01	01401	0	0	0	0		14.01
15.00	01500	3,378	0	0	0	7,800,640	15.00
15.01	01501	286	0	0	0	0	15.01
16.00	01600	1,948	0	0	0	0	16.00
17.00	01700	896	0	0	0	0	17.00
17.01	01701	117	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	31,002	446,973	0	0	6,391	30.00
31.00	03100	3,764	82,455	0	0	40	31.00
43.00	04300	1,150	21,985	0	0	4,707	43.00
44.00	04400	6,330	54,214	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,129	196,159	0	0	118,825	50.00
52.00	05200	2,299	40,985	0	0	7,777	52.00
53.00	05300	0	0	0	0	52,647	53.00
54.00	05400	4,497	0	0	0	11,328	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	842	711	0	0	10,844	57.00
58.00	05800	355	0	0	0	92	58.00
59.00	05900	1,396	4,327	0	0	11,251	59.00
60.00	06000	6,405	0	0	0	0	60.00
65.00	06500	2,956	0	0	0	39	65.00
66.00	06600	7,353	0	0	0	0	66.00
67.00	06700	1,709	0	0	0	0	67.00
68.00	06800	638	0	0	0	0	68.00
69.00	06900	1,726	0	0	0	2,053	69.00
70.00	07000	1,306	0	0	0	0	70.00
71.00	07100	0	0	9,173,844	0	0	71.00
72.00	07200	0	0	9,248,356	0	0	72.00
73.00	07300	0	0	0	0	7,352,135	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	84	0	0	0	0	90.01
90.02	09002	1,339	21,184	0	0	1,002	90.02
91.00	09100	8,319	105,698	0	0	187,112	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	1,978	0	0	0	594	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		107,995	974,691	18,422,200	0	7,766,837	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	418	0	0	0	0	190.00
194.00	07953	536	0	0	0	33,803	194.00
194.01	07950	0	0	0	0	0	194.01
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	PHARMACY (COSTED REQUISITIONS)	
		11.00	13.00	14.00	14.01	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,679,042	8,473,756	1,870,634	0	7,356,740	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.411266	8.693787	0.101542	0.000000	0.943094	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	76,062	745,530	192,968	0	273,900	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.698143	0.764889	0.010475	0.000000	0.035113	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		PHARMACY CC (COSTED REQUIREMENT)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)	
		15.01	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
2.00	00200					2.00
4.00	00400					4.00
4.01	00401					4.01
5.01	01160					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00540					5.05
5.06	00591					5.06
5.07	00590					5.07
7.00	00700					7.00
7.01	00701					7.01
8.00	00800					8.00
9.00	00900					9.00
9.01	00901					9.01
10.00	01000					10.00
10.01	01001					10.01
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
14.01	01401					14.01
15.00	01500					15.00
15.01	01501	15,280				15.01
16.00	01600	0	33,279			16.00
17.00	01700	0	0	22,236		17.00
17.01	01701	0	0	0	2,903	17.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	7,259	20,577	0	30.00
31.00	03100	0	640	1,092	0	31.00
43.00	04300	0	284	0	0	43.00
44.00	04400	15,280	3,555	0	2,903	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	0	0	50.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	0	0	54.00
55.00	05500	0	0	0	0	55.00
56.00	05600	0	0	0	0	56.00
56.02	05602	0	0	0	0	56.02
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
65.00	06500	0	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
90.01	09001	0	0	0	0	90.01
90.02	09002	0	0	0	0	90.02
91.00	09100	0	21,164	567	0	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	0	377	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	0	0	0	0	113.00
118.00		15,280	33,279	22,236	2,903	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
194.00	07953	0	0	0	0	194.00
194.01	07950	0	0	0	0	194.01
200.00						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		PHARMACY CC (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)		
		15.01	16.00	17.00	17.01		
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	440,613	3,822,526	1,241,313	124,955		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.835929	114.863007	55.824474	43.043403		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	11,597	253,846	64,670	6,797		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.758966	7.627813	2.908347	2.341371		205.00

Provider CCN: 14-0185

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

Worksheet B-2
 Date/Time Prepared:
 5/23/2017 2:24 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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	57,599,492		57,599,492	0	57,599,492	30.00
31.00	03100 INTENSIVE CARE UNIT	9,214,159		9,214,159	0	9,214,159	31.00
43.00	04300 NURSERY	1,916,889		1,916,889	0	1,916,889	43.00
44.00	04400 SKILLED NURSING FACILITY	11,219,180		11,219,180	0	11,219,180	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	25,413,488		25,413,488	0	25,413,488	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,397,206		4,397,206	0	4,397,206	52.00
53.00	05300 ANESTHESIOLOGY	1,471,578		1,471,578	0	1,471,578	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,881,389		8,881,389	0	8,881,389	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.02	05602 MISC NURSING OP	0		0	0	0	56.02
57.00	05700 CT SCAN	2,544,711		2,544,711	0	2,544,711	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,804,686		1,804,686	0	1,804,686	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,039,946		3,039,946	0	3,039,946	59.00
60.00	06000 LABORATORY	14,472,249		14,472,249	0	14,472,249	60.00
65.00	06500 RESPIRATORY THERAPY	4,225,657	0	4,225,657	0	4,225,657	65.00
66.00	06600 PHYSICAL THERAPY	8,891,400	0	8,891,400	0	8,891,400	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,112,053	0	2,112,053	0	2,112,053	67.00
68.00	06800 SPEECH PATHOLOGY	1,155,775	0	1,155,775	0	1,155,775	68.00
69.00	06900 ELECTROCARDIOLOGY	3,499,987		3,499,987	0	3,499,987	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,836,157		1,836,157	0	1,836,157	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,337,372		10,337,372	0	10,337,372	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	11,791,750		11,791,750	0	11,791,750	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,920,709		15,920,709	0	15,920,709	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	812,458		812,458	0	812,458	90.00
90.01	09001 DIABETIC EDUCATION OP	231,578		231,578	0	231,578	90.01
90.02	09002 PAIN MANAGEMENT	2,394,116		2,394,116	0	2,394,116	90.02
91.00	09100 EMERGENCY	17,308,292		17,308,292	0	17,308,292	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,544,454		4,544,454	0	4,544,454	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	3,285,059		3,285,059		3,285,059	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	230,321,790	0	230,321,790	0	230,321,790	200.00
201.00	Less Observation Beds	4,544,454		4,544,454		4,544,454	201.00
202.00	Total (see instructions)	225,777,336	0	225,777,336	0	225,777,336	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		9.00			10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,260,087		110,260,087		30.00
31.00	03100	INTENSIVE CARE UNIT	19,914,149		19,914,149		31.00
43.00	04300	NURSERY	3,336,589		3,336,589		43.00
44.00	04400	SKILLED NURSING FACILITY	7,020,093		7,020,093		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,779,147	64,353,595	101,132,742	0.251288	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,033,096	707,899	3,740,995	1.175411	52.00
53.00	05300	ANESTHESIOLOGY	11,869,066	8,206,487	20,075,553	0.073302	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,102,098	58,018,131	72,120,229	0.123147	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	26,024,958	78,019,163	104,044,121	0.024458	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,627,142	17,237,220	21,864,362	0.082540	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,192,088	11,742,777	24,934,865	0.121915	59.00
60.00	06000	LABORATORY	73,616,508	86,020,807	159,637,315	0.090657	60.00
65.00	06500	RESPIRATORY THERAPY	34,563,499	4,636,004	39,199,503	0.107799	65.00
66.00	06600	PHYSICAL THERAPY	21,397,055	22,735,755	44,132,810	0.201469	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,009,553	2,836,193	12,845,746	0.164417	67.00
68.00	06800	SPEECH PATHOLOGY	2,852,699	1,339,905	4,192,604	0.275670	68.00
69.00	06900	ELECTROCARDIOLOGY	19,519,820	34,830,509	54,350,329	0.064397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	178,493	9,799,403	9,977,896	0.184022	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,438,341	6,069,962	11,508,303	0.898253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,601,074	5,573,864	17,174,938	0.686567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,928,742	26,560,680	110,489,422	0.144093	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,449	3,674,554	3,680,003	0.220776	90.00
90.01	09001	DIABETIC EDUCATION OP	230	85,055	85,285	2.715343	90.01
90.02	09002	PAIN MANAGEMENT	2,071	11,646,588	11,648,659	0.205527	90.02
91.00	09100	EMERGENCY	9,532,494	33,294,362	42,826,856	0.404146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	742,016	8,506,993	9,249,009	0.491345	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	4,841,586	4,841,586		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	523,546,557	500,737,492	1,024,284,049		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	523,546,557	500,737,492	1,024,284,049		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 2:24 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.251288		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.175411		52.00
53.00	05300	ANESTHESIOLOGY	0.073302		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123147		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.02	05602	MISC NURSING OP	0.000000		56.02
57.00	05700	CT SCAN	0.024458		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082540		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121915		59.00
60.00	06000	LABORATORY	0.090657		60.00
65.00	06500	RESPIRATORY THERAPY	0.107799		65.00
66.00	06600	PHYSICAL THERAPY	0.201469		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.164417		67.00
68.00	06800	SPEECH PATHOLOGY	0.275670		68.00
69.00	06900	ELECTROCARDIOLOGY	0.064397		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.184022		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.898253		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.686567		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144093		73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.220776		90.00
90.01	09001	DIABETIC EDUCATION OP	2.715343		90.01
90.02	09002	PAIN MANAGEMENT	0.205527		90.02
91.00	09100	EMERGENCY	0.404146		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.491345		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/23/2017 2:24 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,430,781	0	3,430,781	57,594	59.57	30.00
31.00	INTENSIVE CARE UNIT	666,913		666,913	4,700	141.90	31.00
43.00	NURSERY	116,816		116,816	2,088	55.95	43.00
44.00	SKILLED NURSING FACILITY	927,968		927,968	26,109	35.54	44.00
200.00	Total (lines 30-199)	5,142,478		5,142,478	90,491		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	24,673	1,469,771				
31.00	INTENSIVE CARE UNIT	2,161	306,646				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	16,934	601,834				
200.00	Total (lines 30-199)	43,768	2,378,251				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/23/2017 2:24 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,046,983	101,132,742	0.030129	15,391,882	463,742	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	364,139	3,740,995	0.097337	25,124	2,445	52.00
53.00	05300 ANESTHESIOLOGY	205,279	20,075,553	0.010225	2,215,335	22,652	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,193,533	72,120,229	0.016549	7,256,767	120,092	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0.000000	0	0	56.02
57.00	05700 CT SCAN	197,796	104,044,121	0.001901	13,522,544	25,706	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	571,397	21,864,362	0.026134	1,953,698	51,058	58.00
59.00	05900 CARDIAC CATHETERIZATION	406,950	24,934,865	0.016321	1,860,766	30,370	59.00
60.00	06000 LABORATORY	769,626	159,637,315	0.004821	35,882,232	172,988	60.00
65.00	06500 RESPIRATORY THERAPY	210,002	39,199,503	0.005357	14,124,837	75,667	65.00
66.00	06600 PHYSICAL THERAPY	511,531	44,132,810	0.011591	3,117,709	36,137	66.00
67.00	06700 OCCUPATIONAL THERAPY	96,055	12,845,746	0.007478	969,886	7,253	67.00
68.00	06800 SPEECH PATHOLOGY	76,822	4,192,604	0.018323	652,511	11,956	68.00
69.00	06900 ELECTROCARDIOLOGY	359,048	54,350,329	0.006606	10,594,800	69,989	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	168,913	9,977,896	0.016929	169,390	2,868	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	252,804	11,508,303	0.021967	2,217,444	48,711	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	277,685	17,174,938	0.016168	5,554,300	89,802	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	407,882	110,489,422	0.003692	35,934,740	132,671	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	52,171	3,680,003	0.014177	3,108	44	90.00
90.01	09001 DIABETIC EDUCATION OP	25,319	85,285	0.296875	230	68	90.01
90.02	09002 PAIN MANAGEMENT	222,781	11,648,659	0.019125	597	11	90.02
91.00	09100 EMERGENCY	1,151,616	42,826,856	0.026890	4,143,707	111,424	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	270,681	9,249,009	0.029266	0	0	92.00
200.00	Total (Lines 50-199)	10,839,013	878,911,545		155,591,607	1,475,654	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/23/2017 2:24 pm
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Cost Center Description			Title XVIII				Hospital		PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)				
			1.00	2.00	3.00	4.00	5.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		0 30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		0 31.00		
43.00	04300	NURSERY	0	0	0	0	0		0 43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		0 44.00		
200.00		Total (lines 30-199)	0	0	0	0	0		0 200.00		
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School				
			6.00	7.00	8.00	9.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	57,594	0.00	24,673	0	0		0 30.00		
31.00	03100	INTENSIVE CARE UNIT	4,700	0.00	2,161	0	0		0 31.00		
43.00	04300	NURSERY	2,088	0.00	0	0	0		0 43.00		
44.00	04400	SKILLED NURSING FACILITY	26,109	0.00	16,934	0	0		0 44.00		
200.00		Total (lines 30-199)	90,491		43,768	0	0		0 200.00		
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost							
			12.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0	0							31.00
43.00	04300	NURSERY	0	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0	0							44.00
200.00		Total (lines 30-199)	0	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:24 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00	
56.02	05602	MISC NURSING OP	0	0	0	0	0 56.02	
57.00	05700	CT SCAN	0	0	0	0	0 57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00	
60.00	06000	LABORATORY	0	0	0	0	0 60.00	
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	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0 90.00	
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0 90.01	
90.02	09002	PAIN MANAGEMENT	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	
200.00		Total (lines 50-199)	0	0	0	0	0 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:24 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	101,132,742	0.000000	0.000000	15,391,882	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,740,995	0.000000	0.000000	25,124	52.00
53.00	05300	ANESTHESIOLOGY	0	20,075,553	0.000000	0.000000	2,215,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,120,229	0.000000	0.000000	7,256,767	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.02	05602	MISC NURSING OP	0	0	0.000000	0.000000	0	56.02
57.00	05700	CT SCAN	0	104,044,121	0.000000	0.000000	13,522,544	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,864,362	0.000000	0.000000	1,953,698	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,934,865	0.000000	0.000000	1,860,766	59.00
60.00	06000	LABORATORY	0	159,637,315	0.000000	0.000000	35,882,232	60.00
65.00	06500	RESPIRATORY THERAPY	0	39,199,503	0.000000	0.000000	14,124,837	65.00
66.00	06600	PHYSICAL THERAPY	0	44,132,810	0.000000	0.000000	3,117,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,845,746	0.000000	0.000000	969,886	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,192,604	0.000000	0.000000	652,511	68.00
69.00	06900	ELECTROCARDIOLOGY	0	54,350,329	0.000000	0.000000	10,594,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,977,896	0.000000	0.000000	169,390	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,508,303	0.000000	0.000000	2,217,444	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,174,938	0.000000	0.000000	5,554,300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	110,489,422	0.000000	0.000000	35,934,740	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,680,003	0.000000	0.000000	3,108	90.00
90.01	09001	DIABETIC EDUCATION OP	0	85,285	0.000000	0.000000	230	90.01
90.02	09002	PAIN MANAGEMENT	0	11,648,659	0.000000	0.000000	597	90.02
91.00	09100	EMERGENCY	0	42,826,856	0.000000	0.000000	4,143,707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,249,009	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	0	878,911,545			155,591,607	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:24 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	18,435,803	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,610,307	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,775,388	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	18,540,637	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,557,638	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,408,727	0	0	0	59.00
60.00	06000 LABORATORY	0	10,954,303	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,240,760	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	534,777	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	21,740	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,743	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,387,957	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,450,307	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,504,685	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,964,196	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,215,455	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,494,192	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	272,189	0	0	0	90.02
91.00	09100 EMERGENCY	0	4,661,557	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,869,584	0	0	0	92.00
200.00	Total (Lines 50-199)	0	108,906,945	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:24 pm
Title XVIII		Hospital	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	56.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:24 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		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.251288	18,435,803	0	4,632,696	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.175411	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.073302	1,610,307	0	118,039	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123147	12,775,388	0	1,573,251	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	56.00	
56.02	05602 MISC NURSING OP	0.000000	0	0	0	56.02	
57.00	05700 CT SCAN	0.024458	18,540,637	0	453,467	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082540	4,557,638	0	376,187	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.121915	1,408,727	0	171,745	59.00	
60.00	06000 LABORATORY	0.090657	10,954,303	0	993,084	60.00	
65.00	06500 RESPIRATORY THERAPY	0.107799	1,240,760	0	133,753	65.00	
66.00	06600 PHYSICAL THERAPY	0.201469	534,777	0	107,741	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.164417	21,740	0	3,574	67.00	
68.00	06800 SPEECH PATHOLOGY	0.275670	6,743	0	1,859	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.064397	11,387,957	0	733,350	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.184022	2,450,307	0	450,910	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.898253	1,504,685	0	1,351,588	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.686567	2,964,196	451	2,035,119	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144093	10,215,455	0	13,600	1,471,976	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.220776	3,494,192	0	771,434	90.00	
90.01	09001 DIABETIC EDUCATION OP	2.715343	0	0	0	90.01	
90.02	09002 PAIN MANAGEMENT	0.205527	272,189	0	55,942	90.02	
91.00	09100 EMERGENCY	0.404146	4,661,557	0	1,883,950	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.491345	1,869,584	0	918,611	92.00	
200.00	Subtotal (see instructions)		108,906,945	451	13,600	18,238,276	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		108,906,945	451	13,600	18,238,276	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:24 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		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.02	05602 MISCS NURSING OP	0	0	56.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	310	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,960	73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	310	1,960	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	310	1,960	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:24 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	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
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:24 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	101,132,742	0.000000	0.000000	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,740,995	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	20,075,553	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	72,120,229	0.000000	0.000000	229,263	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.02	05602 MIS NURSING OP	0	0	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	104,044,121	0.000000	0.000000	37,992	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	21,864,362	0.000000	0.000000	25,531	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	24,934,865	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	159,637,315	0.000000	0.000000	2,249,833	60.00
65.00	06500 RESPIRATORY THERAPY	0	39,199,503	0.000000	0.000000	1,801,710	65.00
66.00	06600 PHYSICAL THERAPY	0	44,132,810	0.000000	0.000000	10,356,489	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	12,845,746	0.000000	0.000000	5,559,791	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,192,604	0.000000	0.000000	1,210,126	68.00
69.00	06900 ELECTROCARDIOLOGY	0	54,350,329	0.000000	0.000000	87,836	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,977,896	0.000000	0.000000	2,412	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,508,303	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,174,938	0.000000	0.000000	172	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	110,489,422	0.000000	0.000000	5,406,489	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,680,003	0.000000	0.000000	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	85,285	0.000000	0.000000	0	90.01
90.02	09002 PAIN MANAGEMENT	0	11,648,659	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	42,826,856	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,249,009	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	878,911,545			26,967,644	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:24 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	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
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 2:24 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	56.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:24 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.251288	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.175411	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.073302	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.123147	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0.000000	0	0	0	0	56.02
57.00 05700 CT SCAN	0.024458	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082540	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.121915	0	0	0	0	59.00
60.00 06000 LABORATORY	0.090657	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.107799	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.201469	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.164417	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.275670	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.064397	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.184022	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.898253	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.686567	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.144093	0	0	2,370	0	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.220776	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	2.715343	0	0	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0.205527	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.404146	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.491345	0	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	2,370	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	2,370	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 2:24 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
56.02 05602 MISC NURSING OP	0	0	56.02
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	342	73.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	342	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	342	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2017 2:24 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,594	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,594	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.		1,305	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		51,745	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)		24,673	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)		1,305	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		57,599,492	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)		57,599,492	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		114,338,692	28.00
29.00	Private room charges (excluding swing-bed charges)		4,877,028	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		109,461,664	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.503762	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		3,737.19	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,115.41	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		1,621.78	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		816.99	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,066,172	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		56,533,320	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,000.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,675,467	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)		24,675,467	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 2:24 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,214,159	4,700	1,960.46	2,161	4,236,554	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				24,788,005		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				53,700,026		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)				1,776,417		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,475,654		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,252,071		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				50,447,955		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				4,544		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,000.10		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				4,544,454		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

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

Worksheet D-1
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,430,781	57,599,492	0.059563	4,544,454	270,681	90.00
91.00 Nursing School cost	0	57,599,492	0.000000	4,544,454	0	91.00
92.00 Allied health cost	0	57,599,492	0.000000	4,544,454	0	92.00
93.00 All other Medical Education	0	57,599,492	0.000000	4,544,454	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,109	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,109	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.		921	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,188	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)		16,934	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)		921	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,219,180	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)		11,219,180	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		7,020,093	28.00
29.00	Private room charges (excluding swing-bed charges)		351,348	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,668,745	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.598153	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		381.49	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		264.76	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		116.73	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		186.55	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		171,813	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,047,367	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 2:24 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 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)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					11,047,367	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					423.12	71.00
72.00 Program routine service cost (line 9 x line 71)					7,165,114	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					171,813	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					7,336,927	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					7,336,927	83.00
84.00 Program inpatient ancillary services (see instructions)					4,548,940	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					11,885,867	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185 Component CCN: 14-5102		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 2:24 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 2:24 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		52,270,078		30.00
31.00	03100 INTENSIVE CARE UNIT		9,153,003		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.251288	15,391,882	3,867,795	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.175411	25,124	29,531	52.00
53.00	05300 ANESTHESIOLOGY	0.073302	2,215,335	162,388	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123147	7,256,767	893,649	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602 MIS NURSING OP	0.000000	0	0	56.02
57.00	05700 CT SCAN	0.024458	13,522,544	330,734	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082540	1,953,698	161,258	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.121915	1,860,766	226,855	59.00
60.00	06000 LABORATORY	0.090657	35,882,232	3,252,976	60.00
65.00	06500 RESPIRATORY THERAPY	0.107799	14,124,837	1,522,643	65.00
66.00	06600 PHYSICAL THERAPY	0.201469	3,117,709	628,122	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.164417	969,886	159,466	67.00
68.00	06800 SPEECH PATHOLOGY	0.275670	652,511	179,878	68.00
69.00	06900 ELECTROCARDIOLOGY	0.064397	10,594,800	682,273	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.184022	169,390	31,171	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.898253	2,217,444	1,991,826	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.686567	5,554,300	3,813,399	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144093	35,934,740	5,177,944	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.220776	3,108	686	90.00
90.01	09001 DIABETIC EDUCATION OP	2.715343	230	625	90.01
90.02	09002 PAIN MANAGEMENT	0.205527	597	123	90.02
91.00	09100 EMERGENCY	0.404146	4,143,707	1,674,663	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.491345	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		155,591,607	24,788,005	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)		155,591,607		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.251288	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.175411	0	52.00
53.00	05300 ANESTHESIOLOGY	0.073302	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123147	229,263	28,233 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	56.00
56.02	05602 MISC NURSING OP	0.000000	0	56.02
57.00	05700 CT SCAN	0.024458	37,992	929 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082540	25,531	2,107 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.121915	0	59.00
60.00	06000 LABORATORY	0.090657	2,249,833	203,963 60.00
65.00	06500 RESPIRATORY THERAPY	0.107799	1,801,710	194,223 65.00
66.00	06600 PHYSICAL THERAPY	0.201469	10,356,489	2,086,511 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.164417	5,559,791	914,124 67.00
68.00	06800 SPEECH PATHOLOGY	0.275670	1,210,126	333,595 68.00
69.00	06900 ELECTROCARDIOLOGY	0.064397	87,836	5,656 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.184022	2,412	444 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.898253	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.686567	172	118 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144093	5,406,489	779,037 73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.220776	0	90.00
90.01	09001 DIABETIC EDUCATION OP	2.715343	0	90.01
90.02	09002 PAIN MANAGEMENT	0.205527	0	90.02
91.00	09100 EMERGENCY	0.404146	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.491345	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		26,967,644	4,548,940 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		26,967,644	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		34,463,302	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,016,147	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)		485,643	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		303.58	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	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)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.23	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.42	31.00
32.00	Sum of lines 30 and 31		24.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.55	33.00
34.00	Disproportionate share adjustment (see instructions)		1,061,947	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 2:24 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000406983	0.000385217	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,607,194	2,302,630	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,951,834	580,389	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,532,223		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		48,559,262		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			48,559,262	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,761,442	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).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			3	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			52,320,707	59.00
60.00	Primary payer payments			60,073	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			52,260,634	61.00
62.00	Deductibles billed to program beneficiaries			4,613,336	62.00
63.00	Coinurance billed to program beneficiaries			225,960	63.00
64.00	Allowable bad debts (see instructions)			1,110,251	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			721,663	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,066,029	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			48,143,001	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 FROM PSR			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)			305,066	70.93
70.94	HRR adjustment amount (see instructions)			-215,331	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 2:24 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	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			48,232,736	71.00
71.01	Sequestration adjustment (see instructions)			964,655	71.01
72.00	Interim payments			46,412,737	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)			855,344	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,614,892	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/23/2017 2:24 pm	
		PPS					
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.23	0.00	0.00	6.37	6.37	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	18.42	0.00			18.42	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	24.65	0.00			24.79	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	303.58	0.00			303.58	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	9.55	0.00			9.67	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.23	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	8,528	0			8,528	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,355	0			1,355	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	5	0			5	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,024	0			1,024	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	161	0			161	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	11,073	0			11,073	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	59,838	0			59,838	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	261	0			261	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	60,099	0			60,099	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	18.42	0.00			18.42	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0185		Period: From 01/01/2016 To 12/31/2016		Worksheet DSH Date/Time Prepared: 5/23/2017 2:24 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	9.55		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		9.55		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		9.55		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet DSH Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Hospital	PPS

		Revised	
		Percentage	
		6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	9.67	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	9.67	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	9.67	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,270	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,238,276	2.00
3.00	PPS payments		17,947,508	3.00
4.00	Outlier payment (see instructions)		16,379	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,270	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		14,051	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		14,051	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		14,051	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,781	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)		2,270	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)		17,963,887	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		90	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,646,210	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)		14,319,857	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,319,857	30.00
31.00	Primary payer payments		5,064	31.00
32.00	Subtotal (line 30 minus line 31)		14,314,793	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		504,640	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		328,016	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		473,103	36.00
37.00	Subtotal (see instructions)		14,642,809	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,648	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)		14,641,161	40.00
40.01	Sequestration adjustment (see instructions)		292,823	40.01
41.00	Interim payments		14,277,401	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		70,937	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		46,569	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		342	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		342	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,370	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)		2,370	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,370	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,028	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)		342	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		342	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		342	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		342	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		342	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		342	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
41.00	Interim payments		465	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-130	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0185

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2017 2:24 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		46,715,146		14,352,866	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/09/2016	302,409	08/09/2016	75,465	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)		-302,409		-75,465	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)		46,412,737		14,277,401	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		855,344		70,937	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		47,268,081		14,348,338	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0185
Component CCN: 14-5102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Title XVIII

Skilled Nursing
Facility

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					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		6,644,062		465	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)		0		0	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)		6,644,062		465	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		8,249		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		130	6.02
7.00	Total Medicare program liability (see instructions)		6,652,311		335	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: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		12,909	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		26,834	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		9,790	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		57,750	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,024,284,049	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		4,324,699	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VI Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		7,850,525	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		7,850,525	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		1,069,471	7.00
8.00	Allowable bad debts (see instructions)		12,951	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		1,575	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		8,418	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		6,789,472	12.00
13.00	Inpatient primary payer payments		1,400	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		6,788,072	15.00
15.01	Sequestration adjustment (see instructions)		135,761	15.01
16.00	Interim payments		6,644,062	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		8,249	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		21,830	19.00

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

Provider CCN: 14-0185

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

Worksheet G

Date/Time Prepared:
5/23/2017 2:24 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,756,533	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	43,810,858	0	0	0	4.00
5.00	Other receivable	806,679	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,131,890	0	0	0	6.00
7.00	Inventory	2,775,980	0	0	0	7.00
8.00	Prepaid expenses	1,186,763	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	47,204,923	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,997,010	0	0	0	12.00
13.00	Land improvements	2,366,103	0	0	0	13.00
14.00	Accumulated depreciation	-214,549	0	0	0	14.00
15.00	Buildings	27,907,280	0	0	0	15.00
16.00	Accumulated depreciation	-1,306,668	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	11,874,165	0	0	0	19.00
20.00	Accumulated depreciation	-1,585,590	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	36,268,722	0	0	0	23.00
24.00	Accumulated depreciation	-7,548,467	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	-88,202	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	69,669,804	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	30,665,196	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	1,702,741	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	32,367,937	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	149,242,664	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-138,162	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,740,850	0	0	0	38.00
39.00	Payroll taxes payable	52,677,149	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	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,306,605	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	59,586,442	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	44,538,080	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,212,399	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	49,750,479	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	109,336,921	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	39,905,743				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	39,905,743	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	149,242,664	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0185

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

Worksheet G-1

Date/Time Prepared:
5/23/2017 2:24 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		1		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-11,714,510			2.00
3.00	Total (sum of line 1 and line 2)		-11,714,509		0	3.00
4.00	TRANSFER FROM AFFILIATE	0		0		4.00
5.00	MRHS TRANSFER	51,620,250		0		5.00
6.00	BALANCING ADJ	2		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)		51,620,252		0	10.00
11.00	Subtotal (line 3 plus line 10)		39,905,743		0	11.00
12.00	TRANSFER TO AFFILIATE	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)		39,905,743		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	TRANSFER FROM AFFILIATE		0			4.00
5.00	MRHS TRANSFER		0			5.00
6.00	BALANCING ADJ		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	TRANSFER TO AFFILIATE		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: 14-0185

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2017 2:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	114,338,692		114,338,692	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	7,020,093		7,020,093	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	121,358,785		121,358,785	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,914,149		19,914,149	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,914,149		19,914,149	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	141,272,934		141,272,934	17.00
18.00	Ancillary services	372,733,379	438,688,353	811,421,732	18.00
19.00	Outpatient services	9,540,244	57,207,552	66,747,796	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		4,841,586	4,841,586	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	523,546,557	500,737,491	1,024,284,048	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		242,103,037		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		242,103,037		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0185

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

Worksheet G-3

Date/Time Prepared:
5/23/2017 2:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,024,284,048	1.00
2.00	Less contractual allowances and discounts on patients' accounts	783,631,669	2.00
3.00	Net patient revenues (line 1 minus line 2)	240,652,379	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	242,103,037	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,450,658	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	27,861	6.00
7.00	Income from investments	2,929,976	7.00
8.00	Revenues from telephone and other miscellaneous communication services	57,937	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	724,788	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	15,144	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	253,965	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	2,401,093	24.00
25.00	Total other income (sum of lines 6-24)	6,410,764	25.00
26.00	Total (line 5 plus line 25)	4,960,106	26.00
27.00	PHYSICIAN OPERATIONS	16,674,616	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	16,674,616	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-11,714,510	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0185

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

Worksheet H

HHA CCN: 14-7443

Date/Time Prepared: 5/23/2017 2:24 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	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	137,462	0	2,124	0	6,352	145,938
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,127,441	0	44,387	520	0	1,172,348
7.00	Physical Therapy	411,928	0	36,658	25,440	0	474,026
8.00	Occupational Therapy	51,119	0	2,226	1,200	0	54,545
9.00	Speech Pathology	0	0	0	3,950	0	3,950
10.00	Medical Social Services	946	0	78	0	0	1,024
11.00	Home Health Aide	5,388	0	0	0	0	5,388
12.00	Supplies (see instructions)	0	0	0	0	27,978	27,978
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,734,284	0	85,473	31,110	34,330	1,885,197
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	145,938	0	145,938		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,172,348	0	1,172,348		6.00
7.00	Physical Therapy	0	474,026	0	474,026		7.00
8.00	Occupational Therapy	0	54,545	0	54,545		8.00
9.00	Speech Pathology	0	3,950	0	3,950		9.00
10.00	Medical Social Services	0	1,024	0	1,024		10.00
11.00	Home Health Aide	0	5,388	0	5,388		11.00
12.00	Supplies (see instructions)	0	27,978	0	27,978		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	1,885,197	0	1,885,197		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0185 HHA CCN: 14-7443		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part I Date/Time Prepared: 5/23/2017 2:24 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	145,938	0	0	0	145,938	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,172,348	0	0	0	1,172,348	6.00
7.00	Physical Therapy	474,026	0	0	0	474,026	7.00
8.00	Occupational Therapy	54,545	0	0	0	54,545	8.00
9.00	Speech Pathology	3,950	0	0	0	3,950	9.00
10.00	Medical Social Services	1,024	0	0	0	1,024	10.00
11.00	Home Health Aide	5,388	0	0	0	5,388	11.00
12.00	Supplies (see instructions)	27,978	0	0	0	27,978	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,885,197	0	0	0	1,885,197	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	145,938					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	98,369	1,270,717				6.00
7.00	Physical Therapy	39,775	513,801				7.00
8.00	Occupational Therapy	4,577	59,122				8.00
9.00	Speech Pathology	331	4,281				9.00
10.00	Medical Social Services	86	1,110				10.00
11.00	Home Health Aide	452	5,840				11.00
12.00	Supplies (see instructions)	2,348	30,326				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,885,197				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0185 HHA CCN: 14-7443	Period: From 01/01/2016 To 12/31/2016	Worksheet H-1 Part II Date/Time Prepared: 5/23/2017 2:24 pm
			Home Health Agency I	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					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-145,938	1,739,259
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,172,348
7.00	Physical Therapy	0	0	0	0	0	474,026
8.00	Occupational Therapy	0	0	0	0	0	54,545
9.00	Speech Pathology	0	0	0	0	0	3,950
10.00	Medical Social Services	0	0	0	0	0	1,024
11.00	Home Health Aide	0	0	0	0	0	5,388
12.00	Supplies (see instructions)	0	0	0	0	0	27,978
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-145,938	1,739,259
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		145,938
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.083908

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0185

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2016

Part I
Date/Time Prepared: 5/23/2017 2:24 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS DEPARTMENT CC	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
	0				4.00	4.01	
1.00 Administrative and General	0	10,314	0	1,802	44,925	0	1.00
2.00 Skilled Nursing Care	1,270,717	0	0	0	368,471	0	2.00
3.00 Physical Therapy	513,801	0	0	0	134,626	0	3.00
4.00 Occupational Therapy	59,122	0	0	0	16,707	0	4.00
5.00 Speech Pathology	4,281	0	0	0	0	0	5.00
6.00 Medical Social Services	1,110	0	0	0	309	0	6.00
7.00 Home Health Aide	5,840	0	0	0	1,761	0	7.00
8.00 Supplies (see instructions)	30,326	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,885,197	10,314	0	1,802	566,799	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	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	PATIENT ACCOUNTS	Subtotal	
	5.01	5.02	5.03	5.04	5.05	5A.05	
1.00 Administrative and General	10,523	191,451	1,104	0	15,406	275,525	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,639,188	2.00
3.00 Physical Therapy	0	0	0	0	0	648,427	3.00
4.00 Occupational Therapy	0	0	0	0	0	75,829	4.00
5.00 Speech Pathology	0	0	0	0	0	4,281	5.00
6.00 Medical Social Services	0	0	0	0	0	1,419	6.00
7.00 Home Health Aide	0	0	0	0	0	7,601	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	30,326	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	10,523	191,451	1,104	0	15,406	2,682,596	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0185

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2016

Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Home Health Agency I

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Cost Center Description		OTHER	OTHER	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL CC	PLANT	PLANT CC	LINEN SERVICE		
		5.06	5.07	7.00	7.01	8.00	9.00	
1.00	Administrative and General	45,895	0	71,687	0	0	9,579	1.00
2.00	Skilled Nursing Care	273,047	0	0	0	0	0	2.00
3.00	Physical Therapy	108,011	0	0	0	0	0	3.00
4.00	Occupational Therapy	12,631	0	0	0	0	0	4.00
5.00	Speech Pathology	713	0	0	0	0	0	5.00
6.00	Medical Social Services	236	0	0	0	0	0	6.00
7.00	Home Health Aide	1,266	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	5,052	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	446,851	0	71,687	0	0	9,579	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		HOUSEKEEPING	DIETARY	DIETARY CC	CAFETERIA	NURSING	CENTRAL	
		CC				ADMINISTRATIVE	SERVICES & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	30,483	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	30,483	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

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0185

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2016

Part I
Date/Time Prepared:
5/23/2017 2:24 pm

Home Health Agency I

PPS

Cost Center Description		CENTRAL SERVICE & SUPPLY CC	PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC	
		14.01	15.00	15.01	16.00	17.00	17.01	
1.00	Administrative and General	0	560	0	43,303	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	560	0	43,303	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		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	477,032	0	477,032				1.00
2.00	Skilled Nursing Care	1,912,235	0	1,912,235	324,854	2,237,089		2.00
3.00	Physical Therapy	756,438	0	756,438	128,505	884,943		3.00
4.00	Occupational Therapy	88,460	0	88,460	15,028	103,488		4.00
5.00	Speech Pathology	4,994	0	4,994	848	5,842		5.00
6.00	Medical Social Services	1,655	0	1,655	281	1,936		6.00
7.00	Home Health Aide	8,867	0	8,867	1,506	10,373		7.00
8.00	Supplies (see instructions)	35,378	0	35,378	6,010	41,388		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	3,285,059	0	3,285,059	477,032	3,285,059		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.				0.169882			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0185 HHA CCN: 14-7443	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/23/2017 2:24 pm
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		Home Health Agency I	PPS
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)	COMMUNICATIONS (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
1.00 Administrative and General	1,760	0	1,579	137,462	0	20	1.00
2.00 Skilled Nursing Care	0	0	0	1,127,441	0	0	2.00
3.00 Physical Therapy	0	0	0	411,928	0	0	3.00
4.00 Occupational Therapy	0	0	0	51,119	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	946	0	0	6.00
7.00 Home Health Aide	0	0	0	5,388	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	1,760	0	1,579	1,734,284	0	20	20.00
21.00 Total cost to be allocated	10,314	0	1,802	566,799	0	10,523	21.00
22.00 Unit cost multiplier	5.860227	0.000000	1.141229	0.326820	0.000000	526.150000	22.00
Cost Center Description	DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.02	5.03	5.04	5.05	5A.06	5.06	
1.00 Administrative and General	175	12,882	0	4,841,586	0	275,525	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,639,188	2.00
3.00 Physical Therapy	0	0	0	0	0	648,427	3.00
4.00 Occupational Therapy	0	0	0	0	0	75,829	4.00
5.00 Speech Pathology	0	0	0	0	0	4,281	5.00
6.00 Medical Social Services	0	0	0	0	0	1,419	6.00
7.00 Home Health Aide	0	0	0	0	0	7,601	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	30,326	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	175	12,882	0	4,841,586	0	2,682,596	20.00
21.00 Total cost to be allocated	191,451	1,104	0	15,406	0	446,851	21.00
22.00 Unit cost multiplier	1,094.005714	0.085701	0.000000	0.003182	0	0.166574	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0185
HHA CCN: 14-7443

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

Worksheet H-2 Part II
Date/Time Prepared: 5/23/2017 2:24 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOME HEALTH AGENCY I HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	
		(COST)						
		5.07	7.00	7.01	8.00	9.00	9.01	
1.00	Administrative and General	0	1,760	0	0	281	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	1,760	0	0	281	0	20.00
21.00	Total cost to be allocated	0	71,687	0	0	9,579	0	21.00
22.00	Unit cost multiplier	0.000000	40.731250	0.000000	0.000000	34.088968	0.000000	22.00
Cost Center Description		DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	
		10.00	10.01	11.00	13.00	14.00	14.01	
1.00	Administrative and General	0	0	1,978	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	1,978	0	0	0	20.00
21.00	Total cost to be allocated	0	0	30,483	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	15.411021	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0185

HHA CCN: 14-7443

Period:

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

Worksheet H-2

Part II
Date/Time Prepared: 5/23/2017 2:24 pm

Home Health Agency I

PPS

Cost Center Description	PHARMACY (COSTED REQUISITIONS)	PHARMACY CC (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)		
	15.00	15.01	16.00	17.00	17.01		
1.00 Administrative and General	594	0	377	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	594	0	377	0	0		20.00
21.00 Total cost to be allocated	560	0	43,303	0	0		21.00
22.00 Unit cost multiplier	0.942761	0.000000	114.862069	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0185 HHA CCN: 14-7443		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part I Date/Time Prepared: 5/23/2017 2:24 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	2,237,089		2,237,089	7,138	313.41		
2.00	Physical Therapy	3.00	884,943	0	884,943	5,199	170.21		
3.00	Occupational Therapy	4.00	103,488	0	103,488	513	201.73		
4.00	Speech Pathology	5.00	5,842	0	5,842	1,280	4.56		
5.00	Medical Social Services	6.00	1,936		1,936	107	18.09		
6.00	Home Health Aide	7.00	10,373		10,373	24	432.21		
7.00	Total (sum of lines 1-6)		3,243,671	0	3,243,671	14,261			
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
		0	1.00	2.00	Part B				
					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		41180	0	2,614		8.00		
8.01	Skilled Nursing Care		44100	0	0		8.01		
8.02	Skilled Nursing Care		99914	0	0		8.02		
9.00	Physical Therapy		41180	0	2,109		9.00		
9.01	Physical Therapy		44100	0	0		9.01		
9.02	Physical Therapy		99914	0	0		9.02		
10.00	Occupational Therapy		41180	0	221		10.00		
10.01	Occupational Therapy		44100	0	0		10.01		
10.02	Occupational Therapy		99914	0	0		10.02		
11.00	Speech Pathology		41180	0	33		11.00		
11.01	Speech Pathology		44100	0	0		11.01		
11.02	Speech Pathology		99914	0	0		11.02		
12.00	Medical Social Services		41180	0	6		12.00		
12.01	Medical Social Services		44100	0	0		12.01		
12.02	Medical Social Services		99914	0	0		12.02		
13.00	Home Health Aide		41180	0	19		13.00		
13.01	Home Health Aide		44100	0	0		13.01		
13.02	Home Health Aide		99914	0	0		13.02		
14.00	Total (sum of lines 8-13)			0	5,002		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	41,388	0	41,388	55,274	0.748779		
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		
Cost Center Description		Program Visits			Cost of Services				
		Part B			Part A				
		Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance				
		6.00			7.00		8.00		9.00
		7.00			8.00		9.00		10.00
		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	2,614		0	819,254	1.00		
2.00	Physical Therapy	0	2,109		0	358,973	2.00		
3.00	Occupational Therapy	0	221		0	44,582	3.00		
4.00	Speech Pathology	0	33		0	150	4.00		
5.00	Medical Social Services	0	6		0	109	5.00		
6.00	Home Health Aide	0	19		0	8,212	6.00		
7.00	Total (sum of lines 1-6)	0	5,002		0	1,231,280	7.00		

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0185 HHA CCN: 14-7443	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/23/2017 2:24 pm
				Title XVIII	Home Health Agency I	PPS

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
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	819,254						1.00
2.00	Physical Therapy	358,973						2.00
3.00	Occupational Therapy	44,582						3.00
4.00	Speech Pathology	150						4.00
5.00	Medical Social Services	109						5.00
6.00	Home Health Aide	8,212						6.00
7.00	Total (sum of lines 1-6)	1,231,280						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0185

Period:

Worksheet H-3

HHA CCN: 14-7443

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

Part II
Date/Time Prepared:
5/23/2017 2:24 pm

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.201469	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.164417	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.275670	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.898253	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.144093	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 HHA CCN: 14-7443	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,446,108	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	4,912	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	55,038	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	23,796	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	-1,571	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,528,283	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,528,283	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,528,283	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,528,283	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	1,528,283	31.00
31.01	Sequestration adjustment (see instructions)	0	30,566	31.01
32.00	Interim payments (see instructions)	0	1,497,717	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 14-0185
HHA CCN: 14-7443

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

Worksheet H-5
Date/Time Prepared:
5/23/2017 2:24 pm

		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		1,497,717	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		1,497,717	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,497,717	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0185	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/23/2017 2:24 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,548,102	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		31,677	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)		158.50	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.23	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.42	8.00
9.00	Sum of lines 7 and 8		24.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.12	10.00
11.00	Disproportionate share adjustment (see instructions)		181,663	11.00
12.00	Total prospective capital payments (see instructions)		3,761,442	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00