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: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/15/2017 3:49 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/15/2017 Time: 3:49 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 METHODIST MEDICAL CTR OF ILLINOIS (14-0209) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	235,099	-8,721	-6,387	0	1.00
2.00	Subprovider - IPF	0	67,079	121		0	2.00
3.00	Subprovider - IRF	0	-68,739	208		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	126		0	9.00
200.00	Total	0	233,439	-8,266	-6,387	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/15/2017 3:48 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 221 N E GLEN OAK	PO Box:			1.00
2.00	City: PEORIA	State: IL	Zip Code: 61636	County: PEORIA	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	METHODIST MEDICAL CTR OF ILLINOIS	140209	37900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	METHODIST MED CTR - PSYCH	14S209	37900	4	12/15/1983	N	P	P	4.00
5.00	Subprovider - IRF	METHODIST MED CTR - REHAB	14T209	37900	5	12/15/1993	N	P	P	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	METHODIST HOME CARE	147259	37900		06/01/1992	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	METHODIST HOSPICE	141537	37900		01/01/1990				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: 1.00	To: 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.	1,929	8,298	2	0	5,249	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	65	224	0	0	124		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	2.12	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	7.97	20.18	0.283126	65.00
65.01		FAMILY MEDICINE - GERIATRIC MEDICINE	1351	0.64	0.49	0.566372	65.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/15/2017 3:48 pm

		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	10.34	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	4.22	24.05	0.149275	67.00
67.01				0.00	0.00	0.000000	67.01

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			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)	N		0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00

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		V	XIX	
		1.00	2.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N				109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,385,394	39,333	1,608,594	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/15/2017 3:48 pm

		1.00	2.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0721	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: PEORIA HOME OFFICE	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 221 NE GLEN OAK	PO Box:		142.00
143.00	City: PEORIA	State: IL	Zip Code: 61636	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		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)	0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2016	12/29/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2017	Y	03/31/2017	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.	Y		Y		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: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MONICA		SUTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5144		MONICA.SUTTER@UNITYPOINT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/15/2017 3:48 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.	SENIOR REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/15/2017 3:48 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	174	63,684	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)		174	63,684	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,392	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	34.00	12	4,392	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		198	72,468	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	44	16,104		0	16.00
17.00	SUBPROVIDER - IRF	41.00	36	13,176		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		278				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)		19	6,954			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: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/15/2017 3:48 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,173	11,994	39,622			1.00
2.00	HMO and other (see instructions)	5,434	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	473	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)	15,173	11,994	39,622			7.00
8.00	INTENSIVE CARE UNIT	2,194	179	2,373			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	75	2,589			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		2,508	4,680			13.00
14.00	Total (see instructions)	17,367	14,756	49,264	31.86	1,692.34	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,900	0	13,349	6.75	79.36	16.00
17.00	SUBPROVIDER - IRF	4,836	413	6,216	0.00	34.14	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	27,855	0	64,246	0.00	74.87	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	17.68	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)				38.61	1,898.39	27.00
28.00	Observation Bed Days		1,373	5,439			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			676			30.00
31.00	Employee discount days - IRF			113			31.00
32.00	Labor & delivery days (see instructions)	0	722	1,239			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: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/15/2017 3:48 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,816	5,018	11,210	1.00
2.00	HMO and other (see instructions)			1,123	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,816	5,018	11,210	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	351	0	2,258	16.00
17.00	SUBPROVIDER - IRF	0.00	0	336	0	444	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	139,356,759	0	139,356,759	4,051,899.00	34.39	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		4,103,849	0	4,103,849	42,946.00	95.56	3.00
4.00	Physician-Part A - Administrative		1,170,362	0	1,170,362	8,246.00	141.93	4.00
4.01	Physicians - Part A - Teaching		1,610,444	0	1,610,444	14,383.00	111.97	4.01
5.00	Physician and Non Physician-Part B		42,423,869	0	42,423,869	445,119.00	95.31	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	4,664,573	-1,594,239	3,070,334	107,907.00	28.45	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		17,410,787	1,023,904	18,434,691	726,229.00	25.38	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,389,580	0	3,389,580	102,500.00	33.07	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		473,017	0	473,017	2,306.00	205.12	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		29,302,514	0	29,302,514	826,903.00	35.44	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		111,846	0	111,846	839.00	133.31	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		23,108,151	0	23,108,151			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,161,206	0	5,161,206			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		1,273,014	0	1,273,014			21.00
22.00	Physician Part A - Administrative		128,695	0	128,695			22.00
22.01	Physician Part A - Teaching		163,557	0	163,557			22.01
23.00	Physician Part B		4,913,243	0	4,913,243			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,084,395	0	1,084,395			25.00
25.50	Home office wage-related		6,813,037	0	6,813,037			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		7,999	0	7,999			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,449,925	-1,023,904	426,021	31,900.00	13.35	26.00
27.00	Administrative & General	5.00	2,139,684	0	2,139,684	120,324.00	17.78	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,804,542	0	1,804,542	17,389.00	103.77	28.00
29.00	Maintenance & Repairs	6.00	1,855,529	0	1,855,529	68,491.00	27.09	29.00
30.00	Operation of Plant	7.00	923,689	0	923,689	49,096.00	18.81	30.00
31.00	Laundry & Linen Service	8.00	130,238	0	130,238	8,350.00	15.60	31.00
32.00	Housekeeping	9.00	2,077,645	0	2,077,645	152,431.00	13.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,943,018	-536,585	1,406,433	36,935.00	38.08	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	472,926	536,585	1,009,511	113,910.00	8.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	888,593	0	888,593	34,006.00	26.13	38.00
39.00	Central Services and Supply	14.00	653,085	0	653,085	40,241.00	16.23	39.00
40.00	Pharmacy	15.00	3,829,593	0	3,829,593	93,364.00	41.02	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0209

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

Worksheet S-3
Part III
Date/Time Prepared:
5/15/2017 3:48 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		88,358,566	1,594,239	89,952,805	3,458,933.00	26.01	1.00
2.00	Excluded area salaries (see instructions)		17,410,787	1,023,904	18,434,691	726,229.00	25.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)		70,947,779	570,335	71,518,114	2,732,704.00	26.17	3.00
4.00	Subtotal other wages & related costs (see inst.)		33,276,957	0	33,276,957	932,548.00	35.68	4.00
5.00	Subtotal wage-related costs (see inst.)		30,057,882	0	30,057,882	0.00	42.03	5.00
6.00	Total (sum of lines 3 thru 5)		134,282,618	570,335	134,852,953	3,665,252.00	36.79	6.00
7.00	Total overhead cost (see instructions)		18,168,467	-1,023,904	17,144,563	766,437.00	22.37	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/15/2017 3:48 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	7,158,067	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	5,929,905	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	12,228	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)	0	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)	10,394,498	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	261,515	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	98,630	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)	904,380	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,359,498	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	8,983,438	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	57,700	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	167,334	22.00
23.00	Tuition Reimbursement	505,069	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	35,832,262	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: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part V Date/Time Prepared: 5/15/2017 3:48 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	3,389,580	35,832,262	1.00
2.00	Hospital	3,389,580	34,453,824	2.00
3.00	Subprovider - IPF	0	960,941	3.00
4.00	Subprovider - IRF	0	417,497	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 14-0209
Component CCN: 14-7259

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

Worksheet S-4
Date/Time Prepared: 5/15/2017 3:48 pm

		Home Health Agency I				PPS	
					1.00		
0.00	County				PEORIA		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	5,485	0	5,040	10,525	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,128.00	0.00	1,474.00	2,602.00	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	23.59	0.00	23.59	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	0.00	0.00	5.00
6.00	Direct Nursing Service			44.74	0.00	44.74	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	8.54	8.54	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	2.69	2.69	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.39	0.39	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.48	0.00	1.48	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			5.06	0.00	5.06	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.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			37900			20.00
20.01				99914			20.01
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	11,706	1,885	396	131	14,118	21.00
22.00	Skilled Nursing Visit Charges	2,112,306	341,313	71,775	23,744	2,549,138	22.00
23.00	Physical Therapy Visits	7,159	259	43	65	7,526	23.00
24.00	Physical Therapy Visit Charges	1,345,892	48,692	8,084	12,220	1,414,888	24.00
25.00	Occupational Therapy Visits	2,120	84	10	32	2,246	25.00
26.00	Occupational Therapy Visit Charges	398,560	15,792	1,880	6,016	422,248	26.00
27.00	Speech Pathology Visits	248	15	4	3	270	27.00
28.00	Speech Pathology Visit Charges	46,624	2,820	752	564	50,760	28.00
29.00	Medical Social Service Visits	357	26	8	4	395	29.00
30.00	Medical Social Service Visit Charges	80,325	5,850	1,800	900	88,875	30.00
31.00	Home Health Aide Visits	3,014	258	6	22	3,300	31.00
32.00	Home Health Aide Visit Charges	272,767	23,349	543	1,991	298,650	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	24,604	2,527	467	257	27,855	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)	4,256,474	437,816	84,834	45,435	4,824,559	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,339		160	21	1,520	36.00
37.00	Total Number of Outlier Episodes		60		1	61	37.00
38.00	Total Non-Routine Medical Supply Charges	79,969	17,864	4,412	1,009	103,254	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/15/2017 3:48 pm

Hospice I

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
	Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	18,654	0	0	18,654	11.00
12.00	Hospice Inpatient Respite Care	33	0	0	33	12.00
13.00	Hospice General Inpatient Care	616	0	0	616	13.00
14.00	Total Hospice Days	19,303	0	0	19,303	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/15/2017 3:48 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)	0.228645	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	21,496,638	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	240,631,823	6.00
7.00	Medicaid cost (line 1 times line 6)	55,019,263	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)	33,522,625	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	75	9.00
10.00	Stand-alone CHIP charges	1,612	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	369	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	294	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)	33,522,919	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)	2,077,403	1,621,976	3,699,379	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	474,988	370,857	845,845	21.00
22.00	Partial payment by patients approved for charity care	43,576	60,037	103,613	22.00
23.00	Cost of charity care (line 21 minus line 22)	431,412	310,820	742,232	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	11,442,628	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	657,264	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	10,785,364	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,466,020	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,208,252	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	36,731,171	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,399,751	8,399,751	235,180	8,634,931	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,214,379	1,214,379	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,056,174	833,326	1,889,500	-1,117,163	772,337	4.00
4.01	00401	PARKING	393,751	811,285	1,205,036	-896,052	308,984	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	2,139,684	8,975,083	11,114,767	-384,038	10,730,729	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,855,529	2,280,433	4,135,962	-261	4,135,701	6.00
7.00	00700	OPERATION OF PLANT	923,689	9,983,262	10,906,951	-1,990	10,904,961	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	130,238	219,344	349,582	0	349,582	8.00
9.00	00900	HOUSEKEEPING	2,077,645	1,643,996	3,721,641	0	3,721,641	9.00
10.00	01000	DIETARY	1,943,018	1,787,027	3,730,045	-1,379,248	2,350,797	10.00
11.00	01100	CAFETERIA	472,926	186,292	659,218	1,366,949	2,026,167	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	888,593	208,054	1,096,647	0	1,096,647	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	653,085	-2,187,565	-1,534,480	696,215	-838,265	14.00
15.00	01500	PHARMACY	3,829,593	9,420,878	13,250,471	-8,174,636	5,075,835	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	5,557,001	5,395,429	10,952,430	-1,860	10,950,570	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	4,664,573	2,453,234	7,117,807	-1,594,239	5,523,568	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	1,049,063	1,049,063	1,594,239	2,643,302	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,587,175	6,421,303	21,008,478	-1,507,705	19,500,773	30.00
31.00	03100	INTENSIVE CARE UNIT	1,545,252	701,886	2,247,138	1,808,560	4,055,698	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,635,522	654,984	2,290,506	-2,020,730	269,776	34.00
40.00	04000	SUBPROVIDER - IPF	3,936,243	1,098,411	5,034,654	195,783	5,230,437	40.00
41.00	04100	SUBPROVIDER - IRF	1,809,833	580,081	2,389,914	-7,503	2,382,411	41.00
43.00	04300	NURSERY	1,228,711	888,533	2,117,244	-140,961	1,976,283	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,646,187	26,459,025	33,105,212	-9,843,215	23,261,997	50.00
51.00	05100	RECOVERY ROOM	1,529,149	563,607	2,092,756	-107,169	1,985,587	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,421,795	2,300,819	4,722,614	-1,912,137	2,810,477	52.00
53.00	05300	ANESTHESIOLOGY	9,112,012	2,786,553	11,898,565	-415,322	11,483,243	53.00
53.01	03950	PAIN CLINIC	467,507	581,112	1,048,619	-894,921	153,698	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,679,727	2,658,435	6,338,162	-646,249	5,691,913	54.00
54.01	05401	NORTHSIDE IMAGING	103,113	32,412	135,525	340,133	475,658	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	64,864	32,720	97,584	213,956	311,540	54.02
54.03	05403	NORTHSIDE ULTRASOUND	91,212	26,138	117,350	190,184	307,534	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	15,380	1,171,436	1,186,816	-1,186,816	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	934,347	1,631,450	2,565,797	48,158	2,613,955	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	398,020	1,305,429	1,703,449	-533,157	1,170,292	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	440,451	451,319	891,770	-21,693	870,077	57.00
57.01	05701	NORTHSIDE CT	67,821	56,967	124,788	200,751	325,539	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	388,146	186,771	574,917	-583	574,334	58.00
58.01	05801	NORTHSIDE MRI	84,061	74,223	158,284	239,888	398,172	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	629,471	629,471	59.00
60.00	06000	LABORATORY	5,019,329	10,456,942	15,476,271	-1,097,216	14,379,055	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	906,526	906,526	63.00
64.00	06400	INTRAVENOUS THERAPY	95,664	24,576	120,240	2,998,568	3,118,808	64.00
65.00	06500	RESPIRATORY THERAPY	1,342,565	637,424	1,979,989	-548,161	1,431,828	65.00
66.00	06600	PHYSICAL THERAPY	0	2,953,104	2,953,104	-1,128,954	1,824,150	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	652,268	652,268	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	503,166	503,166	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	278,360	278,360	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	775,161	371,943	1,147,104	-15,620	1,131,484	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	1,170,615	1,170,615	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	9,327,935	9,327,935	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,541,075	12,541,075	73.00
74.00	07400	RENAL DIALYSIS	211,390	192,110	403,500	-39,624	363,876	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	520,216	93,372	613,588	-142,130	471,458	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	638,085	493,056	1,131,141	-53,890	1,077,251	76.01
76.02	03140	CARDIOLOGY	539,759	290,653	830,412	-16,275	814,137	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	207,691	207,691	76.03
76.97	07697	CARDIAC REHABILITATION	10,432	2,422	12,854	0	12,854	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	316,334	316,334	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.99	07699	LITHOTRIPSY	0	25	25	-25	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,567,736	1,271,162	2,838,898	959,804	3,798,702	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,136,725	1,855,402	2,992,127	-193,947	2,798,180	90.01
90.03	09002	PHYSICIAN OFFICES	38,282,672	29,244,040	67,526,712	-3,024,340	64,502,372	90.03
90.06	09003	DIABETIC CARE CENTER	443,647	227,593	671,240	-5,157	666,083	90.06
90.07	09004	WOUND CARE CENTER	713,799	872,708	1,586,507	-354,429	1,232,078	90.07
91.00	09100	EMERGENCY	4,179,842	5,569,650	9,749,492	-1,419,292	8,330,200	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	15,879	15,879	-15,879	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,572,696	3,897,286	8,469,982	0	8,469,982	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		2,880,329	2,880,329	0	2,880,329	113.00
116.00	11600	HOSPICE	1,035,821	1,800,554	2,836,375	0	2,836,375	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	138,857,566	165,272,736	304,130,302	-2,006,399	302,123,903	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	278,318	1,054,381	1,332,699	0	1,332,699	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	220,875	498,607	719,482	-585	718,897	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	2,006,984	2,006,984	194.05
200.00		TOTAL (SUM OF LINES 118-199)	139,356,759	166,825,724	306,182,483	0	306,182,483	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	357,774	8,992,705		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,214,379		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,904,892	5,677,229		4.00
4.01	00401	PARKING	-308,984	0		4.01
5.00	00500	ADMINISTRATIVE & GENERAL	48,249,085	58,979,814		5.00
6.00	00600	MAINTENANCE & REPAIRS	-63,548	4,072,153		6.00
7.00	00700	OPERATION OF PLANT	132,318	11,037,279		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-334	349,248		8.00
9.00	00900	HOUSEKEEPING	0	3,721,641		9.00
10.00	01000	DIETARY	-247	2,350,550		10.00
11.00	01100	CAFETERIA	-1,359,031	667,136		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	5,712,369	6,809,016		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-838,265		14.00
15.00	01500	PHARMACY	-766,504	4,309,331		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,243,559	2,243,559		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	-10,950,570	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	-95,397	5,428,171		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	-62,388	2,580,914		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-642,065	18,858,708		30.00
31.00	03100	INTENSIVE CARE UNIT	-6,234	4,049,464		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,285	268,491		34.00
40.00	04000	SUBPROVIDER - IPF	0	5,230,437		40.00
41.00	04100	SUBPROVIDER - IRF	-8,019	2,374,392		41.00
43.00	04300	NURSERY	-487,492	1,488,791		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-31,221	23,230,776		50.00
51.00	05100	RECOVERY ROOM	0	1,985,587		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,240,899	1,569,578		52.00
53.00	05300	ANESTHESIOLOGY	-9,620,863	1,862,380		53.00
53.01	03950	PAIN CLINIC	-82,597	71,101		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-185,889	5,506,024		54.00
54.01	05401	NORTHSIDE IMAGING	7,485	483,143		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	4,709	316,249		54.02
54.03	05403	NORTHSIDE ULTRASOUND	4,185	311,719		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-680,259	1,933,696		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	-500	1,169,792		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	870,077		57.00
57.01	05701	NORTHSIDE CT	4,427	329,966		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	574,334		58.00
58.01	05801	NORTHSIDE MRI	5,312	403,484		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	629,471		59.00
60.00	06000	LABORATORY	-370,524	14,008,531		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	906,526		63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,118,808		64.00
65.00	06500	RESPIRATORY THERAPY	-6,986	1,424,842		65.00
66.00	06600	PHYSICAL THERAPY	-188,006	1,636,144		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	652,268		67.00
68.00	06800	SPEECH PATHOLOGY	0	503,166		68.00
69.00	06900	ELECTROCARDIOLOGY	0	278,360		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-40,901	1,090,583		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	1,170,615		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	9,327,935		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,541,075		73.00
74.00	07400	RENAL DIALYSIS	0	363,876		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	471,458		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	1,077,251		76.01
76.02	03140	CARDIOLOGY	0	814,137		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	207,691		76.03
76.97	07697	CARDIAC REHABILITATION	12,227	25,081		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	316,334		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-461,132	3,337,570	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	-1,187,715	1,610,465	90.01
90.03	09002	PHYSICIAN OFFICES	-41,840,566	22,661,806	90.03
90.06	09003	DIABETIC CARE CENTER	-349,941	316,142	90.06
90.07	09004	WOUND CARE CENTER	-367,950	864,128	90.07
91.00	09100	EMERGENCY	-2,804,963	5,525,237	91.00
92.00	09200	OBSERVATION BEDS			92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	-11,718	8,458,264	101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-2,880,329	0	113.00
116.00	11600	HOSPICE	0	2,836,375	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,466,715	286,657,188	118.00
	NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	-9,865	1,322,834	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	194.00
194.01	07951	FOUNDATION	0	0	194.01
194.02	07952	WELLNESS CENTER	-77,647	641,250	194.02
194.03	07954	CAPITAL LABOR	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	2,006,984	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-15,554,227	290,628,256	200.00

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/15/2017 3:48 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - MEDICAL SUPPLIES RECLASS				
1.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0	1,170,615	1.00
2.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	9,327,935	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	819,447	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	0		0	11,317,997	
	B - DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,541,075	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	51,827	2.00
3.00	SUBPROVIDER - IPF	40.00	0	4,637	3.00
4.00	PAIN CLINIC	53.01	0	7	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	0		0	12,597,546	

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/15/2017 3:48 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	C - FOOD PREP RECLASS					
1.00	CAFETERIA	11.00	536,585	830,364		1.00
	0		536,585	830,364		
	D - PARKING RECLASS					
1.00	OTHER NON-REIMBURSABLE	194.05	292,789	603,263		1.00
	0		292,789	603,263		
	E - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,088,575		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
	0		0	1,088,575		
	F - CHILD CARE					
1.00	OTHER NON-REIMBURSABLE	194.05	731,115	379,817		1.00
	0		731,115	379,817		
	I - IP AMBULANCE					
1.00	ADULTS & PEDIATRICS	30.00	0	15,879		1.00
	0		0	15,879		
	L - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	235,180		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	125,804		2.00
	0		0	360,984		
	M - NORTHSIDE ADMIN ALLOCATION					
1.00	NORTHSIDE IMAGING	54.01	4,406	335,727		1.00
2.00	NORTHSIDE MRI	58.01	3,129	238,258		2.00
3.00	NORTHSIDE CT	57.01	2,607	198,549		3.00
4.00	NORTHSIDE MAMMOGRAPHY	54.02	2,773	211,183		4.00
5.00	NORTHSIDE ULTRASOUND	54.03	2,465	187,719		5.00
	0		15,380	1,171,436		
	N - HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	65,952	250,382		1.00
	0		65,952	250,382		
	P - BH ADMIN					
1.00	SUBPROVIDER - IPF	40.00	0	191,146		1.00
	0		0	191,146		
	Q - COST CENTER MAPPING RECLASSES					
1.00	ADULTS & PEDIATRICS	30.00	358,778	211,203		1.00
2.00	INTENSIVE CARE UNIT	31.00	1,501,337	399,096		2.00
3.00	NURSERY	43.00	132	561		3.00
4.00	OPERATING ROOM	50.00	1,160,020	955,263		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	42,874	31,992		5.00
6.00	ANESTHESIOLOGY	53.00	3,255	3,466		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	97,493	72,457		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	52,104	14,118		8.00
9.00	CARDIAC CATHETERIZATION	59.00	390,665	238,806		9.00
10.00	LABORATORY	60.00	35,211	14,698		10.00
11.00	INTRAVENOUS THERAPY	64.00	2,112,588	942,730		11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	652,268		12.00
13.00	SPEECH PATHOLOGY	68.00	15,168	487,998		13.00
14.00	ELECTROCARDIOLOGY	69.00	214,156	64,204		14.00
15.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	8,941	2,243		15.00
16.00	PULMONARY FUNCTION TESTING	76.03	156,622	51,069		16.00
17.00	CLINIC	90.00	736,258	491,257		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
	0		6,885,602	4,633,429		
	R - TEACHING PHYSICIAN SALARY					
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	1,594,239	0		1.00
	0		1,594,239	0		
	S - BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	906,526		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,178		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/15/2017 3:48 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00		0.00	0	0	5.00
	0		0	908,704	
500.00	Grand Total: Increases		10,121,662	34,349,522	500.00

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/15/2017 3:48 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MEDICAL SUPPLIES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	1,295	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	216	0		2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	583	0		3.00
4.00	OPERATING ROOM	50.00	0	1,828,498	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,447	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	4	0		6.00
7.00	PAIN CLINIC	53.01	0	138	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	40,913	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	82	0		9.00
10.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	2,210	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	67	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	95,005	0		12.00
13.00	GASTRO INTESTINAL SERVICES	76.01	0	17,531	0		13.00
14.00	EMERGENCY	91.00	0	73	0		14.00
15.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,417	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	474	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	69	0		17.00
18.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	356	0		18.00
19.00	OPERATING ROOM	50.00	0	9,017,199	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,827	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	1,101	0		21.00
22.00	PAIN CLINIC	53.01	0	87	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	260,821	0		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	174	0		24.00
25.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	4,799	0		25.00
26.00	NORTHSIDE CT	57.01	0	218	0		26.00
27.00	NORTHSIDE MRI	58.01	0	696	0		27.00
28.00	GASTRO INTESTINAL SERVICES	76.01	0	32,687	0		28.00
29.00	CLINIC	90.00	0	174	0		29.00
30.00	CHILLI FAMILY PHYSICIANS	90.01	0	261	0		30.00
31.00	PHYSICIAN OFFICES	90.03	0	87	0		31.00
32.00	EMERGENCY	91.00	0	4,488	0		32.00
	0		0	11,317,997			
	B - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,231	0		1.00
2.00	DIETARY	10.00	0	12,299	0		2.00
3.00	PHARMACY	15.00	0	8,174,636	0		3.00
4.00	NURSING SCHOOL	20.00	0	1,860	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	75,063	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	4,362	0		6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	8,911	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	7,503	0		8.00
9.00	NURSERY	43.00	0	1,121	0		9.00
10.00	OPERATING ROOM	50.00	0	51,901	0		10.00
11.00	RECOVERY ROOM	51.00	0	11,407	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	16,590	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	420,938	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,555	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	191	0		15.00
16.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	198,108	0		16.00
17.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	2,645	0		17.00
18.00	NORTHSIDE CT	57.01	0	187	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	516	0		19.00
20.00	NORTHSIDE MRI	58.01	0	803	0		20.00
21.00	LABORATORY	60.00	0	16,250	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	13,471	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	5	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	291	0		24.00
25.00	RENAL DIALYSIS	74.00	0	1,826	0		25.00
26.00	GASTRO INTESTINAL SERVICES	76.01	0	3,672	0		26.00
27.00	CARDIOLOGY	76.02	0	2,715	0		27.00
28.00	LITHOTRIPSY	76.99	0	25	0		28.00
29.00	CLINIC	90.00	0	267,537	0		29.00
30.00	CHILLI FAMILY PHYSICIANS	90.01	0	193,552	0		30.00
31.00	PHYSICIAN OFFICES	90.03	0	3,024,253	0		31.00
32.00	DIABETIC CARE CENTER	90.06	0	196	0		32.00

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/15/2017 3:48 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
33.00	WOUND CARE CENTER	90.07	0	38,095	0	33.00
34.00	EMERGENCY	91.00	0	7,831	0	34.00
	0		0	12,597,546		
	C - FOOD PREP RECLASS					
1.00	DIETARY	10.00	536,585	830,364	0	1.00
	0		536,585	830,364		
	D - PARKING RECLASS					
1.00	PARKING	4.01	292,789	603,263	0	1.00
	0		292,789	603,263		
	E - EQUIPMENT RENTAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,054	10	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	261	0	2.00
3.00	OPERATION OF PLANT	7.00	0	1,990	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	173,642	0	4.00
5.00	OPERATING ROOM	50.00	0	328,145	0	5.00
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	316,461	0	6.00
7.00	LABORATORY	60.00	0	244,303	0	7.00
8.00	CHILLI FAMILY PHYSICIANS	90.01	0	134	0	8.00
9.00	WELLNESS CENTER	194.02	0	585	0	9.00
	0		0	1,088,575		
	F - CHILD CARE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	731,115	379,817	0	1.00
	0		731,115	379,817		
	I - IP AMBULANCE					
1.00	AMBULANCE SERVICES	95.00	0	15,879	0	1.00
	0		0	15,879		
	L - PROPERTY INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	360,984	12	1.00
2.00		0.00	0	0	12	2.00
	0		0	360,984		
	M - NORTHSIDE ADMIN ALLOCATION					
1.00	NORTHSIDE ADMIN	54.05	15,380	1,171,436	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	0		15,380	1,171,436		
	N - HYPERBARIC OXYGEN					
1.00	WOUND CARE CENTER	90.07	65,952	250,382	0	1.00
	0		65,952	250,382		
	P - BH ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	0	191,146	0	1.00
	0		0	191,146		
	Q - COST CENTER MAPPING RECLASSES					
1.00	ADULTS & PEDIATRICS	30.00	1,398,178	429,587	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	66,245	20,981	0	2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,588,590	422,290	0	3.00
4.00	NURSERY	43.00	80,480	60,053	0	4.00
5.00	OPERATING ROOM	50.00	442,267	270,349	0	5.00
6.00	RECOVERY ROOM	51.00	74,897	19,899	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	1,064,482	899,657	0	7.00
8.00	PAIN CLINIC	53.01	460,005	434,698	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	256,559	224,862	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	7,908	9,883	0	10.00
11.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	13,334	5,080	0	11.00
12.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	8,315	3,724	0	12.00
13.00	INTRAVENOUS THERAPY	64.00	45,245	11,505	0	13.00
14.00	RESPIRATORY THERAPY	65.00	338,271	101,414	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	1,128,949	0	15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	11,061	4,268	0	16.00
17.00	RENAL DIALYSIS	74.00	28,938	8,322	0	17.00
18.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	131,259	22,055	0	18.00
19.00	CARDIOLOGY	76.02	10,855	2,705	0	19.00
20.00	DIABETIC CARE CENTER	90.06	2,484	2,477	0	20.00
21.00	EMERGENCY	91.00	856,229	550,671	0	21.00
	0		6,885,602	4,633,429		
	R - TEACHING PHYSICIAN SALARY					
1.00	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	1,594,239	0	0	1.00
	0		1,594,239	0		

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/15/2017 3:48 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	S - BLOOD RECLASS					
1.00	OPERATING ROOM	50.00	0	20,139	0	1.00
2.00	RECOVERY ROOM	51.00	0	966	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	489	0	3.00
4.00	LABORATORY	60.00	0	886,572	0	4.00
5.00	RENAL DIALYSIS	74.00	0	538	0	5.00
	0		0	908,704		
500.00	Grand Total: Decreases		10,121,662	34,349,522		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I Date/Time Prepared: 5/15/2017 3:48 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,458,352	0	0	0	0	1.00
2.00	Land Improvements	8,648,006	2,090,896	0	2,090,896	781,068	2.00
3.00	Buildings and Fixtures	210,986,026	50,072,935	0	50,072,935	42,076,479	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	72,650,696	3,536,312	0	3,536,312	2,387,898	5.00
6.00	Movable Equipment	111,762,188	8,327,843	0	8,327,843	2,950,389	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	405,505,268	64,027,986	0	64,027,986	48,195,834	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	405,505,268	64,027,986	0	64,027,986	48,195,834	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,458,352	0	1.00
2.00	Land Improvements	9,957,834	0	2.00
3.00	Buildings and Fixtures	218,982,482	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	73,799,110	0	5.00
6.00	Movable Equipment	117,139,642	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	421,337,420	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	421,337,420	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/15/2017 3:48 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	8,399,751	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,399,751	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	8,399,751	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	8,399,751	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/15/2017 3:48 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	304,197,778	0	304,197,778	0.721981	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	117,139,642	0	117,139,642	0.278019	0	2.00
3.00	Total (sum of lines 1-2)	421,337,420	0	421,337,420	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,757,525	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,088,575	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,757,525	1,088,575	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	235,180	0	0	8,992,705	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	125,804	0	0	1,214,379	2.00
3.00	Total (sum of lines 1-2)	0	360,984	0	0	10,207,084	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/15/2017 3:48 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		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	-28,760	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-2,711	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-308,984	PARKING	4.01	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-45,884,122			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	59,330,514			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,269,655	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	B	-766,254	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	B	-10,668,020	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-89,376	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00			0		0.00	0	33.00
34.00			0		0.00	0	34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/15/2017 3:48 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.00	MALPRACTICE NET OF INCOME	A	-1,608,594	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00			0		0.00	0	36.00
37.00			0		0.00	0	37.00
37.01			0		0.00	0	37.01
37.02			0		0.00	0	37.02
38.00	A&G MISC INCOME	B	-68,280	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.01	MAINTENANCE MISC INCOME	B	-63,548	MAINTENANCE & REPAIRS	6.00	0	38.01
38.02	I&R MISC INCOME	B	-61,219	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	0	38.02
38.03	A&P MISC INCOME	B	-24,818	ADULTS & PEDIATRICS	30.00	0	38.03
38.04	SURGICAL ICU MISC INCOME	B	-1,285	SURGICAL INTENSIVE CARE UNIT	34.00	0	38.04
38.05	NURSERY MISC INCOME	B	-2,492	NURSERY	43.00	0	38.05
38.06	OR MISC INCOME	B	-3,190	INTENSIVE CARE UNIT	31.00	0	38.06
38.07	LABOR & DELIVERY MISC INCOME	B	-7,785	DELIVERY ROOM & LABOR ROOM	52.00	0	38.07
38.08	RAD-DIAG MISC INCOME	B	-31,893	RADIOLOGY-DIAGNOSTIC	54.00	0	38.08
38.09	PLANT OP MISC INCOME	B	-13,185	OPERATION OF PLANT	7.00	0	38.09
38.10	LAB MISC INCOME	B	-647	PAIN CLINIC	53.01	0	38.10
38.11	PT MISC INCOME	B	-127,692	PHYSICAL THERAPY	66.00	0	38.11
38.12			0		0.00	0	38.12
38.13	CLINIC MISC INCOME	B	-5,000	CLINIC	90.00	0	38.13
38.14	BENEFITS MISC INCOME	B	-3,748	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.14
38.15	PHYSICIAN OFFICE MISC INCOME	B	-2,414,977	PHYSICIAN OFFICES	90.03	0	38.15
38.16	DIABETIC MISC INCOME	B	-6,986	RESPIRATORY THERAPY	65.00	0	38.16
38.17	ER MISC INCOME	B	-275,344	EMERGENCY	91.00	0	38.17
38.18	RAD-THER MISC INCOME	B	-462,857	RADIOLOGY-THERAPEUTIC	55.00	0	38.18
38.19	LAUNDRY MISC INCOME	B	-334	LAUNDRY & LINEN SERVICE	8.00	0	38.19
38.20	DIETARY MISC INCOME	B	-247	DIETARY	10.00	0	38.20
38.22	CHILD CARE EMPLOYEE REVENUE	B	-405,455	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.22
39.00	PROMOTION EXPENSE	A	-14,256	ADMINISTRATIVE & GENERAL	5.00	0	39.00
39.01	PROMOTION EXPENSE	A	-1,738	HOME HEALTH AGENCY	101.00	0	39.01
39.02	PROMOTION EXPENSE	A	-775	ADULTS & PEDIATRICS	30.00	0	39.02
39.03	PROMOTION EXPENSE	A	-251,609	NURSING SCHOOL	20.00	0	39.03
39.04	PROMOTION EXPENSE	A	-8,275	DELIVERY ROOM & LABOR ROOM	52.00	0	39.04
39.05	PROMOTION EXPENSE	A	-250	PHARMACY	15.00	0	39.05
39.06	PROMOTION EXPENSE	A	-500	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	39.06
39.07	PROMOTION EXPENSE	A	-1,035	EMERGENCY	91.00	0	39.07
39.08			0		0.00	0	39.08
39.10	PROMOTION EXPENSE	A	-1,325	CHILLI FAMILY PHYSICIANS	90.01	0	39.10
39.11	PROMOTION EXPENSE	A	-1,909	PHYSICIAN OFFICES	90.03	0	39.11
39.12			0		0.00	0	39.12
39.14	PROMOTION EXPENSE	A	-11,852	WOUND CARE CENTER	90.07	0	39.14
40.00	PHYSICIAN RECRUITMENT	A	-30,941	NURSING SCHOOL	20.00	0	40.00
40.01	PHYSICIAN RECRUITMENT	A	-62,388	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	0	40.01
40.03	PHYSICIAN RECRUITMENT	A	-926	PHYSICIAN OFFICES	90.03	0	40.03
41.00			0		0.00	0	41.00
41.01			0		0.00	0	41.01
42.00			0		0.00	0	42.00
43.00	CRNA SALARIES	A	-4,103,849	ANESTHESIOLOGY	53.00	0	43.00
43.02	CRNA BENEFITS	A	-748,921	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.02
44.01	PHYSICIAN BENEFITS	A	-4,336	OPERATING ROOM	50.00	0	44.01
44.02	PHYSICIAN BENEFITS	A	-850,243	ANESTHESIOLOGY	53.00	0	44.02
44.03	PHYSICIAN BENEFITS	A	-1,679	ELECTROENCEPHALOGRAPHY	70.00	0	44.03
44.06	PHYSICIAN BENEFITS	A	-49,299	CLINIC	90.00	0	44.06
44.07	PHYSICIAN BENEFITS	A	-183,991	CHILLI FAMILY PHYSICIANS	90.01	0	44.07
44.08	PHYSICIAN BENEFITS	A	-6,035,483	PHYSICIAN OFFICES	90.03	0	44.08
44.09	PHYSICIAN BENEFITS	A	-39,550	DIABETIC CARE CENTER	90.06	0	44.09
44.10	PHYSICIAN BENEFITS	A	-63,394	WOUND CARE CENTER	90.07	0	44.10
45.00			0		0.00	0	45.00
46.00	REMOVE NON-ALLOWABLE INTEREST	A	-1,263,810	INTEREST EXPENSE	113.00	0	46.00
47.00	SELF INSURANCE ADJUSTMENT	A	-4,753,871	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
47.01	PENSION ADJUSTMENT	A	8,208,922	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,554,227				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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:
5/15/2017 3:48 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	

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: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/15/2017 3:48 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	PEORIA HOME OFFICE	2,607,965	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	PEORIA HOME OFFICE	2,243,559	0	2.00
3.00	13.00	NURSING ADMINISTRATION	PEORIA HOME OFFICE	5,712,369	0	3.00
3.01	7.00	OPERATION OF PLANT	PEORIA HOME OFFICE	148,214	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PEORIA HOME OFFICE	49,925,314	0	3.02
4.00	30.00	ADULTS & PEDIATRICS	PEORIA HOME OFFICE	323,021	0	4.00
4.01	113.00	INTEREST EXPENSE	PEORIA HOME OFFICE	1,263,810	2,880,329	4.01
4.02	90.03	PHYSICIAN OFFICES	GLEN OAK MEDICAL PLAZA	61,982	54,681	4.02
4.03	101.00	HOME HEALTH AGENCY	GLEN OAK MEDICAL PLAZA	83,917	93,897	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	43,661	0	4.04
4.05	194.02	WELLNESS CENTER	ATRIUM BUILDING	254,197	331,844	4.05
4.06	76.97	CARDIAC REHABILITATION	ATRIUM BUILDING	12,227	0	4.06
4.07	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	95,315	124,430	4.07
4.08	53.01	PAIN CLINIC	ATRIUM BUILDING	165,965	245,525	4.08
4.09	90.07	WOUND CARE CENTER	ATRIUM BUILDING	96,337	41,664	4.09
4.10	90.06	DIABETIC CARE CENTER	ATRIUM BUILDING	31,325	124,993	4.10
4.11	191.00	RESEARCH	ATRIUM BUILDING	32,294	42,159	4.11
4.12	70.00	ELECTROENCEPHALOGRAPHY	ATRIUM BUILDING	74,825	99,774	4.12
4.13	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	54,035	92,567	4.13
4.14	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	90,629	118,311	4.14
4.15	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	75,741	108,267	4.15
4.16	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	36,347	52,298	4.16
4.17	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	72,112	94,139	4.17
4.18	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	107,225	140,576	4.18
4.19	66.00	PHYSICAL THERAPY	ATRIUM BUILDING	97,817	127,695	4.19
4.20	21.00	I&R SRVCES-SALARY & FRINGES	FAMILY MEDICAL BUILDING	93,550	127,728	4.20
4.21	90.00	CLINIC	FAMILY MEDICAL BUILDING	189,930	324,140	4.21
4.22	90.03	PHYSICIAN OFFICES	METAMORA MEDICAL CLINIC	193,115	135,024	4.22
4.23	90.01	CHILLI FAMILY PHYSICIANS	CHILLICOTHE OFFICE	116,604	97,186	4.23
4.24	90.03	PHYSICIAN OFFICES	KNOXVILLE MEDPOINTE	108,570	110,000	4.24
4.25	90.03	PHYSICIAN OFFICES	CANTON BUILDING	148,213	111,345	4.25
4.26	90.03	PHYSICIAN OFFICES	PEKIN	155,913	236,970	4.26
4.27	90.03	PHYSICIAN OFFICES	FARMINGTON	46,031	35,537	4.27
4.28	90.01	CHILLI FAMILY PHYSICIANS	LACON	42,971	62,832	4.28
4.29	90.01	CHILLI FAMILY PHYSICIANS	PRINCEVILLE	51,159	43,500	4.29
4.30	90.03	PHYSICIAN OFFICES	EAST PEORIA	144,312	136,119	4.30
4.31	90.03	PHYSICIAN OFFICES	MMG AT STERLING	118,191	145,130	4.31
4.32	90.03	PHYSICIAN OFFICES	PEARTREE	184,330	132,135	4.32
4.33	90.03	PHYSICIAN OFFICES	KNOXVILLE CLINIC	13,556	0	4.33
4.34	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PRACTIC	58,136	136,325	4.34
4.36	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PEDS	36,509	73,406	4.36
4.37	90.03	PHYSICIAN OFFICES	MMG AT WASHINGTON	160,375	149,670	4.37
4.38	90.03	PHYSICIAN OFFICES	PODITORY	80,646	75,262	4.38
4.39	90.03	PHYSICIAN OFFICES	NORTHSIDE	915,352	752,616	4.39
4.40	90.03	PHYSICIAN OFFICES	NORTHSIDE	573,139	550,030	4.40
4.42	54.01	NORTHSIDE IMAGING	NORTHSIDE IMAGING	306,653	299,168	4.42
4.43	58.01	NORTHSIDE MRI	NORTHSIDE MRI	217,625	212,313	4.43
4.44	57.01	NORTHSIDE CT	NORTHSIDE CT	181,354	176,927	4.44
4.45	54.02	NORTHSIDE MAMMOGRAPHY	NORTHSIDE MAMMOGRAPH	192,895	188,186	4.45
4.46	54.03	NORTHSIDE ULTRASOUND	NORTHSIDE ULTRASOUND	171,462	167,277	4.46
4.47	90.03	PHYSICIAN OFFICES	PRAIRIE POINT	142,505	108,426	4.47
4.48	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	34,998	0	4.48
4.50	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	34,354	0	4.50
4.51	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	40,131	0	4.51
4.52	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	47,383	0	4.52
4.54	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	24,653	0	4.54
4.55	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	28,264	0	4.55
4.56	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	14,591	0	4.56
4.57	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	44,045	0	4.57
4.59	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	23,187	0	4.59
4.60	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	66,168	0	4.60
4.73	90.03	PHYSICIAN OFFICES	MMG ADMIN	14,058,535	14,078,693	4.73
5.00	0		0	82,769,608	23,439,094	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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/15/2017 3:48 pm

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

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

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

6.00	B	UNITYPOINT HEAL	100.00	UNITYPOINT HEAL	100.00	6.00
7.00	B	METHODIST SERVICES	100.00	METHODIST SERV	100.00	7.00
8.00	B	HEARTLAND HOME	100.00	HEARTLAND HOME	100.00	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: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-1 | Date/Time Prepared: 5/15/2017 3:48 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	2,607,965	0		1.00
2.00	2,243,559	0		2.00
3.00	5,712,369	0		3.00
3.01	148,214	0		3.01
3.02	49,925,314	0		3.02
4.00	323,021	0		4.00
4.01	-1,616,519	0		4.01
4.02	7,301	0		4.02
4.03	-9,980	0		4.03
4.04	43,661	0		4.04
4.05	-77,647	0		4.05
4.06	12,227	0		4.06
4.07	-29,115	0		4.07
4.08	-79,560	0		4.08
4.09	54,673	0		4.09
4.10	-93,668	0		4.10
4.11	-9,865	0		4.11
4.12	-24,949	0		4.12
4.13	-38,532	0		4.13
4.14	-27,682	0		4.14
4.15	-32,526	0		4.15
4.16	-15,951	0		4.16
4.17	-22,027	0		4.17
4.18	-33,351	0		4.18
4.19	-29,878	0		4.19
4.20	-34,178	0		4.20
4.21	-134,210	0		4.21
4.22	58,091	0		4.22
4.23	19,418	0		4.23
4.24	-1,430	0		4.24
4.25	36,868	0		4.25
4.26	-81,057	0		4.26
4.27	10,494	0		4.27
4.28	-19,861	0		4.28
4.29	7,659	0		4.29
4.30	8,193	0		4.30
4.31	-26,939	0		4.31
4.32	52,195	0		4.32
4.33	13,556	0		4.33
4.34	-78,189	0		4.34
4.36	-36,897	0		4.36
4.37	10,705	0		4.37
4.38	5,384	0		4.38
4.39	162,736	0		4.39
4.40	23,109	0		4.40
4.42	7,485	0		4.42
4.43	5,312	0		4.43
4.44	4,427	0		4.44
4.45	4,709	0		4.45
4.46	4,185	0		4.46
4.47	34,079	0		4.47
4.48	34,998	9		4.48
4.50	34,354	9		4.50
4.51	40,131	9		4.51
4.52	47,383	9		4.52
4.54	24,653	9		4.54
4.55	28,264	9		4.55
4.56	14,591	9		4.56
4.57	44,045	9		4.57
4.59	23,187	9		4.59
4.60	66,168	9		4.60
4.73	-20,158	0		4.73
5.00	59,330,514			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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/15/2017 3:48 pm

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

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

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

6.00	HEALTH SYSTEM		6.00
7.00	NOT FOR PROFIT		7.00
8.00	NOT FOR PROFIT		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: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/15/2017 3:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	891,368	939,493	-48,125	211,500	-314	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	9,450	0	9,450	211,500	63	2.00
3.00	41.00	AGGREGATE-SUBPROVIDER - IRF	25,000	0	25,000	211,500	167	3.00
4.00	43.00	AGGREGATE-NURSERY	485,000	485,000	0	169,700	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	31,386	23,761	7,625	246,400	38	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,240,684	1,210,496	30,188	237,100	139	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,686,222	4,659,059	27,163	239,400	169	7.00
8.00	53.01	AGGREGATE-PAIN CLINIC	5,644	0	5,644	211,500	32	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	155,996	153,996	2,000	271,900	73	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	217,402	217,402	0	271,900	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	371,649	370,524	1,125	260,300	90	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	30,436	30,436	0	211,500	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	24,950	9,200	15,750	211,500	105	13.00
14.00	90.00	AGGREGATE-CLINIC	279,741	270,143	9,598	211,500	70	14.00
15.00	90.01	AGGREGATE-CHILLI FAMILY PHYSICIANS	1,012,462	1,008,212	4,250	211,500	28	15.00
16.00	90.03	AGGREGATE-PHYSICIAN OFFICES	34,102,412	33,072,506	1,029,906	211,500	7,241	16.00
17.00	90.06	AGGREGATE-DIABETIC CARE CENTER	216,723	216,723	0	211,500	0	17.00
18.00	90.07	AGGREGATE-WOUND CARE CENTER	347,377	347,377	0	211,500	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	2,713,443	2,313,447	399,996	211,500	1,818	19.00
200.00			46,847,345	45,327,775	1,519,570		9,719	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	-31,928	-1,596	0	0	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	6,406	320	0	0	0	2.00
3.00	41.00	AGGREGATE-SUBPROVIDER - IRF	16,981	849	0	0	0	3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	4,501	225	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	15,845	792	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	19,451	973	0	0	0	7.00
8.00	53.01	AGGREGATE-PAIN CLINIC	3,254	163	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	9,543	477	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	11,263	563	0	0	0	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	10,677	534	0	0	0	13.00
14.00	90.00	AGGREGATE-CLINIC	7,118	356	0	0	0	14.00
15.00	90.01	AGGREGATE-CHILLI FAMILY PHYSICIANS	2,847	142	0	0	0	15.00
16.00	90.03	AGGREGATE-PHYSICIAN OFFICES	736,284	36,814	0	0	0	16.00
17.00	90.06	AGGREGATE-DIABETIC CARE CENTER	0	0	0	0	0	17.00
18.00	90.07	AGGREGATE-WOUND CARE CENTER	0	0	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	184,859	9,243	0	0	0	19.00
200.00			997,101	49,855	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	-33,524	0	939,493		1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	6,406	3,044	3,044		2.00
3.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	16,981	8,019	8,019		3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	485,000		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	4,501	3,124	26,885		5.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/15/2017 3:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	15,845	14,343	1,224,839		6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	19,451	7,712	4,666,771		7.00
8.00	53.01	AGGREGATE-PAIN CLINIC	0	3,254	2,390	2,390		8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	9,543	0	153,996		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	217,402		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	11,263	0	370,524		11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	30,436		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	10,677	5,073	14,273		13.00
14.00	90.00	AGGREGATE-CLINIC	0	7,118	2,480	272,623		14.00
15.00	90.01	AGGREGATE-CHILLI FAMILY PHYSICIANS	0	2,847	1,403	1,009,615		15.00
16.00	90.03	AGGREGATE-PHYSICIAN OFFICES	0	736,284	293,622	33,366,128		16.00
17.00	90.06	AGGREGATE-DIABETIC CARE CENTER	0	0	0	216,723		17.00
18.00	90.07	AGGREGATE-WOUND CARE CENTER	0	0	0	347,377		18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	184,859	215,137	2,528,584		19.00
200.00			0	995,505	556,347	45,884,122		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			0	1.00	2.00	4.00	4.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,992,705	8,992,705				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,214,379		1,214,379			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,677,229	57,778	535	5,735,542		4.00
4.01	00401	PARKING	0	2,097	111,475	4,292	117,864	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	58,979,814	301,571	5,892	90,954	3,979	5.00
6.00	00600	MAINTENANCE & REPAIRS	4,072,153	165,841	68,302	78,875	2,188	6.00
7.00	00700	OPERATION OF PLANT	11,037,279	1,473,454	108,285	39,264	19,444	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	349,248	31,749	116	5,536	419	8.00
9.00	00900	HOUSEKEEPING	3,721,641	114,204	4,363	88,317	1,507	9.00
10.00	01000	DIETARY	2,350,550	181,685	3,223	59,785	2,397	10.00
11.00	01100	CAFETERIA	667,136	120,234	17,192	42,912	1,586	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,809,016	0	0	37,772	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-838,265	89,229	17,012	27,761	1,177	14.00
15.00	01500	PHARMACY	4,309,331	68,895	18,526	162,788	909	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,243,559	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	1,385,178	41,587	236,217	18,277	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,428,171	81,761	2,202	130,514	1,079	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,580,914	0	0	67,768	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,858,708	1,035,592	21,753	575,889	13,664	30.00
31.00	03100	INTENSIVE CARE UNIT	4,049,464	169,861	24,052	126,688	2,241	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	268,491	2,469	185	1,995	33	34.00
40.00	04000	SUBPROVIDER - IPF	5,230,437	305,578	1,707	167,322	4,032	40.00
41.00	04100	SUBPROVIDER - IRF	2,374,392	240,207	4,091	76,932	3,169	41.00
43.00	04300	NURSERY	1,488,791	42,295	2,176	48,815	558	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,230,776	586,852	257,123	313,026	7,743	50.00
51.00	05100	RECOVERY ROOM	1,985,587	193,062	3,032	61,817	2,547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,569,578	112,244	10,164	59,519	1,481	52.00
53.00	05300	ANESTHESIOLOGY	1,862,380	14,206	27,694	213,025	187	53.00
53.01	03950	PAIN CLINIC	71,101	0	95	319	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,506,024	400,068	138,015	149,656	5,279	54.00
54.01	05401	NORTHSIDE IMAGING	483,143	0	4,700	4,570	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	316,249	0	2,956	2,875	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	311,719	0	2,628	3,982	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,933,696	141,995	109,051	41,596	1,874	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,169,792	138,435	7,244	16,352	1,827	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	870,077	0	1,507	18,369	0	57.00
57.01	05701	NORTHSIDE CT	329,966	0	2,779	2,994	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	574,334	66,016	2,654	16,499	871	58.00
58.01	05801	NORTHSIDE MRI	403,484	0	3,335	3,706	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	629,471	38,411	21,314	16,606	507	59.00
60.00	06000	LABORATORY	14,008,531	272,105	17,459	214,858	3,590	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	906,526	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,118,808	149,898	7,177	91,945	1,978	64.00
65.00	06500	RESPIRATORY THERAPY	1,424,842	26,935	10,704	42,691	355	65.00
66.00	06600	PHYSICAL THERAPY	1,636,144	54,404	255	0	718	66.00
67.00	06700	OCCUPATIONAL THERAPY	652,268	29,987	147	0	396	67.00
68.00	06800	SPEECH PATHOLOGY	503,166	10,831	85	175	143	68.00
69.00	06900	ELECTROCARDIOLOGY	278,360	5,744	2,283	9,103	76	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,090,583	0	1,735	32,951	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,170,615	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	9,327,935	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,541,075	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	363,876	15,496	2,394	7,756	204	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	471,458	50,036	28	16,914	660	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,077,251	80,867	5,578	27,124	1,067	76.01
76.02	03140	CARDIOLOGY	814,137	140,978	21,851	22,483	1,860	76.02
76.03	03560	PULMONARY FUNCTION TESTING	207,691	5,397	1,379	6,658	71	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			0	1.00	2.00	4.00	4.01	
76.97	07697	CARDIAC REHABILITATION	25,081	0	108	443	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	316,334	0	0	2,803	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,337,570	29,491	12,254	97,938	389	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,610,465	0	1,468	48,320	0	90.01
90.03	09002	PHYSICIAN OFFICES	22,661,806	240,815	54,875	1,627,350	3,177	90.03
90.06	09003	DIABETIC CARE CENTER	316,142	0	280	18,753	0	90.06
90.07	09004	WOUND CARE CENTER	864,128	0	657	27,539	0	90.07
91.00	09100	EMERGENCY	5,525,237	161,052	18,054	141,280	2,125	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,458,264	0	7,114	194,376	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,836,375	0	156	44,031	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	286,657,188	8,835,003	1,213,006	5,670,798	115,784	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	1,322,834	0	0	11,831	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	35,880	0	0	473	194.01
194.02	07952	WELLNESS CENTER	641,250	0	1,373	9,389	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,006,984	121,822	0	43,524	1,607	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	290,628,256	8,992,705	1,214,379	5,735,542	117,864	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	59,382,210	59,382,210				5.00
6.00	00600	MAINTENANCE & REPAIRS	4,387,359	1,123,225	5,510,584			6.00
7.00	00700	OPERATION OF PLANT	12,677,726	3,245,675	959,150	16,882,551		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	387,068	99,095	20,667	76,660	583,490	8.00
9.00	00900	HOUSEKEEPING	3,930,032	1,006,143	74,342	275,753	0	9.00
10.00	01000	DIETARY	2,597,640	665,032	118,268	438,689	0	10.00
11.00	01100	CAFETERIA	849,060	217,371	78,267	290,313	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,846,788	1,752,874	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-703,086	0	58,084	215,450	1,597	14.00
15.00	01500	PHARMACY	4,560,449	1,167,539	44,847	166,351	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,243,559	574,383	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,681,259	430,426	901,685	3,344,602	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,643,727	1,444,873	53,222	197,416	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,648,682	678,100	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,505,606	5,249,722	674,121	2,500,504	180,490	30.00
31.00	03100	INTENSIVE CARE UNIT	4,372,306	1,119,372	110,571	410,140	24,546	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	273,173	69,936	1,607	5,961	273	34.00
40.00	04000	SUBPROVIDER - IPF	5,709,076	1,461,603	198,917	737,839	23,928	40.00
41.00	04100	SUBPROVIDER - IRF	2,698,791	690,928	156,364	579,996	18,352	41.00
43.00	04300	NURSERY	1,582,635	405,177	27,532	102,123	5,874	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,395,520	6,245,595	382,013	1,416,992	86,488	50.00
51.00	05100	RECOVERY ROOM	2,246,045	575,019	125,674	466,160	10,293	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,752,986	448,789	73,065	271,020	26,507	52.00
53.00	05300	ANESTHESIOLOGY	2,117,492	542,108	9,247	34,301	0	53.00
53.01	03950	PAIN CLINIC	71,515	18,309	0	0	94	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,199,042	1,587,042	260,425	965,991	46,565	54.00
54.01	05401	NORTHSIDE IMAGING	492,413	126,065	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	322,080	82,457	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	318,329	81,497	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,228,212	570,453	92,432	342,857	11,084	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,333,650	341,433	90,114	334,259	4,271	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	889,953	227,840	0	0	0	57.00
57.01	05701	NORTHSIDE CT	335,739	85,954	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	660,374	169,065	42,974	159,401	0	58.00
58.01	05801	NORTHSIDE MRI	410,525	105,100	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	706,309	180,825	25,004	92,747	0	59.00
60.00	06000	LABORATORY	14,516,543	3,716,438	177,127	657,015	718	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	906,526	232,083	0	0	4	63.00
64.00	06400	INTRAVENOUS THERAPY	3,369,806	862,718	97,577	361,939	37,071	64.00
65.00	06500	RESPIRATORY THERAPY	1,505,527	385,436	17,533	65,036	7	65.00
66.00	06600	PHYSICAL THERAPY	1,691,521	433,053	35,414	131,361	2,064	66.00
67.00	06700	OCCUPATIONAL THERAPY	682,798	174,806	19,520	72,406	291	67.00
68.00	06800	SPEECH PATHOLOGY	514,400	131,694	7,051	26,152	796	68.00
69.00	06900	ELECTROCARDIOLOGY	295,566	75,669	3,739	13,870	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,125,269	288,085	0	0	857	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,170,615	299,694	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	9,327,935	2,388,082	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,541,075	3,210,691	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	389,726	99,775	10,087	37,416	1,005	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	539,096	138,016	32,571	120,816	163	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,191,887	305,140	52,641	195,259	5,724	76.01
76.02	03140	CARDIOLOGY	1,001,309	256,349	91,770	340,400	6,665	76.02
76.03	03560	PULMONARY FUNCTION TESTING	221,196	56,629	3,513	13,031	296	76.03
76.97	07697	CARDIAC REHABILITATION	25,632	6,562	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	319,137	81,704	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,477,642	890,325	19,197	71,208	7,968	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	1,660,253	425,048	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	24,588,023	6,294,863	156,759	581,464	9,804	90.03
90.06	09003	DIABETIC CARE CENTER	335,175	85,809	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	892,324	228,447	0	0	6,792	90.07
91.00	09100	EMERGENCY	5,847,748	1,497,105	104,837	388,871	62,902	91.00
92.00	09200	OBSERVATION BEDS	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,659,754	2,217,018	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,880,562	737,464	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	286,431,289	58,307,728	5,407,928	16,501,769	583,490	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	1,334,665	341,693	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	36,353	9,307	23,356	86,635	0	194.01
194.02	07952	WELLNESS CENTER	652,012	166,924	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,173,937	556,558	79,300	294,147	0	194.05
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	290,628,256	59,382,210	5,510,584	16,882,551	583,490	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,286,270					9.00
10.00	01000	DIETARY	0	3,819,629				10.00
11.00	01100	CAFETERIA	72,960	0	1,507,971			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	15,588	0	8,615,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	61,853	0	18,444	0	0	14.00
15.00	01500	PHARMACY	37,342	0	42,914	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	128,169	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	54,433	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,522,784	2,359,215	227,243	0	1,784,821	30.00
31.00	03100	INTENSIVE CARE UNIT	373,610	141,296	40,660	0	319,350	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,745	154,157	621	0	4,876	34.00
40.00	04000	SUBPROVIDER - IPF	399,845	794,841	75,799	0	595,340	40.00
41.00	04100	SUBPROVIDER - IRF	172,922	370,120	32,608	0	256,110	41.00
43.00	04300	NURSERY	38,682	0	14,843	0	116,577	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,016,465	0	115,781	0	909,364	50.00
51.00	05100	RECOVERY ROOM	70,471	0	22,226	0	174,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	168,900	0	21,156	0	166,164	52.00
53.00	05300	ANESTHESIOLOGY	0	0	35,942	0	282,291	53.00
53.01	03950	PAIN CLINIC	0	0	162	0	1,275	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,217	0	60,317	0	473,736	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	110,877	0	13,477	0	105,850	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	5,205	0	40,885	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	7,498	0	58,889	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,502	0	43,210	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	123,515	0	4,938	0	38,784	59.00
60.00	06000	LABORATORY	3,064	0	105,733	0	830,445	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	279,011	0	35,751	0	280,791	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	17,918	0	140,733	65.00
66.00	06600	PHYSICAL THERAPY	49,023	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,342	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,341	0	191	0	1,500	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,821	0	30,007	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	12,436	0	97,673	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	48,449	0	1,939	0	15,229	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	4,986	0	39,159	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	37,533	0	9,532	0	74,868	76.01
76.02	03140	CARDIOLOGY	56,109	0	8,281	0	65,040	76.02
76.03	03560	PULMONARY FUNCTION TESTING	2,872	0	2,684	0	21,080	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	38	0	300	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,538	0	12,078	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24,512	0	47,642	0	374,188	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	147,272	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	5,444	0	42,760	90.06
90.07	09004	WOUND CARE CENTER	0	0	5,893	0	46,286	90.07
91.00	09100	EMERGENCY	458,826	0	52,045	0	408,771	91.00
92.00	09200	OBSERVATION BEDS						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	71,511	0	561,657	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	16,887	0	132,631	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,286,270	3,819,629	1,495,068	0	8,547,284	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	4,250	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	8,653	0	67,966	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	5,286,270	3,819,629	1,507,971	0	8,615,250	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-347,658					14.00
15.00	01500	PHARMACY	0	6,019,442				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,817,942			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	952,526	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	21,890	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	25,769	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	202,930	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	39,837	0	0	41.00
43.00	04300	NURSERY	0	0	166,709	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	882,912	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	275,503	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,829,637	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	249,866	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,944	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	178,766	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,012,347	2,817,942	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	34	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	7,061	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	-347,658	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-347,658	6,019,442	2,817,942	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	6,486,141					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		7,393,671				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			3,326,782			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,728,982	898,353	404,214	42,988,581	-1,302,567	30.00
31.00	03100	INTENSIVE CARE UNIT	165,965	247,613	111,414	7,458,733	-359,027	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	116,218	0	0	658,336	0	34.00
40.00	04000	SUBPROVIDER - IPF	204,538	192,957	86,821	10,684,434	-279,778	40.00
41.00	04100	SUBPROVIDER - IRF	20,496	0	0	5,036,524	0	41.00
43.00	04300	NURSERY	4,270	0	0	2,464,422	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,230	368,098	165,626	36,039,084	-533,724	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,690,454	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,646	0	0	2,986,233	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,021,381	0	53.00
53.01	03950	PAIN CLINIC	2,989	9,059	4,076	107,479	-13,135	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,452	31,250	10,081,540	-100,702	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	618,478	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	404,537	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	399,826	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,475,242	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,149,817	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	1,184,180	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	421,693	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,080,526	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	515,625	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,172,122	0	59.00
60.00	06000	LABORATORY	26,190	0	0	20,033,273	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,138,613	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,324,664	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,132,190	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,342,436	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	978,163	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	692,125	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	422,673	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,524,320	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	1,470,309	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	11,716,017	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,581,403	0	73.00
74.00	07400	RENAL DIALYSIS	10,675	0	0	614,301	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	874,807	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	27,329	39,256	17,663	1,956,832	-56,919	76.01
76.02	03140	CARDIOLOGY	0	0	0	1,825,923	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	321,301	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
76.97	07697	CARDIAC REHABILITATION	9,394	0	0	41,926	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	414,457	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,640,706	1,188,185	8,741,573	-3,828,891	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	2,085,301	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	2,577,895	1,159,924	35,516,004	-3,737,819	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	469,188	0	90.06
90.07	09004	WOUND CARE CENTER	16,653	36,236	16,304	1,248,935	-52,540	90.07
91.00	09100	EMERGENCY	40,566	295,928	133,153	9,540,618	-429,081	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	11,513,884	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	3,946,310	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,486,141	7,375,553	3,318,630	285,106,793	-10,694,183	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	18,118	8,152	1,706,912	-26,270	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	155,651	0	194.01
194.02	07952	WELLNESS CENTER	0	0	0	902,616	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	3,103,942	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	-347,658	0	201.00
202.00		TOTAL (sum lines 118-201)	6,486,141	7,393,671	3,326,782	290,628,256	-10,720,453	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	41,686,014		30.00
31.00	03100	INTENSIVE CARE UNIT	7,099,706		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	658,336		34.00
40.00	04000	SUBPROVIDER - IPF	10,404,656		40.00
41.00	04100	SUBPROVIDER - IRF	5,036,524		41.00
43.00	04300	NURSERY	2,464,422		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	35,505,360		50.00
51.00	05100	RECOVERY ROOM	3,690,454		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,986,233		52.00
53.00	05300	ANESTHESIOLOGY	3,021,381		53.00
53.01	03950	PAIN CLINIC	94,344		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,980,838		54.00
54.01	05401	NORTHSIDE IMAGING	618,478		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	404,537		54.02
54.03	05403	NORTHSIDE ULTRASOUND	399,826		54.03
54.04	05404	NORTHSIDE CARDIO	0		54.04
54.05	05405	NORTHSIDE ADMIN	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,475,242		55.00
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,149,817		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,184,180		57.00
57.01	05701	NORTHSIDE CT	421,693		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080,526		58.00
58.01	05801	NORTHSIDE MRI	515,625		58.01
59.00	05900	CARDIAC CATHETERIZATION	1,172,122		59.00
60.00	06000	LABORATORY	20,033,273		60.00
60.01	06001	NORTHSIDE LAB	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,138,613		63.00
64.00	06400	INTRAVENOUS THERAPY	5,324,664		64.00
65.00	06500	RESPIRATORY THERAPY	2,132,190		65.00
66.00	06600	PHYSICAL THERAPY	2,342,436		66.00
67.00	06700	OCCUPATIONAL THERAPY	978,163		67.00
68.00	06800	SPEECH PATHOLOGY	692,125		68.00
69.00	06900	ELECTROCARDIOLOGY	422,673		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,524,320		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,470,309		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	11,716,017		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,581,403		73.00
74.00	07400	RENAL DIALYSIS	614,301		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	874,807		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,899,913		76.01
76.02	03140	CARDIOLOGY	1,825,923		76.02
76.03	03560	PULMONARY FUNCTION TESTING	321,301		76.03
76.97	07697	CARDIAC REHABILITATION	41,926		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	414,457		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	4,912,682		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,085,301		90.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Total		
			26.00		
90.03	09002	PHYSICIAN OFFICES	31,778,185		90.03
90.06	09003	DIABETIC CARE CENTER	469,188		90.06
90.07	09004	WOUND CARE CENTER	1,196,395		90.07
91.00	09100	EMERGENCY	9,111,537		91.00
92.00	09200	OBSERVATION BEDS			92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0		95.00
101.00	10100	HOME HEALTH AGENCY	11,513,884		101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	3,946,310		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	274,412,610		118.00
	NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	1,680,642		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	HEARTLAND PHARMACY	0		194.00
194.01	07951	FOUNDATION	155,651		194.01
194.02	07952	WELLNESS CENTER	902,616		194.02
194.03	07954	CAPITAL LABOR	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	3,103,942		194.05
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	-347,658		201.00
202.00		TOTAL (sum lines 118-201)	279,907,803		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,060	57,778	535	61,373	61,373	4.00
4.01	00401	PARKING	637,975	2,097	111,475	751,547	46	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	283,943	301,571	5,892	591,406	974	5.00
6.00	00600	MAINTENANCE & REPAIRS	227,789	165,841	68,302	461,932	844	6.00
7.00	00700	OPERATION OF PLANT	657,818	1,473,454	108,285	2,239,557	420	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	662	31,749	116	32,527	59	8.00
9.00	00900	HOUSEKEEPING	24,968	114,204	4,363	143,535	945	9.00
10.00	01000	DIETARY	18,447	181,685	3,223	203,355	640	10.00
11.00	01100	CAFETERIA	1,693	120,234	17,192	139,119	459	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	404	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	271,386	89,229	17,012	377,627	297	14.00
15.00	01500	PHARMACY	106,028	68,895	18,526	193,449	1,742	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	643,079	1,385,178	41,587	2,069,844	2,528	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	34,327	81,761	2,202	118,290	1,397	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	8,588	0	0	8,588	725	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	108,451	1,035,592	21,753	1,165,796	6,164	30.00
31.00	03100	INTENSIVE CARE UNIT	151,078	169,861	24,052	344,991	1,356	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	457	2,469	185	3,111	21	34.00
40.00	04000	SUBPROVIDER - IPF	42,266	305,578	1,707	349,551	1,791	40.00
41.00	04100	SUBPROVIDER - IRF	23,083	240,207	4,091	267,381	823	41.00
43.00	04300	NURSERY	11,485	42,295	2,176	55,956	523	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,723,740	586,852	257,123	2,567,715	3,351	50.00
51.00	05100	RECOVERY ROOM	21,237	193,062	3,032	217,331	662	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,457	112,244	10,164	174,865	637	52.00
53.00	05300	ANESTHESIOLOGY	158,493	14,206	27,694	200,393	2,280	53.00
53.01	03950	PAIN CLINIC	1,291	0	95	1,386	3	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	784,692	400,068	138,015	1,322,775	1,602	54.00
54.01	05401	NORTHSIDE IMAGING	25,651	0	4,700	30,351	49	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	16,135	0	2,956	19,091	31	54.02
54.03	05403	NORTHSIDE ULTRASOUND	14,342	0	2,628	16,970	43	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	625,731	141,995	109,051	876,777	445	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	356,675	138,435	7,244	502,354	175	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	588	0	1,507	2,095	197	57.00
57.01	05701	NORTHSIDE CT	15,170	0	2,779	17,949	32	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,188	66,016	2,654	83,858	177	58.00
58.01	05801	NORTHSIDE MRI	18,204	0	3,335	21,539	40	58.01
59.00	05900	CARDIAC CATHETERIZATION	199,723	38,411	21,314	259,448	178	59.00
60.00	06000	LABORATORY	346,819	272,105	17,459	636,383	2,300	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	38,319	149,898	7,177	195,394	984	64.00
65.00	06500	RESPIRATORY THERAPY	68,505	26,935	10,704	106,144	457	65.00
66.00	06600	PHYSICAL THERAPY	31,351	54,404	255	86,010	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,023	29,987	147	32,157	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,838	10,831	85	24,754	2	68.00
69.00	06900	ELECTROCARDIOLOGY	15,051	5,744	2,283	23,078	97	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	143,566	0	1,735	145,301	353	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,445	15,496	2,394	30,335	83	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	169	50,036	28	50,233	181	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	31,921	80,867	5,578	118,366	290	76.01
76.02	03140	CARDIOLOGY	123,615	140,978	21,851	286,444	241	76.02
76.03	03560	PULMONARY FUNCTION TESTING	56,139	5,397	1,379	62,915	71	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	108	108	5	76.97

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	30	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	148,613	29,491	12,254	190,358	1,048	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	62,618	0	1,468	64,086	517	90.01
90.03	09002	PHYSICIAN OFFICES	1,479,265	240,815	54,875	1,774,955	17,401	90.03
90.06	09003	DIABETIC CARE CENTER	14,117	0	280	14,397	201	90.06
90.07	09004	WOUND CARE CENTER	43,416	0	657	44,073	295	90.07
91.00	09100	EMERGENCY	92,417	161,052	18,054	271,523	1,512	91.00
92.00	09200	OBSERVATION BEDS				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	181	0	7,114	7,295	2,081	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	307,328	0	156	307,484	471	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,317,616	8,835,003	1,213,006	20,365,625	60,680	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	14,554	0	0	14,554	127	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	35,880	0	35,880	0	194.01
194.02	07952	WELLNESS CENTER	114,558	0	1,373	115,931	100	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	121,822	0	121,822	466	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	10,446,728	8,992,705	1,214,379	20,653,812	61,373	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING	751,593					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	25,374	617,754				5.00
6.00	00600	MAINTENANCE & REPAIRS	13,954	11,684	488,414			6.00
7.00	00700	OPERATION OF PLANT	123,971	33,761	85,012	2,482,721		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,671	1,031	1,832	11,273	49,393	8.00
9.00	00900	HOUSEKEEPING	9,609	10,466	6,589	40,552	0	9.00
10.00	01000	DIETARY	15,287	6,918	10,482	64,513	0	10.00
11.00	01100	CAFETERIA	10,116	2,261	6,937	42,693	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	18,233	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,508	0	5,148	31,684	135	14.00
15.00	01500	PHARMACY	5,797	12,144	3,975	24,463	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,975	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	116,547	4,477	79,918	491,850	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,879	15,029	4,717	29,032	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	7,053	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	87,133	54,606	59,749	367,720	15,277	30.00
31.00	03100	INTENSIVE CARE UNIT	14,292	11,643	9,800	60,315	2,078	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	208	727	142	877	23	34.00
40.00	04000	SUBPROVIDER - IPF	25,711	15,203	17,630	108,505	2,026	40.00
41.00	04100	SUBPROVIDER - IRF	20,211	7,187	13,859	85,293	1,554	41.00
43.00	04300	NURSERY	3,559	4,215	2,440	15,018	497	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	49,377	64,965	33,859	208,381	7,321	50.00
51.00	05100	RECOVERY ROOM	16,244	5,981	11,139	68,553	871	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,444	4,668	6,476	39,856	2,244	52.00
53.00	05300	ANESTHESIOLOGY	1,195	5,639	820	5,044	0	53.00
53.01	03950	PAIN CLINIC	0	190	0	0	8	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,661	16,508	23,082	142,057	3,942	54.00
54.01	05401	NORTHSIDE IMAGING	0	1,311	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	858	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	848	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	11,947	5,934	8,192	50,420	938	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,648	3,552	7,987	49,156	362	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,370	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	894	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,555	1,759	3,809	23,441	0	58.00
58.01	05801	NORTHSIDE MRI	0	1,093	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,232	1,881	2,216	13,639	0	59.00
60.00	06000	LABORATORY	22,894	38,658	15,699	96,620	61	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,414	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12,612	8,974	8,648	53,226	3,138	64.00
65.00	06500	RESPIRATORY THERAPY	2,266	4,009	1,554	9,564	1	65.00
66.00	06600	PHYSICAL THERAPY	4,577	4,505	3,139	19,318	175	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,523	1,818	1,730	10,648	25	67.00
68.00	06800	SPEECH PATHOLOGY	911	1,370	625	3,846	67	68.00
69.00	06900	ELECTROCARDIOLOGY	483	787	331	2,040	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,997	0	0	73	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	3,117	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	24,840	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,397	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,304	1,038	894	5,502	85	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,210	1,436	2,887	17,767	14	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	6,804	3,174	4,666	28,715	485	76.01
76.02	03140	CARDIOLOGY	11,862	2,666	8,134	50,059	564	76.02
76.03	03560	PULMONARY FUNCTION TESTING	454	589	311	1,916	25	76.03
76.97	07697	CARDIAC REHABILITATION	0	68	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	850	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,481	9,261	1,701	10,472	674	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	4,421	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	20,262	65,551	13,894	85,509	830	90.03
90.06	09003	DIABETIC CARE CENTER	0	893	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	2,376	0	0	575	90.07
91.00	09100	EMERGENCY	13,551	15,573	9,292	57,187	5,325	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	23,061	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,671	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	738,324	606,578	479,315	2,426,724	49,393	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	3,554	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	3,019	97	2,070	12,740	0	194.01
194.02	07952	WELLNESS CENTER	0	1,736	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	10,250	5,789	7,029	43,257	0	194.05
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)	751,593	617,754	488,414	2,482,721	49,393	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	211,696					9.00
10.00	01000	DIETARY	0	301,195				10.00
11.00	01100	CAFETERIA	2,922	0	204,507			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,114	0	20,751	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,477	0	2,501	0	0	14.00
15.00	01500	PHARMACY	1,495	0	5,820	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	17,382	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	7,382	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,983	186,034	30,819	0	4,301	30.00
31.00	03100	INTENSIVE CARE UNIT	14,962	11,142	5,514	0	769	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	230	12,156	84	0	12	34.00
40.00	04000	SUBPROVIDER - IPF	16,012	62,677	10,280	0	1,434	40.00
41.00	04100	SUBPROVIDER - IRF	6,925	29,186	4,422	0	617	41.00
43.00	04300	NURSERY	1,549	0	2,013	0	281	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,706	0	15,702	0	2,190	50.00
51.00	05100	RECOVERY ROOM	2,822	0	3,014	0	420	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,764	0	2,869	0	400	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,874	0	680	53.00
53.01	03950	PAIN CLINIC	0	0	22	0	3	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,494	0	8,180	0	1,141	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,440	0	1,828	0	255	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	706	0	98	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	1,017	0	142	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	746	0	104	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	4,946	0	670	0	93	59.00
60.00	06000	LABORATORY	123	0	14,339	0	2,000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,173	0	4,848	0	676	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,430	0	339	65.00
66.00	06600	PHYSICAL THERAPY	1,963	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,135	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	414	0	26	0	4	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	518	0	72	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,687	0	235	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,940	0	263	0	37	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	676	0	94	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,503	0	1,293	0	180	76.01
76.02	03140	CARDIOLOGY	2,247	0	1,123	0	157	76.02
76.03	03560	PULMONARY FUNCTION TESTING	115	0	364	0	51	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	5	0	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	209	0	29	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	982	0	6,461	0	901	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	19,973	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	738	0	103	90.06
90.07	09004	WOUND CARE CENTER	0	0	799	0	111	90.07
91.00	09100	EMERGENCY	18,374	0	7,058	0	985	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	9,698	0	1,353	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,290	0	319	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	211,696	301,195	202,757	0	20,587	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	576	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	1,174	0	164	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	211,696	301,195	204,507	0	20,751	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	427,377					14.00
15.00	01500	PHARMACY	0	248,885				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,975			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,021	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	46	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	55	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	430	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	84	0		41.00
43.00	04300	NURSERY	0	0	353	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	1,872	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
53.01	03950	PAIN CLINIC	0	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	584	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
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 CHRGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	241,037	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

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		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0		90.07
91.00	09100	EMERGENCY	0	0	530	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	163	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,392	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	248,592	5,975	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	1	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0		194.00
194.01	07951	FOUNDATION	0	0	0	0		194.01
194.02	07952	WELLNESS CENTER	0	292	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0		194.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	427,377	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	427,377	248,885	5,975	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	2,782,546					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		182,726				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			16,366			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				2,040,603	0	30.00
31.00	03100	INTENSIVE CARE UNIT				476,908	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				17,646	0	34.00
40.00	04000	SUBPROVIDER - IPF				611,250	0	40.00
41.00	04100	SUBPROVIDER - IRF				437,542	0	41.00
43.00	04300	NURSERY				86,404	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				2,995,439	0	50.00
51.00	05100	RECOVERY ROOM				327,037	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				248,223	0	52.00
53.00	05300	ANESTHESIOLOGY				220,925	0	53.00
53.01	03950	PAIN CLINIC				1,612	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,558,026	0	54.00
54.01	05401	NORTHSIDE IMAGING				31,711	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY				19,980	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND				17,861	0	54.03
54.04	05404	NORTHSIDE CARDIO				0	0	54.04
54.05	05405	NORTHSIDE ADMIN				0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC				961,176	0	55.00
56.00	05600	RADIOISOTOPE				0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC				576,038	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN				5,821	0	57.00
57.01	05701	NORTHSIDE CT				18,875	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				119,449	0	58.00
58.01	05801	NORTHSIDE MRI				22,672	0	58.01
59.00	05900	CARDIAC CATHETERIZATION				286,303	0	59.00
60.00	06000	LABORATORY				829,077	0	60.00
60.01	06001	NORTHSIDE LAB				0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.				2,414	0	63.00
64.00	06400	INTRAVENOUS THERAPY				299,673	0	64.00
65.00	06500	RESPIRATORY THERAPY				126,764	0	65.00
66.00	06600	PHYSICAL THERAPY				119,687	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				50,036	0	67.00
68.00	06800	SPEECH PATHOLOGY				32,019	0	68.00
69.00	06900	ELECTROCARDIOLOGY				27,406	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				150,646	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS				3,117	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				24,840	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				274,434	0	73.00
74.00	07400	RENAL DIALYSIS				41,481	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				77,498	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES				165,476	0	76.01
76.02	03140	CARDIOLOGY				363,497	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING				66,811	0	76.03

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		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
76.97	07697	CARDIAC REHABILITATION				187	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				1,118	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				224,339	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS				69,024	0	90.01
90.03	09002	PHYSICIAN OFFICES				1,998,375	0	90.03
90.06	09003	DIABETIC CARE CENTER				16,332	0	90.06
90.07	09004	WOUND CARE CENTER				48,229	0	90.07
91.00	09100	EMERGENCY				400,910	0	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				0	0	95.00
101.00	10100	HOME HEALTH AGENCY				43,651	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				325,627	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	16,864,169	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH				18,812	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	HEARTLAND PHARMACY				0	0	194.00
194.01	07951	FOUNDATION				53,806	0	194.01
194.02	07952	WELLNESS CENTER				119,397	0	194.02
194.03	07954	CAPITAL LABOR				0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE				188,613	0	194.05
200.00		Cross Foot Adjustments	2,782,546	182,726	16,366	2,981,638	0	200.00
201.00		Negative Cost Centers	0	0	0	427,377	0	201.00
202.00		TOTAL (sum lines 118-201)	2,782,546	182,726	16,366	20,653,812	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	2,040,603		30.00
31.00	03100	INTENSIVE CARE UNIT	476,908		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,646		34.00
40.00	04000	SUBPROVIDER - IPF	611,250		40.00
41.00	04100	SUBPROVIDER - IRF	437,542		41.00
43.00	04300	NURSERY	86,404		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	2,995,439		50.00
51.00	05100	RECOVERY ROOM	327,037		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	248,223		52.00
53.00	05300	ANESTHESIOLOGY	220,925		53.00
53.01	03950	PAIN CLINIC	1,612		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,558,026		54.00
54.01	05401	NORTHSIDE IMAGING	31,711		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	19,980		54.02
54.03	05403	NORTHSIDE ULTRASOUND	17,861		54.03
54.04	05404	NORTHSIDE CARDIO	0		54.04
54.05	05405	NORTHSIDE ADMIN	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	961,176		55.00
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	576,038		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,821		57.00
57.01	05701	NORTHSIDE CT	18,875		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,449		58.00
58.01	05801	NORTHSIDE MRI	22,672		58.01
59.00	05900	CARDIAC CATHETERIZATION	286,303		59.00
60.00	06000	LABORATORY	829,077		60.00
60.01	06001	NORTHSIDE LAB	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,414		63.00
64.00	06400	INTRAVENOUS THERAPY	299,673		64.00
65.00	06500	RESPIRATORY THERAPY	126,764		65.00
66.00	06600	PHYSICAL THERAPY	119,687		66.00
67.00	06700	OCCUPATIONAL THERAPY	50,036		67.00
68.00	06800	SPEECH PATHOLOGY	32,019		68.00
69.00	06900	ELECTROCARDIOLOGY	27,406		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,646		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,117		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	24,840		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,434		73.00
74.00	07400	RENAL DIALYSIS	41,481		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,498		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	165,476		76.01
76.02	03140	CARDIOLOGY	363,497		76.02
76.03	03560	PULMONARY FUNCTION TESTING	66,811		76.03
76.97	07697	CARDIAC REHABILITATION	187		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	224,339		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	69,024		90.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Total		
			26.00		
90.03	09002	PHYSICIAN OFFICES	1,998,375		90.03
90.06	09003	DIABETIC CARE CENTER	16,332		90.06
90.07	09004	WOUND CARE CENTER	48,229		90.07
91.00	09100	EMERGENCY	400,910		91.00
92.00	09200	OBSERVATION BEDS			92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0		95.00
101.00	10100	HOME HEALTH AGENCY	43,651		101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	325,627		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,864,169		118.00
	NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	18,812		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	HEARTLAND PHARMACY	0		194.00
194.01	07951	FOUNDATION	53,806		194.01
194.02	07952	WELLNESS CENTER	119,397		194.02
194.03	07954	CAPITAL LABOR	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	188,613		194.05
200.00		Cross Foot Adjustments	2,981,638		200.00
201.00		Negative Cost Centers	427,377		201.00
202.00		TOTAL (sum lines 118-201)	20,653,812		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
			1.00	2.00	4.00	4.01	5A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	724,823					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,949,959				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,657	3,060	134,927,851			4.00
4.01	00401	PARKING	169	637,975	100,962	719,997		4.01
5.00	00500	ADMINISTRATIVE & GENERAL	24,307	33,718	2,139,684	24,307	-59,382,210	5.00
6.00	00600	MAINTENANCE & REPAIRS	13,367	390,897	1,855,529	13,367	0	6.00
7.00	00700	OPERATION OF PLANT	118,762	619,722	923,689	118,762	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,559	662	130,238	2,559	0	8.00
9.00	00900	HOUSEKEEPING	9,205	24,968	2,077,645	9,205	0	9.00
10.00	01000	DIETARY	14,644	18,447	1,406,433	14,644	0	10.00
11.00	01100	CAFETERIA	9,691	98,390	1,009,511	9,691	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	888,593	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,192	97,362	653,085	7,192	703,086	14.00
15.00	01500	PHARMACY	5,553	106,028	3,829,593	5,553	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	111,647	238,005	5,557,001	111,647	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,590	12,603	3,070,334	6,590	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	1,594,239	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	83,470	124,491	13,547,775	83,470	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,691	137,652	2,980,344	13,691	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	199	1,059	46,932	199	0	34.00
40.00	04000	SUBPROVIDER - IPF	24,630	9,768	3,936,243	24,630	0	40.00
41.00	04100	SUBPROVIDER - IRF	19,361	23,412	1,809,833	19,361	0	41.00
43.00	04300	NURSERY	3,409	12,456	1,148,363	3,409	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,301	1,471,524	7,363,940	47,301	0	50.00
51.00	05100	RECOVERY ROOM	15,561	17,352	1,454,252	15,561	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,047	58,169	1,400,187	9,047	0	52.00
53.00	05300	ANESTHESIOLOGY	1,145	158,493	5,011,418	1,145	0	53.00
53.01	03950	PAIN CLINIC	0	542	7,502	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,246	789,865	3,520,661	32,246	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	26,898	107,519	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	16,919	67,637	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	15,039	93,677	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	11,445	624,105	978,543	11,445	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,158	41,459	384,686	11,158	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	8,627	432,136	0	0	57.00
57.01	05701	NORTHSIDE CT	0	15,907	70,428	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,321	15,188	388,146	5,321	0	58.00
58.01	05801	NORTHSIDE MRI	0	19,089	87,190	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,096	121,979	390,665	3,096	0	59.00
60.00	06000	LABORATORY	21,932	99,921	5,054,540	21,932	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12,082	41,076	2,163,007	12,082	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,171	61,262	1,004,294	2,171	0	65.00
66.00	06600	PHYSICAL THERAPY	4,385	1,458	0	4,385	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,417	844	0	2,417	0	67.00
68.00	06800	SPEECH PATHOLOGY	873	487	4,107	873	0	68.00
69.00	06900	ELECTROCARDIOLOGY	463	13,063	214,156	463	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,927	775,161	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,249	13,699	182,452	1,249	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,033	160	397,898	4,033	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	6,518	31,921	638,085	6,518	0	76.01
76.02	03140	CARDIOLOGY	11,363	125,057	528,904	11,363	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	435	7,890	156,622	435	0	76.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
			1.00	2.00	4.00	4.01	5A	
76.97	07697	CARDIAC REHABILITATION	0	620	10,432	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	65,952	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,377	70,132	2,303,994	2,377	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	8,404	1,136,725	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	19,410	314,055	38,282,672	19,410	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,602	441,163	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	3,759	647,847	0	0	90.07
91.00	09100	EMERGENCY	12,981	103,326	3,323,613	12,981	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	40,716	4,572,696	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	890	1,035,821	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	712,112	6,942,099	133,404,754	707,286	-58,679,124	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	278,318	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	2,892	0	0	2,892	0	194.01
194.02	07952	WELLNESS CENTER	0	7,860	220,875	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	9,819	0	1,023,904	9,819	0	194.05
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)	8,992,705	1,214,379	5,735,542	117,864		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.406760	0.174732	0.042508	0.163701		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			61,373	751,593		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000455	1.043884		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	231,949,132					5.00
6.00	00600	MAINTENANCE & REPAIRS	4,387,359	682,323				6.00
7.00	00700	OPERATION OF PLANT	12,677,726	118,762	563,561			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	387,068	2,559	2,559	1,228,711		8.00
9.00	00900	HOUSEKEEPING	3,930,032	9,205	9,205	0	27,605	9.00
10.00	01000	DIETARY	2,597,640	14,644	14,644	0	0	10.00
11.00	01100	CAFETERIA	849,060	9,691	9,691	0	381	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,846,788	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,192	7,192	3,363	323	14.00
15.00	01500	PHARMACY	4,560,449	5,553	5,553	0	195	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,243,559	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,681,259	111,647	111,647	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,643,727	6,590	6,590	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,648,682	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,505,606	83,470	83,470	380,079	7,952	30.00
31.00	03100	INTENSIVE CARE UNIT	4,372,306	13,691	13,691	51,688	1,951	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	273,173	199	199	574	30	34.00
40.00	04000	SUBPROVIDER - IPF	5,709,076	24,630	24,630	50,388	2,088	40.00
41.00	04100	SUBPROVIDER - IRF	2,698,791	19,361	19,361	38,646	903	41.00
43.00	04300	NURSERY	1,582,635	3,409	3,409	12,369	202	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,395,520	47,301	47,301	182,125	5,308	50.00
51.00	05100	RECOVERY ROOM	2,246,045	15,561	15,561	21,674	368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,752,986	9,047	9,047	55,818	882	52.00
53.00	05300	ANESTHESIOLOGY	2,117,492	1,145	1,145	0	0	53.00
53.01	03950	PAIN CLINIC	71,515	0	0	198	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,199,042	32,246	32,246	98,057	586	54.00
54.01	05401	NORTHSIDE IMAGING	492,413	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	322,080	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	318,329	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,228,212	11,445	11,445	23,341	579	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,333,650	11,158	11,158	8,993	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	889,953	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	335,739	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	660,374	5,321	5,321	0	0	58.00
58.01	05801	NORTHSIDE MRI	410,525	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	706,309	3,096	3,096	0	645	59.00
60.00	06000	LABORATORY	14,516,543	21,932	21,932	1,512	16	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	906,526	0	0	8	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,369,806	12,082	12,082	78,063	1,457	64.00
65.00	06500	RESPIRATORY THERAPY	1,505,527	2,171	2,171	14	0	65.00
66.00	06600	PHYSICAL THERAPY	1,691,521	4,385	4,385	4,346	256	66.00
67.00	06700	OCCUPATIONAL THERAPY	682,798	2,417	2,417	612	148	67.00
68.00	06800	SPEECH PATHOLOGY	514,400	873	873	1,677	54	68.00
69.00	06900	ELECTROCARDIOLOGY	295,566	463	463	3	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,125,269	0	0	1,805	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,170,615	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	9,327,935	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,541,075	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	389,726	1,249	1,249	2,117	253	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	539,096	4,033	4,033	344	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,191,887	6,518	6,518	12,053	196	76.01
76.02	03140	CARDIOLOGY	1,001,309	11,363	11,363	14,035	293	76.02
76.03	03560	PULMONARY FUNCTION TESTING	221,196	435	435	624	15	76.03
76.97	07697	CARDIAC REHABILITATION	25,632	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	319,137	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,477,642	2,377	2,377	16,778	128	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,660,253	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	24,588,023	19,410	19,410	20,646	0	90.03
90.06	09003	DIABETIC CARE CENTER	335,175	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	892,324	0	0	14,303	0	90.07
91.00	09100	EMERGENCY	5,847,748	12,981	12,981	132,458	2,396	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,659,754	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,880,562	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	227,752,165	669,612	550,850	1,228,711	27,605	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	1,334,665	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	36,353	2,892	2,892	0	0	194.01
194.02	07952	WELLNESS CENTER	652,012	0	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,173,937	9,819	9,819	0	0	194.05
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)	59,382,210	5,510,584	16,882,551	583,490	5,286,270	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.256014	8.076210	29.956919	0.474880	191.496830	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	617,754	488,414	2,482,721	49,393	211,696	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002663	0.715811	4.405417	0.040199	7.668756	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	192,447					10.00
11.00	01100	CAFETERIA	0	157,881				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,632	0	114,843		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,931	0	0	15,997,135	14.00
15.00	01500	PHARMACY	0	4,493	0	0	49,820	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	13,419	0	0	16,843	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	5,699	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,866	23,792	0	23,792	921,682	30.00
31.00	03100	INTENSIVE CARE UNIT	7,119	4,257	0	4,257	207,834	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,767	65	0	65	210,367	34.00
40.00	04000	SUBPROVIDER - IPF	40,047	7,936	0	7,936	27,105	40.00
41.00	04100	SUBPROVIDER - IRF	18,648	3,414	0	3,414	74,318	41.00
43.00	04300	NURSERY	0	1,554	0	1,554	92,179	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	12,122	0	12,122	8,540,358	50.00
51.00	05100	RECOVERY ROOM	0	2,327	0	2,327	151,542	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,215	0	2,215	208,663	52.00
53.00	05300	ANESTHESIOLOGY	0	3,763	0	3,763	397,824	53.00
53.01	03950	PAIN CLINIC	0	17	0	17	129,200	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,315	0	6,315	92,023	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	2,464	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	5,088	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	1,840	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,411	0	1,411	36,400	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	545	0	545	629,946	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	785	0	785	244,389	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	24,886	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	576	0	576	81,625	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	46,024	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	517	0	517	0	59.00
60.00	06000	LABORATORY	0	11,070	0	11,070	560,957	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,743	0	3,743	251	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,876	0	1,876	126,443	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,169	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	20	0	20	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	400	0	400	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,302	0	1,302	72,551	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	1,170,616	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	203	0	203	128,952	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	522	0	522	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	998	0	998	225,153	76.01
76.02	03140	CARDIOLOGY	0	867	0	867	25,255	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	281	0	281	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	4	0	4	29	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	161	0	161	42,267	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	4,988	0	4,988	77,492	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	24,128	90.01
90.03	09002	PHYSICIAN OFFICES	0	15,419	0	0	433,439	90.03
90.06	09003	DIABETIC CARE CENTER	0	570	0	570	1,085	90.06
90.07	09004	WOUND CARE CENTER	0	617	0	617	87,920	90.07
91.00	09100	EMERGENCY	0	5,449	0	5,449	542,512	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,487	0	7,487	188,314	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,768	0	1,768	94,085	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	192,447	156,530	0	113,937	15,997,038	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	445	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	906	0	906	97	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	3,819,629	1,507,971	0	8,615,250	-347,658	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.847693	9.551314	0.000000	75.017633	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	301,195	204,507	0	20,751	427,377	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.565080	1.295324	0.000000	0.180690	0.026716	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	12,638,389					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	42,867				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		91,138	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	14,490	0	0	80,499	30.00
31.00	03100	INTENSIVE CARE UNIT	0	333	0	0	2,332	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	392	0	0	1,633	34.00
40.00	04000	SUBPROVIDER - IPF	0	3,087	0	0	2,874	40.00
41.00	04100	SUBPROVIDER - IRF	0	606	0	0	288	41.00
43.00	04300	NURSERY	0	2,536	0	0	60	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	13,431	0	0	762	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	810	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	42	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,191	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	368	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,239,875	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	150	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	384	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	132	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0	234	90.07
91.00	09100	EMERGENCY	0	3,801	0	0	570	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,280	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	375,337	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,623,492	42,867	0	0	91,138	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	71	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	14,826	0	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,019,442	2,817,942	0	0	6,486,141	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.476282	65.736861	0.000000	0.000000	71.168349	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	248,885	5,975	0	0	2,782,546	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.019693	0.139385	0.000000	0.000000	30.531129	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			21.00	22.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	PARKING				4.01
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	24,485			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		24,485		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,975	2,975		30.00
31.00	03100	INTENSIVE CARE UNIT	820	820		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	639	639		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,219	1,219		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	03950	PAIN CLINIC	30	30		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	230	230		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	130	130		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			21.00	22.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	8,745	8,745		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	8,537	8,537		90.03
90.06	09003	DIABETIC CARE CENTER	0	0		90.06
90.07	09004	WOUND CARE CENTER	120	120		90.07
91.00	09100	EMERGENCY	980	980		91.00
92.00	09200	OBSERVATION BEDS				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,425	24,425		118.00
		NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	60	60		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0		194.00
194.01	07951	FOUNDATION	0	0		194.01
194.02	07952	WELLNESS CENTER	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0		194.05
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,393,671	3,326,782		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	301.967368	135.870206		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	182,726	16,366		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.462773	0.668409		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/15/2017 3:48 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	41,686,014		41,686,014	0	41,686,014	30.00
31.00	03100	INTENSIVE CARE UNIT	7,099,706		7,099,706	3,044	7,102,750	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	658,336		658,336	0	658,336	34.00
40.00	04000	SUBPROVIDER - IPF	10,404,656		10,404,656	0	10,404,656	40.00
41.00	04100	SUBPROVIDER - IRF	5,036,524		5,036,524	8,019	5,044,543	41.00
43.00	04300	NURSERY	2,464,422		2,464,422	0	2,464,422	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,505,360		35,505,360	3,124	35,508,484	50.00
51.00	05100	RECOVERY ROOM	3,690,454		3,690,454	0	3,690,454	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,986,233		2,986,233	14,343	3,000,576	52.00
53.00	05300	ANESTHESIOLOGY	3,021,381		3,021,381	7,712	3,029,093	53.00
53.01	03950	PAIN CLINIC	94,344		94,344	2,390	96,734	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,980,838		9,980,838	0	9,980,838	54.00
54.01	05401	NORTHSIDE IMAGING	618,478		618,478	0	618,478	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	404,537		404,537	0	404,537	54.02
54.03	05403	NORTHSIDE ULTRASOUND	399,826		399,826	0	399,826	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,475,242		3,475,242	0	3,475,242	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,149,817		2,149,817	0	2,149,817	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,184,180		1,184,180	0	1,184,180	57.00
57.01	05701	NORTHSIDE CT	421,693		421,693	0	421,693	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080,526		1,080,526	0	1,080,526	58.00
58.01	05801	NORTHSIDE MRI	515,625		515,625	0	515,625	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,172,122		1,172,122	0	1,172,122	59.00
60.00	06000	LABORATORY	20,033,273		20,033,273	0	20,033,273	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,138,613		1,138,613	0	1,138,613	63.00
64.00	06400	INTRAVENOUS THERAPY	5,324,664		5,324,664	0	5,324,664	64.00
65.00	06500	RESPIRATORY THERAPY	2,132,190	0	2,132,190	0	2,132,190	65.00
66.00	06600	PHYSICAL THERAPY	2,342,436	0	2,342,436	0	2,342,436	66.00
67.00	06700	OCCUPATIONAL THERAPY	978,163	0	978,163	0	978,163	67.00
68.00	06800	SPEECH PATHOLOGY	692,125	0	692,125	0	692,125	68.00
69.00	06900	ELECTROCARDIOLOGY	422,673		422,673	0	422,673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,524,320		1,524,320	5,073	1,529,393	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,470,309		1,470,309	0	1,470,309	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	11,716,017		11,716,017	0	11,716,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,581,403		21,581,403	0	21,581,403	73.00
74.00	07400	RENAL DIALYSIS	614,301		614,301	0	614,301	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	874,807		874,807	0	874,807	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,899,913		1,899,913	0	1,899,913	76.01
76.02	03140	CARDIOLOGY	1,825,923		1,825,923	0	1,825,923	76.02
76.03	03560	PULMONARY FUNCTION TESTING	321,301		321,301	0	321,301	76.03
76.97	07697	CARDIAC REHABILITATION	41,926		41,926	0	41,926	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	414,457		414,457	0	414,457	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,912,682		4,912,682	2,480	4,915,162	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,085,301		2,085,301	1,403	2,086,704	90.01
90.03	09002	PHYSICIAN OFFICES	31,778,185		31,778,185	293,622	32,071,807	90.03
90.06	09003	DIABETIC CARE CENTER	469,188		469,188	0	469,188	90.06
90.07	09004	WOUND CARE CENTER	1,196,395		1,196,395	0	1,196,395	90.07
91.00	09100	EMERGENCY	9,111,537		9,111,537	215,137	9,326,674	91.00
92.00	09200	OBSERVATION BEDS	5,031,619		5,031,619		5,031,619	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	11,513,884		11,513,884		11,513,884	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,946,310		3,946,310		3,946,310	116.00
200.00		Subtotal (see instructions)	279,444,229	0	279,444,229	556,347	280,000,576	200.00
201.00		Less Observation Beds	5,031,619		5,031,619		5,031,619	201.00
202.00		Total (see instructions)	274,412,610	0	274,412,610	556,347	274,968,957	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/15/2017 3:48 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	89,491,124		89,491,124			30.00
31.00	03100	INTENSIVE CARE UNIT	20,384,978		20,384,978			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,923		3,923			34.00
40.00	04000	SUBPROVIDER - IPF	29,091,097		29,091,097			40.00
41.00	04100	SUBPROVIDER - IRF	9,246,317		9,246,317			41.00
43.00	04300	NURSERY	5,881,695		5,881,695			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,120,847	75,054,825	142,175,672	0.249729	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,732,070	19,366,980	31,099,050	0.118668	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,788,727	180,091	11,968,818	0.249501	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,284,517	30,314,478	46,598,995	0.064838	0.000000	53.00
53.01	03950	PAIN CLINIC	0	178,694	178,694	0.527964	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,386,135	32,775,647	45,161,782	0.221002	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	6,443	2,475,932	2,482,375	0.249148	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,694,169	1,694,169	0.238782	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	2,223,929	2,223,929	0.179784	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	903,134	21,141,297	22,044,431	0.157647	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,653,468	12,415,371	14,068,839	0.152807	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	18,371,287	42,651,224	61,022,511	0.019406	0.000000	57.00
57.01	05701	NORTHSIDE CT	52,272	8,349,127	8,401,399	0.050193	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,590,339	17,500,410	23,090,749	0.046795	0.000000	58.00
58.01	05801	NORTHSIDE MRI	10,629	6,952,756	6,963,385	0.074048	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	11,220,997	18,288,545	29,509,542	0.039720	0.000000	59.00
60.00	06000	LABORATORY	49,110,329	128,402,772	177,513,101	0.112855	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,504,935	304,563	4,809,498	0.236743	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	4,736,294	19,521,439	24,257,733	0.219504	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,249,487	788,617	12,038,104	0.177120	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,804,187	2,627,176	11,431,363	0.204913	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,253,599	192,008	5,445,607	0.179624	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,870,895	822,800	2,693,695	0.256943	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,590,428	4,137,716	6,728,144	0.062822	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	495,030	10,355,127	10,850,157	0.140488	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	39,014,667	28,711,522	67,726,189	0.021710	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	33,739,443	16,209,627	49,949,070	0.234559	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,451,260	24,434,931	66,886,191	0.322659	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,786,713	175,541	1,962,254	0.313059	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	113,557	2,917,369	3,030,926	0.288627	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,660,173	14,639,114	19,299,287	0.098445	0.000000	76.01
76.02	03140	CARDIOLOGY	6,515,332	6,518,433	13,033,765	0.140092	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,424,683	2,213,674	3,638,357	0.088309	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,690,067	2,690,067	0.154069	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,663,416	12,991,640	14,655,056	0.335221	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0.000000	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	24,059,057	24,059,057	1.320841	0.000000	90.03
90.06	09003	DIABETIC CARE CENTER	327,598	1,222,157	1,549,755	0.302750	0.000000	90.06
90.07	09004	WOUND CARE CENTER	193,412	1,940,927	2,134,339	0.560546	0.000000	90.07
91.00	09100	EMERGENCY	11,688,756	36,351,868	48,040,624	0.189663	0.000000	91.00
92.00	09200	OBSERVATION BEDS	896,914	7,178,494	8,075,408	0.623079	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	10,494,343	10,494,343			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,393,864	4,393,864			116.00
200.00		Subtotal (see instructions)	544,311,107	655,858,321	1,200,169,428			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	544,311,107	655,858,321	1,200,169,428			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/15/2017 3:48 pm

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		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.249751	50.00
51.00	05100	RECOVERY ROOM	0.118668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.250699	52.00
53.00	05300	ANESTHESIOLOGY	0.065003	53.00
53.01	03950	PAIN CLINIC	0.541339	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221002	54.00
54.01	05401	NORTHSIDE IMAGING	0.249148	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.238782	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.179784	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157647	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.152807	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.019406	57.00
57.01	05701	NORTHSIDE CT	0.050193	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046795	58.00
58.01	05801	NORTHSIDE MRI	0.074048	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.039720	59.00
60.00	06000	LABORATORY	0.112855	60.00
60.01	06001	NORTHSIDE LAB	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.236743	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219504	64.00
65.00	06500	RESPIRATORY THERAPY	0.177120	65.00
66.00	06600	PHYSICAL THERAPY	0.204913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179624	67.00
68.00	06800	SPEECH PATHOLOGY	0.256943	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140956	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.021710	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.234559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322659	73.00
74.00	07400	RENAL DIALYSIS	0.313059	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.288627	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.098445	76.01
76.02	03140	CARDIOLOGY	0.140092	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.088309	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154069	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.335390	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	1.333045	90.03
90.06	09003	DIABETIC CARE CENTER	0.302750	90.06
90.07	09004	WOUND CARE CENTER	0.560546	90.07
91.00	09100	EMERGENCY	0.194141	91.00
92.00	09200	OBSERVATION BEDS	0.623079	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/15/2017 3:48 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	41,686,014		41,686,014	0	41,686,014	30.00
31.00	03100	INTENSIVE CARE UNIT	7,099,706		7,099,706	3,044	7,102,750	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	658,336		658,336	0	658,336	34.00
40.00	04000	SUBPROVIDER - IPF	10,404,656		10,404,656	0	10,404,656	40.00
41.00	04100	SUBPROVIDER - IRF	5,036,524		5,036,524	8,019	5,044,543	41.00
43.00	04300	NURSERY	2,464,422		2,464,422	0	2,464,422	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,505,360		35,505,360	3,124	35,508,484	50.00
51.00	05100	RECOVERY ROOM	3,690,454		3,690,454	0	3,690,454	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,986,233		2,986,233	14,343	3,000,576	52.00
53.00	05300	ANESTHESIOLOGY	3,021,381		3,021,381	7,712	3,029,093	53.00
53.01	03950	PAIN CLINIC	94,344		94,344	2,390	96,734	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,980,838		9,980,838	0	9,980,838	54.00
54.01	05401	NORTHSIDE IMAGING	618,478		618,478	0	618,478	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	404,537		404,537	0	404,537	54.02
54.03	05403	NORTHSIDE ULTRASOUND	399,826		399,826	0	399,826	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,475,242		3,475,242	0	3,475,242	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,149,817		2,149,817	0	2,149,817	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,184,180		1,184,180	0	1,184,180	57.00
57.01	05701	NORTHSIDE CT	421,693		421,693	0	421,693	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080,526		1,080,526	0	1,080,526	58.00
58.01	05801	NORTHSIDE MRI	515,625		515,625	0	515,625	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,172,122		1,172,122	0	1,172,122	59.00
60.00	06000	LABORATORY	20,033,273		20,033,273	0	20,033,273	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,138,613		1,138,613	0	1,138,613	63.00
64.00	06400	INTRAVENOUS THERAPY	5,324,664		5,324,664	0	5,324,664	64.00
65.00	06500	RESPIRATORY THERAPY	2,132,190	0	2,132,190	0	2,132,190	65.00
66.00	06600	PHYSICAL THERAPY	2,342,436	0	2,342,436	0	2,342,436	66.00
67.00	06700	OCCUPATIONAL THERAPY	978,163	0	978,163	0	978,163	67.00
68.00	06800	SPEECH PATHOLOGY	692,125	0	692,125	0	692,125	68.00
69.00	06900	ELECTROCARDIOLOGY	422,673		422,673	0	422,673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,524,320		1,524,320	5,073	1,529,393	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,470,309		1,470,309	0	1,470,309	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	11,716,017		11,716,017	0	11,716,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,581,403		21,581,403	0	21,581,403	73.00
74.00	07400	RENAL DIALYSIS	614,301		614,301	0	614,301	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	874,807		874,807	0	874,807	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,899,913		1,899,913	0	1,899,913	76.01
76.02	03140	CARDIOLOGY	1,825,923		1,825,923	0	1,825,923	76.02
76.03	03560	PULMONARY FUNCTION TESTING	321,301		321,301	0	321,301	76.03
76.97	07697	CARDIAC REHABILITATION	41,926		41,926	0	41,926	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	414,457		414,457	0	414,457	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,912,682		4,912,682	2,480	4,915,162	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,085,301		2,085,301	1,403	2,086,704	90.01
90.03	09002	PHYSICIAN OFFICES	31,778,185		31,778,185	293,622	32,071,807	90.03
90.06	09003	DIABETIC CARE CENTER	469,188		469,188	0	469,188	90.06
90.07	09004	WOUND CARE CENTER	1,196,395		1,196,395	0	1,196,395	90.07
91.00	09100	EMERGENCY	9,111,537		9,111,537	215,137	9,326,674	91.00
92.00	09200	OBSERVATION BEDS	5,031,619		5,031,619		5,031,619	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	11,513,884		11,513,884		11,513,884	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,946,310		3,946,310		3,946,310	116.00
200.00		Subtotal (see instructions)	279,444,229	0	279,444,229	556,347	280,000,576	200.00
201.00		Less Observation Beds	5,031,619		5,031,619		5,031,619	201.00
202.00		Total (see instructions)	274,412,610	0	274,412,610	556,347	274,968,957	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	89,491,124		89,491,124			30.00
31.00	03100	INTENSIVE CARE UNIT	20,384,978		20,384,978			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,923		3,923			34.00
40.00	04000	SUBPROVIDER - IPF	29,091,097		29,091,097			40.00
41.00	04100	SUBPROVIDER - IRF	9,246,317		9,246,317			41.00
43.00	04300	NURSERY	5,881,695		5,881,695			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,120,847	75,054,825	142,175,672	0.249729	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,732,070	19,366,980	31,099,050	0.118668	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,788,727	180,091	11,968,818	0.249501	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,284,517	30,314,478	46,598,995	0.064838	0.000000	53.00
53.01	03950	PAIN CLINIC	0	178,694	178,694	0.527964	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,386,135	32,775,647	45,161,782	0.221002	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	6,443	2,475,932	2,482,375	0.249148	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,694,169	1,694,169	0.238782	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	2,223,929	2,223,929	0.179784	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	903,134	21,141,297	22,044,431	0.157647	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,653,468	12,415,371	14,068,839	0.152807	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	18,371,287	42,651,224	61,022,511	0.019406	0.000000	57.00
57.01	05701	NORTHSIDE CT	52,272	8,349,127	8,401,399	0.050193	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,590,339	17,500,410	23,090,749	0.046795	0.000000	58.00
58.01	05801	NORTHSIDE MRI	10,629	6,952,756	6,963,385	0.074048	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	11,220,997	18,288,545	29,509,542	0.039720	0.000000	59.00
60.00	06000	LABORATORY	49,110,329	128,402,772	177,513,101	0.112855	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,504,935	304,563	4,809,498	0.236743	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	4,736,294	19,521,439	24,257,733	0.219504	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,249,487	788,617	12,038,104	0.177120	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,804,187	2,627,176	11,431,363	0.204913	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,253,599	192,008	5,445,607	0.179624	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,870,895	822,800	2,693,695	0.256943	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,590,428	4,137,716	6,728,144	0.062822	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	495,030	10,355,127	10,850,157	0.140488	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	39,014,667	28,711,522	67,726,189	0.021710	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	33,739,443	16,209,627	49,949,070	0.234559	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,451,260	24,434,931	66,886,191	0.322659	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,786,713	175,541	1,962,254	0.313059	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	113,557	2,917,369	3,030,926	0.288627	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,660,173	14,639,114	19,299,287	0.098445	0.000000	76.01
76.02	03140	CARDIOLOGY	6,515,332	6,518,433	13,033,765	0.140092	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,424,683	2,213,674	3,638,357	0.088309	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,690,067	2,690,067	0.154069	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,663,416	12,991,640	14,655,056	0.335221	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0.000000	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	24,059,057	24,059,057	1.320841	0.000000	90.03
90.06	09003	DIABETIC CARE CENTER	327,598	1,222,157	1,549,755	0.302750	0.000000	90.06
90.07	09004	WOUND CARE CENTER	193,412	1,940,927	2,134,339	0.560546	0.000000	90.07
91.00	09100	EMERGENCY	11,688,756	36,351,868	48,040,624	0.189663	0.000000	91.00
92.00	09200	OBSERVATION BEDS	896,914	7,178,494	8,075,408	0.623079	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	10,494,343	10,494,343			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,393,864	4,393,864			116.00
200.00		Subtotal (see instructions)	544,311,107	655,858,321	1,200,169,428			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	544,311,107	655,858,321	1,200,169,428			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Hospital	PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.249751	50.00
51.00	05100	RECOVERY ROOM	0.118668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.250699	52.00
53.00	05300	ANESTHESIOLOGY	0.065003	53.00
53.01	03950	PAIN CLINIC	0.541339	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221002	54.00
54.01	05401	NORTHSIDE IMAGING	0.249148	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.238782	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.179784	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157647	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.152807	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.019406	57.00
57.01	05701	NORTHSIDE CT	0.050193	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046795	58.00
58.01	05801	NORTHSIDE MRI	0.074048	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.039720	59.00
60.00	06000	LABORATORY	0.112855	60.00
60.01	06001	NORTHSIDE LAB	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.236743	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219504	64.00
65.00	06500	RESPIRATORY THERAPY	0.177120	65.00
66.00	06600	PHYSICAL THERAPY	0.204913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179624	67.00
68.00	06800	SPEECH PATHOLOGY	0.256943	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140956	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.021710	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.234559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322659	73.00
74.00	07400	RENAL DIALYSIS	0.313059	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.288627	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.098445	76.01
76.02	03140	CARDIOLOGY	0.140092	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.088309	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154069	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.335390	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	1.333045	90.03
90.06	09003	DIABETIC CARE CENTER	0.302750	90.06
90.07	09004	WOUND CARE CENTER	0.560546	90.07
91.00	09100	EMERGENCY	0.194141	91.00
92.00	09200	OBSERVATION BEDS	0.623079	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209

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

Worksheet C Part II Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX Hospital PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,505,360	2,995,439	32,509,921	0	0	50.00
51.00	05100	RECOVERY ROOM	3,690,454	327,037	3,363,417	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,986,233	248,223	2,738,010	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,021,381	220,925	2,800,456	0	0	53.00
53.01	03950	PAIN CLINIC	94,344	1,612	92,732	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,980,838	1,558,026	8,422,812	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	618,478	31,711	586,767	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	404,537	19,980	384,557	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	399,826	17,861	381,965	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,475,242	961,176	2,514,066	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,149,817	576,038	1,573,779	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,184,180	5,821	1,178,359	0	0	57.00
57.01	05701	NORTHSIDE CT	421,693	18,875	402,818	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080,526	119,449	961,077	0	0	58.00
58.01	05801	NORTHSIDE MRI	515,625	22,672	492,953	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,172,122	286,303	885,819	0	0	59.00
60.00	06000	LABORATORY	20,033,273	829,077	19,204,196	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,138,613	2,414	1,136,199	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,324,664	299,673	5,024,991	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,132,190	126,764	2,005,426	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,342,436	119,687	2,222,749	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	978,163	50,036	928,127	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	692,125	32,019	660,106	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	422,673	27,406	395,267	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,524,320	150,646	1,373,674	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,470,309	3,117	1,467,192	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	11,716,017	24,840	11,691,177	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,581,403	274,434	21,306,969	0	0	73.00
74.00	07400	RENAL DIALYSIS	614,301	41,481	572,820	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	874,807	77,498	797,309	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,899,913	165,476	1,734,437	0	0	76.01
76.02	03140	CARDIOLOGY	1,825,923	363,497	1,462,426	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	321,301	66,811	254,490	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	41,926	187	41,739	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	414,457	1,118	413,339	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,912,682	224,339	4,688,343	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,085,301	69,024	2,016,277	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	31,778,185	1,998,375	29,779,810	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	469,188	16,332	452,856	0	0	90.06
90.07	09004	WOUND CARE CENTER	1,196,395	48,229	1,148,166	0	0	90.07
91.00	09100	EMERGENCY	9,111,537	400,910	8,710,627	0	0	91.00
92.00	09200	OBSERVATION BEDS	5,031,619	246,308	4,785,311	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	11,513,884	43,651	11,470,233	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,946,310	325,627	3,620,683	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	212,094,571	13,440,124	198,654,447	0	0	200.00
201.00		Less Observation Beds	5,031,619	246,308	4,785,311	0	0	201.00
202.00		Total (line 200 minus line 201)	207,062,952	13,193,816	193,869,136	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part II Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	35,505,360	142,175,672	0.249729		50.00
51.00	05100	RECOVERY ROOM	3,690,454	31,099,050	0.118668		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,986,233	11,968,818	0.249501		52.00
53.00	05300	ANESTHESIOLOGY	3,021,381	46,598,995	0.064838		53.00
53.01	03950	PAIN CLINIC	94,344	178,694	0.527964		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,980,838	45,161,782	0.221002		54.00
54.01	05401	NORTHSIDE IMAGING	618,478	2,482,375	0.249148		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	404,537	1,694,169	0.238782		54.02
54.03	05403	NORTHSIDE ULTRASOUND	399,826	2,223,929	0.179784		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,475,242	22,044,431	0.157647		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,149,817	14,068,839	0.152807		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,184,180	61,022,511	0.019406		57.00
57.01	05701	NORTHSIDE CT	421,693	8,401,399	0.050193		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080,526	23,090,749	0.046795		58.00
58.01	05801	NORTHSIDE MRI	515,625	6,963,385	0.074048		58.01
59.00	05900	CARDIAC CATHETERIZATION	1,172,122	29,509,542	0.039720		59.00
60.00	06000	LABORATORY	20,033,273	177,513,101	0.112855		60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,138,613	4,809,498	0.236743		63.00
64.00	06400	INTRAVENOUS THERAPY	5,324,664	24,257,733	0.219504		64.00
65.00	06500	RESPIRATORY THERAPY	2,132,190	12,038,104	0.177120		65.00
66.00	06600	PHYSICAL THERAPY	2,342,436	11,431,363	0.204913		66.00
67.00	06700	OCCUPATIONAL THERAPY	978,163	5,445,607	0.179624		67.00
68.00	06800	SPEECH PATHOLOGY	692,125	2,693,695	0.256943		68.00
69.00	06900	ELECTROCARDIOLOGY	422,673	6,728,144	0.062822		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,524,320	10,850,157	0.140488		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,470,309	67,726,189	0.021710		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	11,716,017	49,949,070	0.234559		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,581,403	66,886,191	0.322659		73.00
74.00	07400	RENAL DIALYSIS	614,301	1,962,254	0.313059		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	874,807	3,030,926	0.288627		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,899,913	19,299,287	0.098445		76.01
76.02	03140	CARDIOLOGY	1,825,923	13,033,765	0.140092		76.02
76.03	03560	PULMONARY FUNCTION TESTING	321,301	3,638,357	0.088309		76.03
76.97	07697	CARDIAC REHABILITATION	41,926	0	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	414,457	2,690,067	0.154069		76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	4,912,682	14,655,056	0.335221		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,085,301	0	0.000000		90.01
90.03	09002	PHYSICIAN OFFICES	31,778,185	24,059,057	1.320841		90.03
90.06	09003	DIABETIC CARE CENTER	469,188	1,549,755	0.302750		90.06
90.07	09004	WOUND CARE CENTER	1,196,395	2,134,339	0.560546		90.07
91.00	09100	EMERGENCY	9,111,537	48,040,624	0.189663		91.00
92.00	09200	OBSERVATION BEDS	5,031,619	8,075,408	0.623079		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	11,513,884	10,494,343	1.097151		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,946,310	4,393,864	0.898141		116.00
200.00		Subtotal (sum of lines 50 thru 199)	212,094,571	1,046,070,294			200.00
201.00		Less Observation Beds	5,031,619	0			201.00
202.00		Total (line 200 minus line 201)	207,062,952	1,046,070,294			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

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

Worksheet D Part I Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII Hospital PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,040,603	0	2,040,603	45,061	45.29	30.00
31.00	INTENSIVE CARE UNIT	476,908		476,908	2,373	200.97	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	17,646		17,646	2,589	6.82	34.00
40.00	SUBPROVIDER - IPF	611,250	0	611,250	13,349	45.79	40.00
41.00	SUBPROVIDER - IRF	437,542	0	437,542	6,216	70.39	41.00
43.00	NURSERY	86,404		86,404	4,680	18.46	43.00
200.00	Total (lines 30-199)	3,670,353		3,670,353	74,268		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	15,173	687,185	30.00
31.00	INTENSIVE CARE UNIT	2,194	440,928	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	2,900	132,791	40.00
41.00	SUBPROVIDER - IRF	4,836	340,406	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	25,103	1,601,310	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,995,439	142,175,672	0.021069	26,495,335	558,230	50.00
51.00	05100	RECOVERY ROOM	327,037	31,099,050	0.010516	4,959,000	52,149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	248,223	11,968,818	0.020739	92,854	1,926	52.00
53.00	05300	ANESTHESIOLOGY	220,925	46,598,995	0.004741	6,229,322	29,533	53.00
53.01	03950	PAIN CLINIC	1,612	178,694	0.009021	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,558,026	45,161,782	0.034499	6,011,640	207,396	54.00
54.01	05401	NORTHSIDE IMAGING	31,711	2,482,375	0.012774	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	19,980	1,694,169	0.011793	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	17,861	2,223,929	0.008031	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	961,176	22,044,431	0.043602	425,373	18,547	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	576,038	14,068,839	0.040944	848,202	34,729	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,821	61,022,511	0.000095	8,340,376	792	57.00
57.01	05701	NORTHSIDE CT	18,875	8,401,399	0.002247	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,449	23,090,749	0.005173	2,164,540	11,197	58.00
58.01	05801	NORTHSIDE MRI	22,672	6,963,385	0.003256	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	286,303	29,509,542	0.009702	4,892,691	47,469	59.00
60.00	06000	LABORATORY	829,077	177,513,101	0.004671	19,628,321	91,684	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,414	4,809,498	0.000502	2,228,696	1,119	63.00
64.00	06400	INTRAVENOUS THERAPY	299,673	24,257,733	0.012354	1,977,033	24,424	64.00
65.00	06500	RESPIRATORY THERAPY	126,764	12,038,104	0.010530	5,698,652	60,007	65.00
66.00	06600	PHYSICAL THERAPY	119,687	11,431,363	0.010470	2,558,829	26,791	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,036	5,445,607	0.009188	827,192	7,600	67.00
68.00	06800	SPEECH PATHOLOGY	32,019	2,693,695	0.011887	550,077	6,539	68.00
69.00	06900	ELECTROCARDIOLOGY	27,406	6,728,144	0.004073	1,184,216	4,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,646	10,850,157	0.013884	179,413	2,491	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,117	67,726,189	0.000046	17,443,672	802	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	24,840	49,949,070	0.000497	16,369,626	8,136	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,434	66,886,191	0.004103	17,382,354	71,320	73.00
74.00	07400	RENAL DIALYSIS	41,481	1,962,254	0.021139	996,392	21,063	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,498	3,030,926	0.025569	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	165,476	19,299,287	0.008574	2,453,485	21,036	76.01
76.02	03140	CARDIOLOGY	363,497	13,033,765	0.027889	3,372,978	94,069	76.02
76.03	03560	PULMONARY FUNCTION TESTING	66,811	3,638,357	0.018363	656,455	12,054	76.03
76.97	07697	CARDIAC REHABILITATION	187	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118	2,690,067	0.000416	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	224,339	14,655,056	0.015308	1,026,789	15,718	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	69,024	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1,998,375	24,059,057	0.083061	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	16,332	1,549,755	0.010538	0	0	90.06
90.07	09004	WOUND CARE CENTER	48,229	2,134,339	0.022597	0	0	90.07
91.00	09100	EMERGENCY	400,910	48,040,624	0.008345	3,909,074	32,621	91.00
92.00	09200	OBSERVATION BEDS	246,308	8,075,408	0.030501	502,081	15,314	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,070,846	1,031,182,087		159,404,668	1,479,579	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part III Date/Time Prepared: 5/15/2017 3:48 pm

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	5,728,982	0	0	0	5,728,982	30.00
31.00	03100	INTENSIVE CARE UNIT	165,965	0	0		165,965	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	116,218	0	0		116,218	34.00
40.00	04000	SUBPROVIDER - IPF	204,538	0	0	0	204,538	40.00
41.00	04100	SUBPROVIDER - IRF	20,496	0	0	0	20,496	41.00
43.00	04300	NURSERY	4,270	0	0		4,270	43.00
200.00		Total (lines 30-199)	6,240,469	0	0		6,240,469	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,061	127.14	15,173	1,929,095		30.00
31.00	03100	INTENSIVE CARE UNIT	2,373	69.94	2,194	153,448		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,589	44.89	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	13,349	15.32	2,900	44,428		40.00
41.00	04100	SUBPROVIDER - IRF	6,216	3.30	4,836	15,959		41.00
43.00	04300	NURSERY	4,680	0.91	0	0		43.00
200.00		Total (lines 30-199)	74,268		25,103	2,142,930		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm

		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)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,230	0	0	54,230	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,646	0	0	57,646	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	2,989	0	0	2,989	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	26,190	0	0	26,190	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,675	0	0	10,675	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	27,329	0	0	27,329	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,394	0	0	9,394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	16,653	0	0	16,653	90.07
91.00	09100	EMERGENCY	0	40,566	0	0	40,566	91.00
92.00	09200	OBSERVATION BEDS	0	691,505	0	0	691,505	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	937,177	0	0	937,177	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
				Title XVIII		Hospital	PPS	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,230	142,175,672	0.000381	0.000381	26,495,335	50.00
51.00	05100	RECOVERY ROOM	0	31,099,050	0.000000	0.000000	4,959,000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,646	11,968,818	0.004816	0.004816	92,854	52.00
53.00	05300	ANESTHESIOLOGY	0	46,598,995	0.000000	0.000000	6,229,322	53.00
53.01	03950	PAIN CLINIC	2,989	178,694	0.016727	0.016727	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,161,782	0.000000	0.000000	6,011,640	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,482,375	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,694,169	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	2,223,929	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,044,431	0.000000	0.000000	425,373	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,068,839	0.000000	0.000000	848,202	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	61,022,511	0.000000	0.000000	8,340,376	57.00
57.01	05701	NORTHSIDE CT	0	8,401,399	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,090,749	0.000000	0.000000	2,164,540	58.00
58.01	05801	NORTHSIDE MRI	0	6,963,385	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	29,509,542	0.000000	0.000000	4,892,691	59.00
60.00	06000	LABORATORY	26,190	177,513,101	0.000148	0.000148	19,628,321	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,809,498	0.000000	0.000000	2,228,696	63.00
64.00	06400	INTRAVENOUS THERAPY	0	24,257,733	0.000000	0.000000	1,977,033	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,038,104	0.000000	0.000000	5,698,652	65.00
66.00	06600	PHYSICAL THERAPY	0	11,431,363	0.000000	0.000000	2,558,829	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,445,607	0.000000	0.000000	827,192	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,693,695	0.000000	0.000000	550,077	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,728,144	0.000000	0.000000	1,184,216	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,850,157	0.000000	0.000000	179,413	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,726,189	0.000000	0.000000	17,443,672	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	49,949,070	0.000000	0.000000	16,369,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,886,191	0.000000	0.000000	17,382,354	73.00
74.00	07400	RENAL DIALYSIS	10,675	1,962,254	0.005440	0.005440	996,392	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,030,926	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	27,329	19,299,287	0.001416	0.001416	2,453,485	76.01
76.02	03140	CARDIOLOGY	0	13,033,765	0.000000	0.000000	3,372,978	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,638,357	0.000000	0.000000	656,455	76.03
76.97	07697	CARDIAC REHABILITATION	9,394	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,690,067	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	14,655,056	0.000000	0.000000	1,026,789	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	24,059,057	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,549,755	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	16,653	2,134,339	0.007802	0.007802	0	90.07
91.00	09100	EMERGENCY	40,566	48,040,624	0.000844	0.000844	3,909,074	91.00
92.00	09200	OBSERVATION BEDS	691,505	8,075,408	0.085631	0.085631	502,081	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	937,177	1,031,182,087			159,404,668	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	10,095	18,653,718	7,107		50.00
51.00	05100	RECOVERY ROOM	0	3,527,393	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	447	1,536	7		52.00
53.00	05300	ANESTHESIOLOGY	0	4,873,454	0		53.00
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,891,589	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,422,707	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	6,108,813	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	14,851,021	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,132,040	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	7,626,391	0		59.00
60.00	06000	LABORATORY	2,905	7,693,990	1,139		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	104,197	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,530,933	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	274,551	0		65.00
66.00	06600	PHYSICAL THERAPY	0	196,364	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	47,845	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	17,850	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,407,541	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,197,266	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	6,893,191	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	5,487,100	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,214,288	0		73.00
74.00	07400	RENAL DIALYSIS	5,420	53,125	289		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	122,122	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	3,474	3,728,175	5,279		76.01
76.02	03140	CARDIOLOGY	0	3,998,761	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	683,820	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	218	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	628,677	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	6,077,347	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	3,299	6,098,640	5,147		91.00
92.00	09200	OBSERVATION BEDS	42,994	1,696,871	145,305		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	68,634	136,241,534	164,273		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.249729	18,653,718	0	0	4,658,374	50.00
51.00	05100	RECOVERY ROOM	0.118668	3,527,393	0	0	418,589	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.249501	1,536	0	0	383	52.00
53.00	05300	ANESTHESIOLOGY	0.064838	4,873,454	0	0	315,985	53.00
53.01	03950	PAIN CLINIC	0.527964	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221002	7,891,589	0	0	1,744,057	54.00
54.01	05401	NORTHSIDE IMAGING	0.249148	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.238782	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.179784	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157647	7,422,707	0	0	1,170,167	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.152807	6,108,813	0	0	933,469	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.019406	14,851,021	0	0	288,199	57.00
57.01	05701	NORTHSIDE CT	0.050193	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046795	6,132,040	0	0	286,949	58.00
58.01	05801	NORTHSIDE MRI	0.074048	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.039720	7,626,391	0	0	302,920	59.00
60.00	06000	LABORATORY	0.112855	7,693,990	400	0	868,305	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.236743	104,197	0	0	24,668	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219504	4,530,933	0	0	994,558	64.00
65.00	06500	RESPIRATORY THERAPY	0.177120	274,551	0	0	48,628	65.00
66.00	06600	PHYSICAL THERAPY	0.204913	196,364	0	0	40,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179624	47,845	0	0	8,594	67.00
68.00	06800	SPEECH PATHOLOGY	0.256943	17,850	0	0	4,586	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062822	1,407,541	0	0	88,425	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140488	2,197,266	0	0	308,690	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.021710	6,893,191	0	0	149,651	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.234559	5,487,100	0	0	1,287,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322659	7,214,288	286	136,301	2,327,755	73.00
74.00	07400	RENAL DIALYSIS	0.313059	53,125	0	0	16,631	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.288627	122,122	0	0	35,248	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.098445	3,728,175	0	0	367,020	76.01
76.02	03140	CARDIOLOGY	0.140092	3,998,761	0	0	560,194	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.088309	683,820	0	0	60,387	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	218	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154069	628,677	0	0	96,860	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.335221	6,077,347	0	0	2,037,254	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.320841	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.302750	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.560546	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.189663	6,098,640	0	0	1,156,686	91.00
92.00	09200	OBSERVATION BEDS	0.623079	1,696,871	0	0	1,057,285	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		136,241,534	686	136,301	21,657,804	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		136,241,534	686	136,301	21,657,804	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	45	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92	43,979		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	137	43,979		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	137	43,979		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part II
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,995,439	142,175,672	0.021069	2,131	45	50.00
51.00	05100	RECOVERY ROOM	327,037	31,099,050	0.010516	50,696	533	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	248,223	11,968,818	0.020739	0	0	52.00
53.00	05300	ANESTHESIOLOGY	220,925	46,598,995	0.004741	122,837	582	53.00
53.01	03950	PAIN CLINIC	1,612	178,694	0.009021	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,558,026	45,161,782	0.034499	39,511	1,363	54.00
54.01	05401	NORTHSIDE IMAGING	31,711	2,482,375	0.012774	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	19,980	1,694,169	0.011793	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	17,861	2,223,929	0.008031	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	961,176	22,044,431	0.043602	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	576,038	14,068,839	0.040944	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,821	61,022,511	0.000095	120,760	11	57.00
57.01	05701	NORTHSIDE CT	18,875	8,401,399	0.002247	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,449	23,090,749	0.005173	47,781	247	58.00
58.01	05801	NORTHSIDE MRI	22,672	6,963,385	0.003256	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	286,303	29,509,542	0.009702	0	0	59.00
60.00	06000	LABORATORY	829,077	177,513,101	0.004671	587,881	2,746	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,414	4,809,498	0.000502	2,675	1	63.00
64.00	06400	INTRAVENOUS THERAPY	299,673	24,257,733	0.012354	21,906	271	64.00
65.00	06500	RESPIRATORY THERAPY	126,764	12,038,104	0.010530	108,114	1,138	65.00
66.00	06600	PHYSICAL THERAPY	119,687	11,431,363	0.010470	23,540	246	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,036	5,445,607	0.009188	11,067	102	67.00
68.00	06800	SPEECH PATHOLOGY	32,019	2,693,695	0.011887	728	9	68.00
69.00	06900	ELECTROCARDIOLOGY	27,406	6,728,144	0.004073	35,361	144	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,646	10,850,157	0.013884	8,202	114	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,117	67,726,189	0.000046	13,185	1	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	24,840	49,949,070	0.000497	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,434	66,886,191	0.004103	219,094	899	73.00
74.00	07400	RENAL DIALYSIS	41,481	1,962,254	0.021139	18,930	400	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,498	3,030,926	0.025569	46,970	1,201	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	165,476	19,299,287	0.008574	0	0	76.01
76.02	03140	CARDIOLOGY	363,497	13,033,765	0.027889	18,324	511	76.02
76.03	03560	PULMONARY FUNCTION TESTING	66,811	3,638,357	0.018363	800	15	76.03
76.97	07697	CARDIAC REHABILITATION	187	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118	2,690,067	0.000416	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	224,339	14,655,056	0.015308	5,575	85	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	69,024	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1,998,375	24,059,057	0.083061	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	16,332	1,549,755	0.010538	0	0	90.06
90.07	09004	WOUND CARE CENTER	48,229	2,134,339	0.022597	0	0	90.07
91.00	09100	EMERGENCY	400,910	48,040,624	0.008345	446,699	3,728	91.00
92.00	09200	OBSERVATION BEDS	0	8,075,408	0.000000	1,364	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,824,538	1,031,182,087		1,954,131	14,392	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,230	0	0	54,230	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,646	0	0	57,646	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	2,989	0	0	2,989	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	26,190	0	0	26,190	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,675	0	0	10,675	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	27,329	0	0	27,329	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,394	0	0	9,394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	16,653	0	0	16,653	90.07
91.00	09100	EMERGENCY	0	40,566	0	0	40,566	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	245,672	0	0	245,672	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,230	142,175,672	0.000381	0.000381	2,131	50.00
51.00	05100	RECOVERY ROOM	0	31,099,050	0.000000	0.000000	50,696	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,646	11,968,818	0.004816	0.004816	0	52.00
53.00	05300	ANESTHESIOLOGY	0	46,598,995	0.000000	0.000000	122,837	53.00
53.01	03950	PAIN CLINIC	2,989	178,694	0.016727	0.016727	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,161,782	0.000000	0.000000	39,511	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,482,375	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,694,169	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	2,223,929	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,044,431	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,068,839	0.000000	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	61,022,511	0.000000	0.000000	120,760	57.00
57.01	05701	NORTHSIDE CT	0	8,401,399	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,090,749	0.000000	0.000000	47,781	58.00
58.01	05801	NORTHSIDE MRI	0	6,963,385	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	29,509,542	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	26,190	177,513,101	0.000148	0.000148	587,881	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,809,498	0.000000	0.000000	2,675	63.00
64.00	06400	INTRAVENOUS THERAPY	0	24,257,733	0.000000	0.000000	21,906	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,038,104	0.000000	0.000000	108,114	65.00
66.00	06600	PHYSICAL THERAPY	0	11,431,363	0.000000	0.000000	23,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,445,607	0.000000	0.000000	11,067	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,693,695	0.000000	0.000000	728	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,728,144	0.000000	0.000000	35,361	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,850,157	0.000000	0.000000	8,202	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,726,189	0.000000	0.000000	13,185	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	49,949,070	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,886,191	0.000000	0.000000	219,094	73.00
74.00	07400	RENAL DIALYSIS	10,675	1,962,254	0.005440	0.005440	18,930	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,030,926	0.000000	0.000000	46,970	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	27,329	19,299,287	0.001416	0.001416	0	76.01
76.02	03140	CARDIOLOGY	0	13,033,765	0.000000	0.000000	18,324	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,638,357	0.000000	0.000000	800	76.03
76.97	07697	CARDIAC REHABILITATION	9,394	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,690,067	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	14,655,056	0.000000	0.000000	5,575	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	24,059,057	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,549,755	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	16,653	2,134,339	0.007802	0.007802	0	90.07
91.00	09100	EMERGENCY	40,566	48,040,624	0.000844	0.000844	446,699	91.00
92.00	09200	OBSERVATION BEDS	0	8,075,408	0.000000	0.000000	1,364	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	245,672	1,031,182,087			1,954,131	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	87	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	103	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	10,892	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	6,364	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	377	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	568	17,256	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part V
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.249729	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.118668	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.249501	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064838	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.527964	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221002	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.249148	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.238782	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.179784	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157647	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.152807	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.019406	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.050193	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046795	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.074048	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.039720	0	0	0	0	59.00
60.00	06000	LABORATORY	0.112855	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.236743	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219504	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.177120	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.204913	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179624	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.256943	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062822	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140488	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.021710	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.234559	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322659	0	0	2,103	0	73.00
74.00	07400	RENAL DIALYSIS	0.313059	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.288627	10,892	0	0	3,144	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.098445	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.140092	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.088309	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154069	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.335221	6,364	0	0	2,133	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.320841	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.302750	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.560546	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.189663	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.623079	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		17,256	0	2,103	5,277	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		17,256	0	2,103	5,277	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Costs Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	679		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	679		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	679		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part II
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,995,439	142,175,672	0.021069	460	10	50.00
51.00	05100	RECOVERY ROOM	327,037	31,099,050	0.010516	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	248,223	11,968,818	0.020739	0	0	52.00
53.00	05300	ANESTHESIOLOGY	220,925	46,598,995	0.004741	3,419	16	53.00
53.01	03950	PAIN CLINIC	1,612	178,694	0.009021	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,558,026	45,161,782	0.034499	181,221	6,252	54.00
54.01	05401	NORTHSIDE IMAGING	31,711	2,482,375	0.012774	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	19,980	1,694,169	0.011793	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	17,861	2,223,929	0.008031	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	961,176	22,044,431	0.043602	77,844	3,394	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	576,038	14,068,839	0.040944	49,460	2,025	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,821	61,022,511	0.000095	208,886	20	57.00
57.01	05701	NORTHSIDE CT	18,875	8,401,399	0.002247	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,449	23,090,749	0.005173	127,815	661	58.00
58.01	05801	NORTHSIDE MRI	22,672	6,963,385	0.003256	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	286,303	29,509,542	0.009702	0	0	59.00
60.00	06000	LABORATORY	829,077	177,513,101	0.004671	1,515,169	7,077	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,414	4,809,498	0.000502	56,770	28	63.00
64.00	06400	INTRAVENOUS THERAPY	299,673	24,257,733	0.012354	32,334	399	64.00
65.00	06500	RESPIRATORY THERAPY	126,764	12,038,104	0.010530	509,150	5,361	65.00
66.00	06600	PHYSICAL THERAPY	119,687	11,431,363	0.010470	3,149,765	32,978	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,036	5,445,607	0.009188	2,964,833	27,241	67.00
68.00	06800	SPEECH PATHOLOGY	32,019	2,693,695	0.011887	384,381	4,569	68.00
69.00	06900	ELECTROCARDIOLOGY	27,406	6,728,144	0.004073	47,280	193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,646	10,850,157	0.013884	6,835	95	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,117	67,726,189	0.000046	688,524	32	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	24,840	49,949,070	0.000497	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,434	66,886,191	0.004103	866,065	3,553	73.00
74.00	07400	RENAL DIALYSIS	41,481	1,962,254	0.021139	138,220	2,922	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,498	3,030,926	0.025569	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	165,476	19,299,287	0.008574	0	0	76.01
76.02	03140	CARDIOLOGY	363,497	13,033,765	0.027889	47,831	1,334	76.02
76.03	03560	PULMONARY FUNCTION TESTING	66,811	3,638,357	0.018363	26,561	488	76.03
76.97	07697	CARDIAC REHABILITATION	187	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118	2,690,067	0.000416	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	224,339	14,655,056	0.015308	38,891	595	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	69,024	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1,998,375	24,059,057	0.083061	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	16,332	1,549,755	0.010538	0	0	90.06
90.07	09004	WOUND CARE CENTER	48,229	2,134,339	0.022597	0	0	90.07
91.00	09100	EMERGENCY	400,910	48,040,624	0.008345	4,551	38	91.00
92.00	09200	OBSERVATION BEDS	0	8,075,408	0.000000	23,015	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,824,538	1,031,182,087		11,149,280	99,281	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part IV
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IRF | 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	54,230	0	0	54,230	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,646	0	0	57,646	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	2,989	0	0	2,989	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	26,190	0	0	26,190	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,675	0	0	10,675	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	27,329	0	0	27,329	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,394	0	0	9,394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	16,653	0	0	16,653	90.07
91.00	09100	EMERGENCY	0	40,566	0	0	40,566	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	245,672	0	0	245,672	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part IV
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IRF | 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	54,230	142,175,672	0.000381	0.000381	460	50.00
51.00	05100	RECOVERY ROOM	0	31,099,050	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,646	11,968,818	0.004816	0.004816	0	52.00
53.00	05300	ANESTHESIOLOGY	0	46,598,995	0.000000	0.000000	3,419	53.00
53.01	03950	PAIN CLINIC	2,989	178,694	0.016727	0.016727	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,161,782	0.000000	0.000000	181,221	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,482,375	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,694,169	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	2,223,929	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,044,431	0.000000	0.000000	77,844	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,068,839	0.000000	0.000000	49,460	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	61,022,511	0.000000	0.000000	208,886	57.00
57.01	05701	NORTHSIDE CT	0	8,401,399	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,090,749	0.000000	0.000000	127,815	58.00
58.01	05801	NORTHSIDE MRI	0	6,963,385	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	29,509,542	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	26,190	177,513,101	0.000148	0.000148	1,515,169	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,809,498	0.000000	0.000000	56,770	63.00
64.00	06400	INTRAVENOUS THERAPY	0	24,257,733	0.000000	0.000000	32,334	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,038,104	0.000000	0.000000	509,150	65.00
66.00	06600	PHYSICAL THERAPY	0	11,431,363	0.000000	0.000000	3,149,765	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,445,607	0.000000	0.000000	2,964,833	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,693,695	0.000000	0.000000	384,381	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,728,144	0.000000	0.000000	47,280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,850,157	0.000000	0.000000	6,835	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,726,189	0.000000	0.000000	688,524	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	49,949,070	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,886,191	0.000000	0.000000	866,065	73.00
74.00	07400	RENAL DIALYSIS	10,675	1,962,254	0.005440	0.005440	138,220	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,030,926	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	27,329	19,299,287	0.001416	0.001416	0	76.01
76.02	03140	CARDIOLOGY	0	13,033,765	0.000000	0.000000	47,831	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,638,357	0.000000	0.000000	26,561	76.03
76.97	07697	CARDIAC REHABILITATION	9,394	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,690,067	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	14,655,056	0.000000	0.000000	38,891	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	24,059,057	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,549,755	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	16,653	2,134,339	0.007802	0.007802	0	90.07
91.00	09100	EMERGENCY	40,566	48,040,624	0.000844	0.000844	4,551	91.00
92.00	09200	OBSERVATION BEDS	0	8,075,408	0.000000	0.000000	23,015	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	245,672	1,031,182,087			11,149,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	732	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	224	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	752	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,054	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	4	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	980	1,786	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part V
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.249729	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.118668	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.249501	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064838	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.527964	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221002	732	0	0	162	54.00
54.01	05401	NORTHSIDE IMAGING	0.249148	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.238782	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.179784	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157647	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.152807	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.019406	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.050193	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046795	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.074048	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.039720	0	0	0	0	59.00
60.00	06000	LABORATORY	0.112855	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.236743	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219504	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.177120	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.204913	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179624	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.256943	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062822	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140488	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.021710	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.234559	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322659	0	0	3,316	0	73.00
74.00	07400	RENAL DIALYSIS	0.313059	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.288627	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.098445	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.140092	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.088309	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154069	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.335221	1,054	0	0	353	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.320841	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.302750	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.560546	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.189663	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.623079	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		1,786	0	3,316	515	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		1,786	0	3,316	515	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,070		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	1,070		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,070		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

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

Worksheet D Part I Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,040,603	0	2,040,603	45,061	45.29	30.00
31.00	INTENSIVE CARE UNIT	476,908		476,908	2,373	200.97	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	17,646		17,646	2,589	6.82	34.00
40.00	SUBPROVIDER - IPF	611,250	0	611,250	13,349	45.79	40.00
41.00	SUBPROVIDER - IRF	437,542	0	437,542	6,216	70.39	41.00
43.00	NURSERY	86,404		86,404	4,680	18.46	43.00
200.00	Total (lines 30-199)	3,670,353		3,670,353	74,268		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	11,994	543,208	30.00
31.00	INTENSIVE CARE UNIT	179	35,974	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	75	512	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	413	29,071	41.00
43.00	NURSERY	2,508	46,298	43.00
200.00	Total (lines 30-199)	15,169	655,063	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,995,439	142,175,672	0.021069	0	0	50.00
51.00	05100	RECOVERY ROOM	327,037	31,099,050	0.010516	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	248,223	11,968,818	0.020739	0	0	52.00
53.00	05300	ANESTHESIOLOGY	220,925	46,598,995	0.004741	0	0	53.00
53.01	03950	PAIN CLINIC	1,612	178,694	0.009021	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,558,026	45,161,782	0.034499	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	31,711	2,482,375	0.012774	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	19,980	1,694,169	0.011793	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	17,861	2,223,929	0.008031	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	961,176	22,044,431	0.043602	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	576,038	14,068,839	0.040944	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,821	61,022,511	0.000095	0	0	57.00
57.01	05701	NORTHSIDE CT	18,875	8,401,399	0.002247	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,449	23,090,749	0.005173	0	0	58.00
58.01	05801	NORTHSIDE MRI	22,672	6,963,385	0.003256	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	286,303	29,509,542	0.009702	0	0	59.00
60.00	06000	LABORATORY	829,077	177,513,101	0.004671	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,414	4,809,498	0.000502	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	299,673	24,257,733	0.012354	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	126,764	12,038,104	0.010530	0	0	65.00
66.00	06600	PHYSICAL THERAPY	119,687	11,431,363	0.010470	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,036	5,445,607	0.009188	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	32,019	2,693,695	0.011887	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,406	6,728,144	0.004073	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,646	10,850,157	0.013884	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,117	67,726,189	0.000046	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	24,840	49,949,070	0.000497	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,434	66,886,191	0.004103	0	0	73.00
74.00	07400	RENAL DIALYSIS	41,481	1,962,254	0.021139	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,498	3,030,926	0.025569	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	165,476	19,299,287	0.008574	0	0	76.01
76.02	03140	CARDIOLOGY	363,497	13,033,765	0.027889	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	66,811	3,638,357	0.018363	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	187	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118	2,690,067	0.000416	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	224,339	14,655,056	0.015308	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	69,024	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1,998,375	24,059,057	0.083061	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	16,332	1,549,755	0.010538	0	0	90.06
90.07	09004	WOUND CARE CENTER	48,229	2,134,339	0.022597	0	0	90.07
91.00	09100	EMERGENCY	400,910	48,040,624	0.008345	0	0	91.00
92.00	09200	OBSERVATION BEDS	246,308	8,075,408	0.030501	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,070,846	1,031,182,087		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part III Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX 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	5,728,982	0	0	0	5,728,982	30.00
31.00	03100	INTENSIVE CARE UNIT	165,965	0	0		165,965	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	116,218	0	0		116,218	34.00
40.00	04000	SUBPROVIDER - IPF	204,538	0	0	0	204,538	40.00
41.00	04100	SUBPROVIDER - IRF	20,496	0	0	0	20,496	41.00
43.00	04300	NURSERY	4,270	0	0		4,270	43.00
200.00		Total (lines 30-199)	6,240,469	0	0		6,240,469	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,061	127.14	11,994	1,524,917		30.00
31.00	03100	INTENSIVE CARE UNIT	2,373	69.94	179	12,519		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,589	44.89	75	3,367		34.00
40.00	04000	SUBPROVIDER - IPF	13,349	15.32	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	6,216	3.30	413	1,363		41.00
43.00	04300	NURSERY	4,680	0.91	2,508	2,282		43.00
200.00		Total (lines 30-199)	74,268		15,169	1,544,448		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm

		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)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,230	0	0	54,230	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,646	0	0	57,646	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	2,989	0	0	2,989	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	26,190	0	0	26,190	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,675	0	0	10,675	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	27,329	0	0	27,329	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,394	0	0	9,394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	16,653	0	0	16,653	90.07
91.00	09100	EMERGENCY	0	40,566	0	0	40,566	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	245,672	0	0	245,672	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX Hospital PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,230	142,175,672	0.000381	0.000381	0	50.00
51.00	05100	RECOVERY ROOM	0	31,099,050	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,646	11,968,818	0.004816	0.004816	0	52.00
53.00	05300	ANESTHESIOLOGY	0	46,598,995	0.000000	0.000000	0	53.00
53.01	03950	PAIN CLINIC	2,989	178,694	0.016727	0.016727	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,161,782	0.000000	0.000000	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,482,375	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,694,169	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	2,223,929	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,044,431	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,068,839	0.000000	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	61,022,511	0.000000	0.000000	0	57.00
57.01	05701	NORTHSIDE CT	0	8,401,399	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,090,749	0.000000	0.000000	0	58.00
58.01	05801	NORTHSIDE MRI	0	6,963,385	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	29,509,542	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	26,190	177,513,101	0.000148	0.000148	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,809,498	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	24,257,733	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,038,104	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,431,363	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,445,607	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,693,695	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,728,144	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,850,157	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,726,189	0.000000	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	49,949,070	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,886,191	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	10,675	1,962,254	0.005440	0.005440	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,030,926	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	27,329	19,299,287	0.001416	0.001416	0	76.01
76.02	03140	CARDIOLOGY	0	13,033,765	0.000000	0.000000	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,638,357	0.000000	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	9,394	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,690,067	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	14,655,056	0.000000	0.000000	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	24,059,057	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,549,755	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	16,653	2,134,339	0.007802	0.007802	0	90.07
91.00	09100	EMERGENCY	40,566	48,040,624	0.000844	0.000844	0	91.00
92.00	09200	OBSERVATION BEDS	0	8,075,408	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	245,672	1,031,182,087			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part II
Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,995,439	142,175,672	0.021069	0	0	50.00
51.00	05100	RECOVERY ROOM	327,037	31,099,050	0.010516	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	248,223	11,968,818	0.020739	0	0	52.00
53.00	05300	ANESTHESIOLOGY	220,925	46,598,995	0.004741	0	0	53.00
53.01	03950	PAIN CLINIC	1,612	178,694	0.009021	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,558,026	45,161,782	0.034499	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	31,711	2,482,375	0.012774	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	19,980	1,694,169	0.011793	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	17,861	2,223,929	0.008031	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	961,176	22,044,431	0.043602	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	576,038	14,068,839	0.040944	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,821	61,022,511	0.000095	0	0	57.00
57.01	05701	NORTHSIDE CT	18,875	8,401,399	0.002247	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,449	23,090,749	0.005173	0	0	58.00
58.01	05801	NORTHSIDE MRI	22,672	6,963,385	0.003256	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	286,303	29,509,542	0.009702	0	0	59.00
60.00	06000	LABORATORY	829,077	177,513,101	0.004671	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,414	4,809,498	0.000502	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	299,673	24,257,733	0.012354	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	126,764	12,038,104	0.010530	0	0	65.00
66.00	06600	PHYSICAL THERAPY	119,687	11,431,363	0.010470	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,036	5,445,607	0.009188	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	32,019	2,693,695	0.011887	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,406	6,728,144	0.004073	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,646	10,850,157	0.013884	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,117	67,726,189	0.000046	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	24,840	49,949,070	0.000497	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,434	66,886,191	0.004103	0	0	73.00
74.00	07400	RENAL DIALYSIS	41,481	1,962,254	0.021139	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,498	3,030,926	0.025569	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	165,476	19,299,287	0.008574	0	0	76.01
76.02	03140	CARDIOLOGY	363,497	13,033,765	0.027889	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	66,811	3,638,357	0.018363	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	187	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118	2,690,067	0.000416	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	224,339	14,655,056	0.015308	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	69,024	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1,998,375	24,059,057	0.083061	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	16,332	1,549,755	0.010538	0	0	90.06
90.07	09004	WOUND CARE CENTER	48,229	2,134,339	0.022597	0	0	90.07
91.00	09100	EMERGENCY	400,910	48,040,624	0.008345	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	8,075,408	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,824,538	1,031,182,087		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,230	0	0	54,230	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,646	0	0	57,646	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	2,989	0	0	2,989	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	26,190	0	0	26,190	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,675	0	0	10,675	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	27,329	0	0	27,329	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,394	0	0	9,394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	16,653	0	0	16,653	90.07
91.00	09100	EMERGENCY	0	40,566	0	0	40,566	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	245,672	0	0	245,672	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,230	142,175,672	0.000381	0.000381	0	50.00
51.00	05100	RECOVERY ROOM	0	31,099,050	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,646	11,968,818	0.004816	0.004816	0	52.00
53.00	05300	ANESTHESIOLOGY	0	46,598,995	0.000000	0.000000	0	53.00
53.01	03950	PAIN CLINIC	2,989	178,694	0.016727	0.016727	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,161,782	0.000000	0.000000	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,482,375	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,694,169	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	2,223,929	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,044,431	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,068,839	0.000000	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	61,022,511	0.000000	0.000000	0	57.00
57.01	05701	NORTHSIDE CT	0	8,401,399	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,090,749	0.000000	0.000000	0	58.00
58.01	05801	NORTHSIDE MRI	0	6,963,385	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	29,509,542	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	26,190	177,513,101	0.000148	0.000148	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,809,498	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	24,257,733	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,038,104	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,431,363	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,445,607	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,693,695	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,728,144	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,850,157	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,726,189	0.000000	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	49,949,070	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,886,191	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	10,675	1,962,254	0.005440	0.005440	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,030,926	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	27,329	19,299,287	0.001416	0.001416	0	76.01
76.02	03140	CARDIOLOGY	0	13,033,765	0.000000	0.000000	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,638,357	0.000000	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	9,394	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,690,067	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	14,655,056	0.000000	0.000000	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	24,059,057	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,549,755	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	16,653	2,134,339	0.007802	0.007802	0	90.07
91.00	09100	EMERGENCY	40,566	48,040,624	0.000844	0.000844	0	91.00
92.00	09200	OBSERVATION BEDS	0	8,075,408	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	245,672	1,031,182,087			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part II
Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,995,439	142,175,672	0.021069	0	0	50.00
51.00	05100	RECOVERY ROOM	327,037	31,099,050	0.010516	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	248,223	11,968,818	0.020739	0	0	52.00
53.00	05300	ANESTHESIOLOGY	220,925	46,598,995	0.004741	0	0	53.00
53.01	03950	PAIN CLINIC	1,612	178,694	0.009021	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,558,026	45,161,782	0.034499	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	31,711	2,482,375	0.012774	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	19,980	1,694,169	0.011793	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	17,861	2,223,929	0.008031	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	961,176	22,044,431	0.043602	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	576,038	14,068,839	0.040944	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,821	61,022,511	0.000095	0	0	57.00
57.01	05701	NORTHSIDE CT	18,875	8,401,399	0.002247	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,449	23,090,749	0.005173	0	0	58.00
58.01	05801	NORTHSIDE MRI	22,672	6,963,385	0.003256	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	286,303	29,509,542	0.009702	0	0	59.00
60.00	06000	LABORATORY	829,077	177,513,101	0.004671	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,414	4,809,498	0.000502	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	299,673	24,257,733	0.012354	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	126,764	12,038,104	0.010530	0	0	65.00
66.00	06600	PHYSICAL THERAPY	119,687	11,431,363	0.010470	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,036	5,445,607	0.009188	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	32,019	2,693,695	0.011887	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,406	6,728,144	0.004073	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	150,646	10,850,157	0.013884	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,117	67,726,189	0.000046	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	24,840	49,949,070	0.000497	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,434	66,886,191	0.004103	0	0	73.00
74.00	07400	RENAL DIALYSIS	41,481	1,962,254	0.021139	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,498	3,030,926	0.025569	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	165,476	19,299,287	0.008574	0	0	76.01
76.02	03140	CARDIOLOGY	363,497	13,033,765	0.027889	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	66,811	3,638,357	0.018363	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	187	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118	2,690,067	0.000416	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	224,339	14,655,056	0.015308	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	69,024	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1,998,375	24,059,057	0.083061	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	16,332	1,549,755	0.010538	0	0	90.06
90.07	09004	WOUND CARE CENTER	48,229	2,134,339	0.022597	0	0	90.07
91.00	09100	EMERGENCY	400,910	48,040,624	0.008345	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	8,075,408	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,824,538	1,031,182,087		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D
Part IV
Date/Time Prepared:
5/15/2017 3:48 pm

Title XIX | Subprovider - IRF | 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	54,230	0	0	54,230	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,646	0	0	57,646	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	2,989	0	0	2,989	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	26,190	0	0	26,190	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,675	0	0	10,675	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	27,329	0	0	27,329	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,394	0	0	9,394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	16,653	0	0	16,653	90.07
91.00	09100	EMERGENCY	0	40,566	0	0	40,566	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	245,672	0	0	245,672	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part IV
Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX | Subprovider - IRF | 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	54,230	142,175,672	0.000381	0.000381	0	50.00
51.00	05100	RECOVERY ROOM	0	31,099,050	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,646	11,968,818	0.004816	0.004816	0	52.00
53.00	05300	ANESTHESIOLOGY	0	46,598,995	0.000000	0.000000	0	53.00
53.01	03950	PAIN CLINIC	2,989	178,694	0.016727	0.016727	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,161,782	0.000000	0.000000	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,482,375	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,694,169	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	2,223,929	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,044,431	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,068,839	0.000000	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	61,022,511	0.000000	0.000000	0	57.00
57.01	05701	NORTHSIDE CT	0	8,401,399	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,090,749	0.000000	0.000000	0	58.00
58.01	05801	NORTHSIDE MRI	0	6,963,385	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	29,509,542	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	26,190	177,513,101	0.000148	0.000148	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,809,498	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	24,257,733	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,038,104	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,431,363	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,445,607	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,693,695	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,728,144	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,850,157	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,726,189	0.000000	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	49,949,070	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,886,191	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	10,675	1,962,254	0.005440	0.005440	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,030,926	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	27,329	19,299,287	0.001416	0.001416	0	76.01
76.02	03140	CARDIOLOGY	0	13,033,765	0.000000	0.000000	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,638,357	0.000000	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	9,394	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,690,067	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	14,655,056	0.000000	0.000000	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	24,059,057	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,549,755	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	16,653	2,134,339	0.007802	0.007802	0	90.07
91.00	09100	EMERGENCY	40,566	48,040,624	0.000844	0.000844	0	91.00
92.00	09200	OBSERVATION BEDS	0	8,075,408	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	245,672	1,031,182,087			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Subprovider - IRF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,061	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,061	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	39,622	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)	15,173	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	41,686,014	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)	41,686,014	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	41,686,014	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)	925.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	14,036,542	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)	14,036,542	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		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	7,102,750	2,373	2,993.15	2,194	6,566,971	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	658,336	2,589	254.28	0	0	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)	27,043,687	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	47,647,200	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	3,210,656	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,548,213	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	4,758,869	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	42,888,331	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	5,439	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	925.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,031,619	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Hospital	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	2,040,603	41,686,014	0.048952	5,031,619	246,308	90.00
91.00	Nursing School cost	5,728,982	41,686,014	0.137432	5,031,619	691,505	91.00
92.00	Allied health cost	0	41,686,014	0.000000	5,031,619	0	92.00
93.00	All other Medical Education	0	41,686,014	0.000000	5,031,619	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,349	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,349	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	13,349	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,900	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	10,404,656	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)	10,404,656	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	10,404,656	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)	779.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,260,347	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,260,347	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	311,698	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,572,045	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)	177,219	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	14,960	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	192,179	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,379,866	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	611,250	10,404,656	0.058748	0	0	90.00
91.00	Nursing School cost	204,538	10,404,656	0.019658	0	0	91.00
92.00	Allied health cost	0	10,404,656	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,404,656	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IRF	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)	6,216	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,216	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,216	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)	4,836	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,044,543	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)	5,044,543	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,044,543	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)	811.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,924,607	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	3,924,607	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	2,007,622	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,932,229	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)	356,365	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	100,261	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	456,626	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,475,603	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IRF	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	437,542	5,044,543	0.086736	0	0	90.00
91.00	Nursing School cost	20,496	5,044,543	0.004063	0	0	91.00
92.00	Allied health cost	0	5,044,543	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,044,543	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,061	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,061	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	39,622	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)	11,994	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	4,680	15.00
16.00	Nursery days (title V or XIX only)	2,508	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)	41,686,014	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)	41,686,014	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	41,686,014	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)	925.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	11,095,649	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)	11,095,649	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XIX			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,464,422	4,680	526.59	2,508	1,320,688	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,102,750	2,373	2,993.15	179	535,774	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	658,336	2,589	254.28	75	19,071	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	12,971,182	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	2,169,077	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,169,077	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	10,802,105	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	5,439	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	925.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,031,619	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared: 5/15/2017 3:48 pm

Title XIX Hospital 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	2,040,603	41,686,014	0.048952	5,031,619	246,308	90.00
91.00	Nursing School cost	5,728,982	41,686,014	0.137432	5,031,619	691,505	91.00
92.00	Allied health cost	0	41,686,014	0.000000	5,031,619	0	92.00
93.00	All other Medical Education	0	41,686,014	0.000000	5,031,619	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,349	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,349	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	13,349	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)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	4,680	15.00
16.00	Nursery days (title V or XIX only)	2,508	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)	10,404,656	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)	10,404,656	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	10,404,656	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)	779.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Subprovider - IPF	PPS

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	611,250	10,404,656	0.058748	0	0	90.00
91.00	Nursing School cost	204,538	10,404,656	0.019658	0	0	91.00
92.00	Allied health cost	0	10,404,656	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,404,656	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Subprovider - IRF	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)	6,216	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,216	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,216	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)	413	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	4,680	15.00
16.00	Nursery days (title V or XIX only)	2,508	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)	5,044,543	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)	5,044,543	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,044,543	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)	811.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	335,166	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)	335,166	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	335,166	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)	30,434	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	30,434	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	304,732	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XIX	Subprovider - IRF	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	437,542	5,044,543	0.086736	0	0	90.00
91.00	Nursing School cost	20,496	5,044,543	0.004063	0	0	91.00
92.00	Allied health cost	0	5,044,543	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,044,543	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Hospital | 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		35,806,893		30.00
31.00	03100	INTENSIVE CARE UNIT		9,731,185		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.249751	26,495,335	6,617,236	50.00
51.00	05100	RECOVERY ROOM	0.118668	4,959,000	588,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.250699	92,854	23,278	52.00
53.00	05300	ANESTHESIOLOGY	0.065003	6,229,322	404,925	53.00
53.01	03950	PAIN CLINIC	0.541339	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221002	6,011,640	1,328,584	54.00
54.01	05401	NORTHSIDE IMAGING	0.249148	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.238782	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.179784	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157647	425,373	67,059	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.152807	848,202	129,611	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.019406	8,340,376	161,853	57.00
57.01	05701	NORTHSIDE CT	0.050193	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046795	2,164,540	101,290	58.00
58.01	05801	NORTHSIDE MRI	0.074048	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.039720	4,892,691	194,338	59.00
60.00	06000	LABORATORY	0.112855	19,628,321	2,215,154	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.236743	2,228,696	527,628	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219504	1,977,033	433,967	64.00
65.00	06500	RESPIRATORY THERAPY	0.177120	5,698,652	1,009,345	65.00
66.00	06600	PHYSICAL THERAPY	0.204913	2,558,829	524,337	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179624	827,192	148,584	67.00
68.00	06800	SPEECH PATHOLOGY	0.256943	550,077	141,338	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062822	1,184,216	74,395	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140956	179,413	25,289	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.021710	17,443,672	378,702	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.234559	16,369,626	3,839,643	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322659	17,382,354	5,608,573	73.00
74.00	07400	RENAL DIALYSIS	0.313059	996,392	311,929	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.288627	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.098445	2,453,485	241,533	76.01
76.02	03140	CARDIOLOGY	0.140092	3,372,978	472,527	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.088309	656,455	57,971	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154069	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.335390	1,026,789	344,375	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.333045	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.302750	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.560546	0	0	90.07
91.00	09100	EMERGENCY	0.194141	3,909,074	758,912	91.00
92.00	09200	OBSERVATION BEDS	0.623079	502,081	312,836	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		159,404,668	27,043,687	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)		159,404,668		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D-3
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		6,310,008		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.249751	2,131	532	50.00
51.00	05100	RECOVERY ROOM	0.118668	50,696	6,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.250699	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.065003	122,837	7,985	53.00
53.01	03950	PAIN CLINIC	0.541339	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221002	39,511	8,732	54.00
54.01	05401	NORTHSIDE IMAGING	0.249148	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.238782	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.179784	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157647	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.152807	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.019406	120,760	2,343	57.00
57.01	05701	NORTHSIDE CT	0.050193	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046795	47,781	2,236	58.00
58.01	05801	NORTHSIDE MRI	0.074048	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.039720	0	0	59.00
60.00	06000	LABORATORY	0.112855	587,881	66,345	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.236743	2,675	633	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219504	21,906	4,808	64.00
65.00	06500	RESPIRATORY THERAPY	0.177120	108,114	19,149	65.00
66.00	06600	PHYSICAL THERAPY	0.204913	23,540	4,824	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179624	11,067	1,988	67.00
68.00	06800	SPEECH PATHOLOGY	0.256943	728	187	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062822	35,361	2,221	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140956	8,202	1,156	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.021710	13,185	286	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.234559	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322659	219,094	70,693	73.00
74.00	07400	RENAL DIALYSIS	0.313059	18,930	5,926	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.288627	46,970	13,557	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.098445	0	0	76.01
76.02	03140	CARDIOLOGY	0.140092	18,324	2,567	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.088309	800	71	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154069	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.335390	5,575	1,870	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.333045	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.302750	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.560546	0	0	90.07
91.00	09100	EMERGENCY	0.194141	446,699	86,723	91.00
92.00	09200	OBSERVATION BEDS	0.623079	1,364	850	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,954,131	311,698	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)		1,954,131		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D-3
Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Subprovider - IRF | 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		7,195,005		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.249751	460	115	50.00
51.00	05100	RECOVERY ROOM	0.118668	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.250699	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.065003	3,419	222	53.00
53.01	03950	PAIN CLINIC	0.541339	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221002	181,221	40,050	54.00
54.01	05401	NORTHSIDE IMAGING	0.249148	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.238782	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.179784	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157647	77,844	12,272	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.152807	49,460	7,558	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.019406	208,886	4,054	57.00
57.01	05701	NORTHSIDE CT	0.050193	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046795	127,815	5,981	58.00
58.01	05801	NORTHSIDE MRI	0.074048	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.039720	0	0	59.00
60.00	06000	LABORATORY	0.112855	1,515,169	170,994	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.236743	56,770	13,440	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219504	32,334	7,097	64.00
65.00	06500	RESPIRATORY THERAPY	0.177120	509,150	90,181	65.00
66.00	06600	PHYSICAL THERAPY	0.204913	3,149,765	645,428	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179624	2,964,833	532,555	67.00
68.00	06800	SPEECH PATHOLOGY	0.256943	384,381	98,764	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062822	47,280	2,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140956	6,835	963	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.021710	688,524	14,948	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.234559	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.322659	866,065	279,444	73.00
74.00	07400	RENAL DIALYSIS	0.313059	138,220	43,271	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.288627	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.098445	0	0	76.01
76.02	03140	CARDIOLOGY	0.140092	47,831	6,701	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.088309	26,561	2,346	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154069	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.335390	38,891	13,044	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.333045	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.302750	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.560546	0	0	90.07
91.00	09100	EMERGENCY	0.194141	4,551	884	91.00
92.00	09200	OBSERVATION BEDS	0.623079	23,015	14,340	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		11,149,280	2,007,622	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)		11,149,280		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/15/2017 3:48 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)	25,694,334	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,158,441	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)	1,031,197	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	10,296,800	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	202.14	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)	19.48	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)	19.48	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	31.86	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)	19.48	12.00
13.00	Total allowable FTE count for the prior year.	19.48	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.	19.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.	19.48	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	19.48	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.096369	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.090512	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.090512	21.00
22.00	IME payment adjustment (see instructions)	1,680,427	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	496,460	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).	8.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	12.38	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)	8.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.039577	26.00
27.00	IME payments adjustment factor. (see instructions)	0.010457	27.00
28.00	IME add-on adjustment amount (see instructions)	364,455	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	107,674	28.01
29.00	Total IME payment (sum of lines 22 and 28)	2,044,882	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	604,134	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)	30.24	31.00
32.00	Sum of lines 30 and 31	34.09	32.00
33.00	Allowable disproportionate share percentage (see instructions)	17.34	33.00
34.00	Disproportionate share adjustment (see instructions)	1,510,869	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/15/2017 3:48 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)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,903,312	2,553,354	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,173,518	643,586	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,817,104		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 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)	42,256,827		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)	42,860,961	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,199,071	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	1,297,024	52.00
53.00	Nursing and Allied Health Managed Care payment	1,012,011	53.00
54.00	Special add-on payments for new technologies	4,492	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 intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	2,082,543	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	68,634	58.00
59.00	Total (sum of amounts on lines 49 through 58)	50,524,736	59.00
60.00	Primary payer payments	33,186	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	50,491,550	61.00
62.00	Deductibles billed to program beneficiaries	3,640,609	62.00
63.00	Coinsurance billed to program beneficiaries	47,551	63.00
64.00	Allowable bad debts (see instructions)	488,380	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	317,447	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	415,236	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	47,120,837	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	RURAL DEMONSTRATION PROJECT	0	70.50
70.88	SCH or MDH volume decrease adjustment	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)	0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	-7,238	70.93
70.94	HRR adjustment amount (see instructions)	-105,487	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/15/2017 3:48 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)		47,008,112	71.00
71.01	Sequestration adjustment (see instructions)		940,162	71.01
72.00	Interim payments		45,832,851	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)		235,099	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		839,728	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	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	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	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/15/2017 3:48 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,694,334	0	25,694,334		25,694,334	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,158,441	0		9,158,441	9,158,441	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,031,197	0	888,261	142,936	1,031,197	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,296,800	0	0	10,296,800	10,296,800	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.090512	0.090512	0.090512	0.090512		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,680,427	0	1,238,853	441,574	1,680,427	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	496,460	0	496,460	0	496,460	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.010457	0.010457	0.010457	0.010457		7.00
8.00	IME adjustment (see instructions)	28.00	364,455	0	268,685	95,770	364,455	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	107,674	0	0	107,674	107,674	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,044,882	0	1,507,538	537,344	2,044,882	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	604,134	0	496,460	107,674	604,134	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1734	0.1734	0.1734	0.1734		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,510,869	0	1,113,850	397,019	1,510,869	11.00
11.01	Uncompensated care payments	36.00	2,817,104	0	2,817,104	0	2,817,104	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,256,827	0	32,021,087	10,235,740	42,256,827	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,860,961	0	32,517,547	10,343,414	42,860,961	15.00
16.00	Payment for inpatient program capital	50.00	3,199,071	0	2,356,682	842,389	3,199,071	16.00
17.00	Special add-on payments for new technologies	54.00	4,492	0	2,662	1,830	4,492	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Hospital	PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	34,876,891	11,187,633	46,064,524	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,772,837	0	2,038,122	734,715	2,772,837	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	53,842	0	44,841	9,001	53,842	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0629	0.0629	0.0629	0.0629		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	174,411	0	128,197	46,214	174,411	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0714	0.0714	0.0714	0.0714		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	197,981	0	145,522	52,459	197,981	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,199,071	0	2,356,682	842,389	3,199,071	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0209

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

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/15/2017 3:48 pm

			Title XVIII		Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,694,334	25,694,334		25,694,334	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,158,441		9,158,441	9,158,441	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,031,197	888,261	142,936	1,031,197	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,296,800	0	10,296,800	10,296,800	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.090512	0.090512	0.090512		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,680,427	1,238,853	441,574	1,680,427	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	496,460	0	496,460	496,460	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.010457	0.010457	0.010457		7.00
8.00	IME adjustment (see instructions)	28.00	364,455	268,685	95,770	364,455	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	107,674	0	107,674	107,674	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,044,882	1,507,538	537,344	2,044,882	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	604,134	0	604,134	604,134	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1734	0.1734	0.1734		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,510,869	1,113,850	397,019	1,510,869	11.00
11.01	Uncompensated care payments	36.00	2,817,104	2,173,518	643,586	2,817,104	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,256,827	31,377,501	10,879,326	42,256,827	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,860,961	31,377,501	11,483,460	42,860,961	15.00
16.00	Payment for inpatient program capital	50.00	3,199,071	2,356,682	842,389	3,199,071	16.00
17.00	Special add-on payments for new technologies	54.00	4,492	2,662	1,830	4,492	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			33,736,845	12,327,679	46,064,524	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,772,837	2,038,122	734,715	2,772,837	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	53,842	44,841	9,001	53,842	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0629	0.0629	0.0629		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	174,411	128,197	46,214	174,411	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0714	0.0714	0.0714		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	197,981	145,522	52,459	197,981	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,199,071	2,356,682	842,389	3,199,071	26.00

		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-7,238	-17,231	9,993	-7,238	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-105,487	-77,089	-28,398	-105,487	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01

						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	44,116	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	21,493,531	2.00
3.00	PPS payments	18,248,965	3.00
4.00	Outlier payment (see instructions)	145,842	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	164,273	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	44,116	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	136,987	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)	136,987	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 chargebasis 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)	136,987	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	92,871	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)	44,116	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)	18,559,080	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)	3,600,046	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)	15,003,150	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	501,788	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	15,504,938	30.00
31.00	Primary payer payments	801	31.00
32.00	Subtotal (line 30 minus line 31)	15,504,137	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)	377,006	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	245,054	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	335,818	36.00
37.00	Subtotal (see instructions)	15,749,191	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-19	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	15,749,210	40.00
40.01	Sequestration adjustment (see instructions)	314,984	40.01
41.00	Interim payments	15,442,947	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-8,721	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	679	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	5,277	2.00
3.00	PPS payments	4,996	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	679	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,103	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)	2,103	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 chargebasis 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)	2,103	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,424	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)	679	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)	4,996	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)	1,421	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)	4,254	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)	4,254	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	4,254	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)	4,254	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	4,254	40.00
40.01	Sequestration adjustment (see instructions)	85	40.01
41.00	Interim payments	4,048	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	121	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	1,070	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	515	2.00
3.00	PPS payments	595	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	1,070	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	3,316	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)	3,316	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 chargebasis 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)	3,316	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,246	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	1,070	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)	595	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)	22	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)	1,643	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)	1,643	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,643	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)	1,643	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,643	40.00
40.01	Sequestration adjustment (see instructions)	33	40.01
41.00	Interim payments	1,402	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	208	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/15/2017 3:48 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		45,666,345		15,442,947	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	08/18/2016	166,506		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)		166,506		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)		45,832,851		15,442,947	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		235,099		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		8,721	6.02
7.00	Total Medicare program liability (see instructions)		46,067,950		15,434,226	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: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,871,877		4,048	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,871,877		4,048	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		67,079		121	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,938,956		4,169	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: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IRF	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		6,042,653		1,402	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,042,653		1,402	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		208	6.01
6.02	SETTLEMENT TO PROGRAM		68,739		0	6.02
7.00	Total Medicare program liability (see instructions)		5,973,914		1,610	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: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/15/2017 3:48 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	11,210	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	17,367	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	5,434	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	44,584	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,200,169,428	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	3,699,379	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)	514,565	8.00
9.00	Sequestration adjustment amount (see instructions)	10,291	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	504,274	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	510,661	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)	-6,387	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	2,140,667	1.00
2.00	Net IPF PPS Outlier Payments	19,313	2.00
3.00	Net IPF PPS ECT Payments	10,071	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.75	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	6.75	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.75	8.00
9.00	Average Daily Census (see instructions)	36.472678	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.010538	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	22,558	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,192,609	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	2,192,609	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	2,192,609	18.00
19.00	Deductibles	293,468	19.00
20.00	Subtotal (line 18 minus line 19)	1,899,141	20.00
21.00	Coinsurance	55,062	21.00
22.00	Subtotal (line 20 minus line 21)	1,844,079	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	137,618	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	89,452	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	128,498	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,933,531	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	44,996	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,978,527	31.00
31.01	Sequestration adjustment (see instructions)	39,571	31.01
32.00	Interim payments	1,871,877	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	67,079	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	19,313	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	5,925,144	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0318	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	177,162	3.00
4.00	Outlier Payments	93,975	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	16.983607	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	6,196,281	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	6,196,281	17.00
18.00	Primary payer payments	5,604	18.00
19.00	Subtotal (line 17 less line 18).	6,190,677	19.00
20.00	Deductibles	91,336	20.00
21.00	Subtotal (line 19 minus line 20)	6,099,341	21.00
22.00	Coinsurance	25,760	22.00
23.00	Subtotal (line 21 minus line 22)	6,073,581	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	8,171	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	5,311	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	6,281	26.00
27.00	Subtotal (sum of lines 23 and 25)	6,078,892	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	16,939	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	6,095,831	32.00
32.01	Sequestration adjustment (see instructions)	121,917	32.01
33.00	Interim payments	6,042,653	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	-68,739	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	175,056	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	93,975	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			27.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			27.33	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.61	6.00
7.00	Enter the lesser of line 5 or line 6			27.33	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	28.27	10.34	38.61	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	20.01	7.32	27.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	20.01	7.32		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	20.44	6.89		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	20.73	6.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	20.39	6.82		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	20.39	6.82		17.00
18.00	Per resident amount	124,814.21	118,188.05		18.00
19.00	Approved amount for resident costs	2,544,962	806,043	3,351,005	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.66	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			11.28	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.66	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			96,626.45	23.00
24.00	Multiply line 22 time line 23			546,906	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,897,911	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	25,103	5,907		26.00
27.00	Total Inpatient Days (see instructions)	65,388	65,388		27.00
28.00	Ratio of inpatient days to total inpatient days	0.383908	0.090338		28.00
29.00	Program direct GME amount	1,496,439	352,129		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		49,756		30.00
31.00	Net Program direct GME amount			1,798,812	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	10,675	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	1,962,254	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.005440	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	56,151,474	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	38,790	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	56,112,684	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	21,709,461	42.00
43.00	Primary payer payments (see instructions)	801	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	21,708,660	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	77,821,344	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.721045	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.278955	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	1,798,812	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,297,024	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	501,788	50.00

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

Provider CCN: 14-0209

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

Worksheet G

Date/Time Prepared: 5/15/2017 3:48 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	9,397,355	0	0	0	1.00
2.00	Temporary investments	237,588	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	53,778,248	0	0	0	4.00
5.00	Other receivable	5,858,337	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,450,265	0	0	0	7.00
8.00	Prepaid expenses	3,316,466	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	43,514,977	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	121,553,236	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,458,352	0	0	0	12.00
13.00	Land improvements	11,992,020	0	0	0	13.00
14.00	Accumulated depreciation	-6,888,514	0	0	0	14.00
15.00	Buildings	300,132,481	0	0	0	15.00
16.00	Accumulated depreciation	-180,718,530	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	133,390,504	0	0	0	19.00
20.00	Accumulated depreciation	-121,564,323	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	176,756,448	0	0	0	23.00
24.00	Accumulated depreciation	-155,559,434	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	158,999,004	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	180,973,426	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	79,073,007	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	260,046,433	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	540,598,673	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	15,713,014	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,885,206	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,865,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	60,403,306	0	0	0	43.00
44.00	Other current liabilities	13,060,438	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	101,926,964	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	33,775,369	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	176,496,841	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	210,272,210	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	312,199,174	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	228,399,499				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)	228,399,499	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	540,598,673	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/15/2017 3:48 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		211,818,854		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		20,086,806				2.00
3.00	Total (sum of line 1 and line 2)		231,905,660		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CHANGE IN TEMP & PERM REST	463,780		0		0	5.00
6.00	ROUNDING	1		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		463,781		0		10.00
11.00	Subtotal (line 3 plus line 10)		232,369,441		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGE IN UNRESTRICTED	3,969,942		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		3,969,942		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		228,399,499		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	CHANGE IN TEMP & PERM REST		0			5.00
6.00	ROUNDING		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	CHANGE IN UNRESTRICTED		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: 14-0209 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/15/2017 3:48 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	89,315,524		89,315,524	1.00
2.00	SUBPROVIDER - IPF	29,238,336		29,238,336	2.00
3.00	SUBPROVIDER - IRF	9,425,317		9,425,317	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	127,979,177		127,979,177	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	10,506,951		10,506,951	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	11,467,512		11,467,512	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,974,463		21,974,463	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	149,953,640		149,953,640	17.00
18.00	Ancillary services	403,303,282	0	403,303,282	18.00
19.00	Outpatient services	0	593,319,207	593,319,207	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		10,494,343	10,494,343	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	4,393,864	4,393,864	26.00
27.00	OTHER - PHYSICIAN	0	86,792,418	86,792,418	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	553,256,922	694,999,832	1,248,256,754	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		306,182,483		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)		306,182,483		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/15/2017 3:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,248,256,754	1.00
2.00	Less contractual allowances and discounts on patients' accounts	882,138,446	2.00
3.00	Net patient revenues (line 1 minus line 2)	366,118,308	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	306,182,483	4.00
5.00	Net income from service to patients (line 3 minus line 4)	59,935,825	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	14,639	6.00
7.00	Income from investments	15,308,053	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,269,655	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	11,626,688	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC INCOME	14,661,447	24.00
25.00	Total other income (sum of lines 6-24)	42,880,482	25.00
26.00	Total (line 5 plus line 25)	102,816,307	26.00
27.00	PEORIA HOME OFFICE EXPENSES	82,729,501	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	82,729,501	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	20,086,806	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H
Date/Time Prepared: 5/15/2017 3:48 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 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	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,244,815	294,716	40	314,539	211,036	2,065,146	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,087,961	644,821	0	0	229,523	3,962,305	6.00
7.00	Physical Therapy	0	0	0	1,453,934	0	1,453,934	7.00
8.00	Occupational Therapy	0	0	0	319,455	0	319,455	8.00
9.00	Speech Pathology	0	0	0	100,586	0	100,586	9.00
10.00	Medical Social Services	92,861	20,188	0	0	8,617	121,666	10.00
11.00	Home Health Aide	147,059	50,045	0	0	53,061	250,165	11.00
12.00	Supplies (see instructions)	0	0	0	0	188,314	188,314	12.00
13.00	Drugs	0	0	0	0	8,411	8,411	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,572,696	1,009,770	40	2,188,514	698,962	8,469,982	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		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	2,065,146	-11,718	2,053,428			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	3,962,305	0	3,962,305			6.00
7.00	Physical Therapy	0	1,453,934	0	1,453,934			7.00
8.00	Occupational Therapy	0	319,455	0	319,455			8.00
9.00	Speech Pathology	0	100,586	0	100,586			9.00
10.00	Medical Social Services	0	121,666	0	121,666			10.00
11.00	Home Health Aide	0	250,165	0	250,165			11.00
12.00	Supplies (see instructions)	0	188,314	0	188,314			12.00
13.00	Drugs	0	8,411	0	8,411			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	8,469,982	-11,718	8,458,264			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: 14-0209
HHA CCN: 14-7259

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

Worksheet H-1 Part I
Date/Time Prepared: 5/15/2017 3:48 pm

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			Capital Related Costs					
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.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	2,053,428	0	0	0	0	2,053,428	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,962,305	0	0	0	0	3,962,305	6.00
7.00	Physical Therapy	1,453,934	0	0	0	0	1,453,934	7.00
8.00	Occupational Therapy	319,455	0	0	0	0	319,455	8.00
9.00	Speech Pathology	100,586	0	0	0	0	100,586	9.00
10.00	Medical Social Services	121,666	0	0	0	0	121,666	10.00
11.00	Home Health Aide	250,165	0	0	0	0	250,165	11.00
12.00	Supplies (see instructions)	188,314	0	0	0	0	188,314	12.00
13.00	Drugs	8,411	0	0	0		8,411	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	8,458,264	0	0	0	0	8,458,264	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	2,053,428		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,270,338	5,232,643	6.00
7.00	Physical Therapy	466,140	1,920,074	7.00
8.00	Occupational Therapy	102,419	421,874	8.00
9.00	Speech Pathology	32,248	132,834	9.00
10.00	Medical Social Services	39,007	160,673	10.00
11.00	Home Health Aide	80,204	330,369	11.00
12.00	Supplies (see instructions)	60,375	248,689	12.00
13.00	Drugs	2,697	11,108	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		8,458,264	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-1
Part II
Date/Time Prepared:
5/15/2017 3:48 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	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	-2,053,428	6,404,836	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	3,962,305	6.00
7.00	Physical Therapy	0	0	0	0	0	1,453,934	7.00
8.00	Occupational Therapy	0	0	0	0	0	319,455	8.00
9.00	Speech Pathology	0	0	0	0	0	100,586	9.00
10.00	Medical Social Services	0	0	0	0	0	121,666	10.00
11.00	Home Health Aide	0	0	0	0	0	250,165	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	188,314	12.00
13.00	Drugs	0	0	0		0	8,411	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,053,428	6,404,836	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,053,428	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.320606	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2
Part I
Date/Time Prepared:
5/15/2017 3:48 pm

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	Subtotal	
		0	1.00	2.00	4.00	4.01	4A.01	
1.00	Administrative and General	0	0	7,114	194,376	0	201,490	1.00
2.00	Skilled Nursing Care	5,232,643	0	0	0	0	5,232,643	2.00
3.00	Physical Therapy	1,920,074	0	0	0	0	1,920,074	3.00
4.00	Occupational Therapy	421,874	0	0	0	0	421,874	4.00
5.00	Speech Pathology	132,834	0	0	0	0	132,834	5.00
6.00	Medical Social Services	160,673	0	0	0	0	160,673	6.00
7.00	Home Health Aide	330,369	0	0	0	0	330,369	7.00
8.00	Supplies (see instructions)	248,689	0	0	0	0	248,689	8.00
9.00	Drugs	11,108	0	0	0	0	11,108	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)	8,458,264	0	7,114	194,376	0	8,659,754	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	51,584	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,339,629	0	0	0	0	0	2.00
3.00	Physical Therapy	491,566	0	0	0	0	0	3.00
4.00	Occupational Therapy	108,006	0	0	0	0	0	4.00
5.00	Speech Pathology	34,007	0	0	0	0	0	5.00
6.00	Medical Social Services	41,135	0	0	0	0	0	6.00
7.00	Home Health Aide	84,579	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	63,668	0	0	0	0	0	8.00
9.00	Drugs	2,844	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)	2,217,018	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2
Part I
Date/Time Prepared:
5/15/2017 3:48 pm

Home Health Agency I | PPS

	Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	71,511	0	561,657	0	3,944	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)	71,511	0	561,657	0	3,944	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	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	
		17.00	19.00	20.00	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	0	890,186	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	6,572,272	2.00
3.00	Physical Therapy	0	0	0	0	0	2,411,640	3.00
4.00	Occupational Therapy	0	0	0	0	0	529,880	4.00
5.00	Speech Pathology	0	0	0	0	0	166,841	5.00
6.00	Medical Social Services	0	0	0	0	0	201,808	6.00
7.00	Home Health Aide	0	0	0	0	0	414,948	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	312,357	8.00
9.00	Drugs	0	0	0	0	0	13,952	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	11,513,884	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: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2
Part I
Date/Time Prepared:
5/15/2017 3:48 pm

Home Health Agency I

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	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	890,186					1.00
2.00	Skilled Nursing Care	0	6,572,272	550,709	7,122,981			2.00
3.00	Physical Therapy	0	2,411,640	202,076	2,613,716			3.00
4.00	Occupational Therapy	0	529,880	44,400	574,280			4.00
5.00	Speech Pathology	0	166,841	13,980	180,821			5.00
6.00	Medical Social Services	0	201,808	16,910	218,718			6.00
7.00	Home Health Aide	0	414,948	34,769	449,717			7.00
8.00	Supplies (see instructions)	0	312,357	26,173	338,530			8.00
9.00	Drugs	0	13,952	1,169	15,121			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	11,513,884	890,186	11,513,884			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.			0.083792				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: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2 Part II
Date/Time Prepared: 5/15/2017 3:48 pm

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		1.00	2.00	4.00	4.01	5A	5.00	
1.00	Administrative and General	0	40,716	4,572,696	0	0	201,490	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	5,232,643	2.00
3.00	Physical Therapy	0	0	0	0	0	1,920,074	3.00
4.00	Occupational Therapy	0	0	0	0	0	421,874	4.00
5.00	Speech Pathology	0	0	0	0	0	132,834	5.00
6.00	Medical Social Services	0	0	0	0	0	160,673	6.00
7.00	Home Health Aide	0	0	0	0	0	330,369	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	248,689	8.00
9.00	Drugs	0	0	0	0	0	11,108	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	40,716	4,572,696	0		8,659,754	20.00
21.00	Total cost to be allocated	0	7,114	194,376	0		2,217,018	21.00
22.00	Unit cost multiplier	0.000000	0.174722	0.042508	0.000000		0.256014	22.00

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	7,487	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	7,487	20.00
21.00	Total cost to be allocated	0	0	0	0	0	71,511	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	9.551356	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2 Part II
Date/Time Prepared: 5/15/2017 3:48 pm

Home Health Agency I | PPS

	Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	7,487	188,314	8,280	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	7,487	188,314	8,280	0	0	20.00
21.00	Total cost to be allocated	0	561,657	0	3,944	0	0	21.00
22.00	Unit cost multiplier	0.000000	75.017631	0.000000	0.476329	0.000000	0.000000	22.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
		19.00	20.00	21.00	22.00			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-3 Part I
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	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	7,122,981		7,122,981	32,766	217.39	1.00
2.00	Physical Therapy	3.00	2,613,716	0	2,613,716	17,766	147.12	2.00
3.00	Occupational Therapy	4.00	574,280	0	574,280	5,603	102.50	3.00
4.00	Speech Pathology	5.00	180,821	0	180,821	806	224.34	4.00
5.00	Medical Social Services	6.00	218,718		218,718	973	224.79	5.00
6.00	Home Health Aide	7.00	449,717		449,717	6,332	71.02	6.00
7.00	Total (sum of lines 1-6)		11,160,233	0	11,160,233	64,246		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		37900	0	13,743			8.00
8.01	Skilled Nursing Care		99914	0	375			8.01
9.00	Physical Therapy		37900	0	7,345			9.00
9.01	Physical Therapy		99914	0	181			9.01
10.00	Occupational Therapy		37900	0	2,212			10.00
10.01	Occupational Therapy		99914	0	34			10.01
11.00	Speech Pathology		37900	0	267			11.00
11.01	Speech Pathology		99914	0	3			11.01
12.00	Medical Social Services		37900	0	389			12.00
12.01	Medical Social Services		99914	0	6			12.01
13.00	Home Health Aide		37900	0	3,253			13.00
13.01	Home Health Aide		99914	0	47			13.01
14.00	Total (sum of lines 8-13)			0	27,855			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	338,530	0	338,530	0	0.000000	15.00
16.00	Cost of Drugs	9.00	15,121	0	15,121	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	14,118		0	3,069,112		1.00
2.00	Physical Therapy	0	7,526		0	1,107,225		2.00
3.00	Occupational Therapy	0	2,246		0	230,215		3.00
4.00	Speech Pathology	0	270		0	60,572		4.00
5.00	Medical Social Services	0	395		0	88,792		5.00
6.00	Home Health Aide	0	3,300		0	234,366		6.00
7.00	Total (sum of lines 1-6)	0	27,855		0	4,790,282		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-3
Part I
Date/Time Prepared:
5/15/2017 3:48 pm

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	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
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
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 cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	3,069,112	1.00
2.00	Physical Therapy	1,107,225	2.00
3.00	Occupational Therapy	230,215	3.00
4.00	Speech Pathology	60,572	4.00
5.00	Medical Social Services	88,792	5.00
6.00	Home Health Aide	234,366	6.00
7.00	Total (sum of lines 1-6)	4,790,282	7.00
	Cost Center Description		
		12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 14-0209 HHA CCN: 14-7259	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.204913	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.179624	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.256943	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.021710	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.322659	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209 HHA CCN: 14-7259	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B 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	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		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	3,741,232	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	160,969	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	66,215	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	24,337	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	49,737	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	231	16.00
17.00	Total Other Payments	0	0	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	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	4,042,721	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	4,042,721	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	4,042,721	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	4,042,721	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	4,042,721	31.00
31.01	Sequestration adjustment (see instructions)	0	80,851	31.01
32.00	Interim payments (see instructions)	0	3,961,744	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	126	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: 14-0209 HHA CCN: 14-7259	Period: From 01/01/2016 To 12/31/2016	Worksheet H-5 Date/Time Prepared: 5/15/2017 3:48 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,961,744	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		3,961,744	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		126	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,961,870	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O
Date/Time Prepared: 5/15/2017 3:48 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		890	890	0	890	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	218,330	730,684	949,014	0	949,014	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	294	294	0	294	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	648	648	0	648	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	94,085	94,085	0	94,085	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	84,453	84,453	0	84,453	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	375,337	375,337	0	375,337	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	30,380	30,380	0	30,380	15.00
16.00	OTHER GENERAL SERVICE (DELETED)*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	559,510	121,378	680,888	0	680,888	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	88,828	19,270	108,098	0	108,098	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	78,562	17,043	95,605	0	95,605	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	306,438	306,438	0	306,438	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	90,592	19,653	110,245	0	110,245	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,035,822	1,800,553	2,836,375	0	2,836,375	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O
Date/Time Prepared: 5/15/2017 3:48 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	890	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	949,014	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	294	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	648	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	94,085	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	84,453	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	375,337	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	30,380	15.00
16.00	OTHER GENERAL SERVICE (DELETED)*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	680,888	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	108,098	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	95,605	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	306,438	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
	NONREIMBURSABLE COST CENTERS			
60.00	BEREAVEMENT PROGRAM *	0	110,245	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	2,836,375	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

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

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-2
Date/Time Prepared: 5/15/2017 3:48 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	540,698	117,297	657,995	0	657,995	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	85,841	18,622	104,463	0	104,463	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	75,921	16,470	92,391	0	92,391	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	306,438	306,438	0	306,438	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	702,460	458,827	1,161,287	0	1,161,287	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	657,995		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	104,463		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	92,391		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	306,438		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,161,287		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

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

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-3
Date/Time Prepared: 5/15/2017 3:48 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	957	208	1,165	0	1,165	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	152	33	185	0	185	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	134	29	163	0	163	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,243	270	1,513	0	1,513	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1,165		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	185		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	163		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,513		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

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

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-4
Date/Time Prepared: 5/15/2017 3:48 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	17,855	3,873	21,728	0	21,728	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,835	615	3,450	0	3,450	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	2,507	544	3,051	0	3,051	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	23,197	5,032	28,229	0	28,229	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	21,728		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,450		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	3,051		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	28,229		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

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

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-5
Date/Time Prepared: 5/15/2017 3:48 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	890	156	1,046	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	44,031	44,031	3.00
4.00	ADMINISTRATIVE & GENERAL	949,014	754,351	1,703,365	4.00
5.00	PLANT OPERATION & MAINTENANCE	294	0	294	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	648	0	648	8.00
9.00	NURSING ADMINISTRATION	0	132,631	132,631	9.00
10.00	ROUTINE MEDICAL SUPPLIES	94,085	0	94,085	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	84,453		84,453	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	375,337	178,766	554,103	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	30,380		30,380	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,161,287		1,161,287	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,513		1,513	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	28,229		28,229	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	110,245		110,245	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	2,836,375	1,109,935	3,946,310	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part I
Date/Time Prepared:
5/15/2017 3:48 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,046		1,046			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	44,031	0	0	44,031		3.00
4.00	ADMINISTRATIVE & GENERAL	1,703,365	0	1,046	9,281	1,713,692	4.00
5.00	PLANT OPERATION & MAINTENANCE	294	0	0	0	294	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	648	0	0	0	648	8.00
9.00	NURSING ADMINISTRATION	132,631	0	0	0	132,631	9.00
10.00	ROUTINE MEDICAL SUPPLIES	94,085	0	0	0	94,085	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	84,453	0	0	0	84,453	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	554,103	0	0	0	554,103	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	30,380	0	0	0	30,380	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,161,287			29,860	1,191,147	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,513	0	0	53	1,566	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	28,229	0	0	986	29,215	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	110,245	0	0	3,851	114,096	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	3,946,310	0	1,046	44,031	3,946,310	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part I
Date/Time Prepared:
5/15/2017 3:48 pm

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	1,713,692					4.00
5.00	PLANT OPERATION & MAINTENANCE	226	520				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	497	0		0	1,145	8.00
9.00	NURSING ADMINISTRATION	101,804	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	72,217	0		0		10.00
11.00	MEDICAL RECORDS	0	0		0		11.00
12.00	STAFF TRANSPORTATION	64,824	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	425,313	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	23,319	0		0		15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	914,288					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,202	26	0	0	58	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	22,425	494	0	0	1,087	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	87,577	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,713,692	520	0	0	1,145	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

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	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	234,435					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	166,302				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			149,277		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	226,611	160,711	0	144,258	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	398	284	0	255	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	7,426	5,307	0	4,764	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	234,435	166,302	0	149,277	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

Period:
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To 12/31/2016

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	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE (DELETED)	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	979,416					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	53,699				15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	946,487	51,893	0		3,635,395	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,674	92	0	0	5,555	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	31,255	1,714	0	0	103,687	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		201,673	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	979,416	53,699	0	0	3,946,310	100.00

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

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

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Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		890				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,035,821			3.00
4.00	ADMINISTRATIVE & GENERAL	0	890	218,330	-1,713,692	2,232,618	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	294	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	648	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	132,631	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	94,085	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	84,453	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	554,103	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	30,380	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			702,460	0	1,191,147	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	1,243	0	1,566	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	23,196	0	29,215	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	90,592	0	114,096	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	1,046	44,031		1,713,692	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.175281	0.042508		0.767571	101.00

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

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	649		8.00
9.00	NURSING ADMINISTRATION	0		0		1,768	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					1,709	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5	0	0	33	3	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	95	0	0	616	56	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	520	0	0	1,145	234,435	100.00
101.00	UNIT COST MULTIPLIER	5.200000	0.000000	0.000000	1.764253	132.598982	101.00

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

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

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	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	19,303					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			84,453			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	4,393,865	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	18,654	0	81,614	0	4,246,135	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	33	0	144	0	7,512	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	616	0	2,695	0	140,218	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	166,302	0	149,277	0	979,416	100.00
101.00	UNIT COST MULTIPLIER	8.615345	0.000000	1.767575	0.000000	0.222905	101.00

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

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

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Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (DELETED) (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	19,303				15.00
16.00	OTHER GENERAL SERVICE (DELETED)		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	18,654	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	33	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	616	0	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	53,699	0	0		100.00
101.00	UNIT COST MULTIPLIER	2.781899	0.000000	0.000000		101.00

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

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

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Date/Time Prepared: 5/15/2017 3:48 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.204913	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.179624	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.256943	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.322659	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.112855	0	0	0	6.00
6.01	NORTHSIDE LAB	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0.021710	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.157647	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.288627	0	0	0	10.00
10.01	GASTRO INTESTINAL SERVICES	76.01	0.098445	0	0	0	10.01
10.02	CARDIOLOGY	76.02	0.140092	0	0	0	10.02
10.03	PULMONARY FUNCTION TESTING	76.03	0.088309	0	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.154069	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	NORTHSIDE LAB	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00
10.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	10.01
10.02	CARDIOLOGY	0	0	0	0	0	10.02
10.03	PULMONARY FUNCTION TESTING	0	0	0	0	0	10.03
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-8
Date/Time Prepared: 5/15/2017 3:48 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			3,635,395	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			18,654	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			194.89	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	18,654	0		9.00
10.00	Program cost (line 8 times line 9)	3,635,478	0		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			5,555	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			33	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			168.33	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	33	0		14.00
15.00	Program cost (line 13 times line 14)	5,555	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			103,687	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			616	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			168.32	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	616	0		19.00
20.00	Program cost (line 18 times line 19)	103,685	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,744,637	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			19,303	22.00
23.00	Average cost per diem (line 21 divided by line 22)			193.99	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0209	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/15/2017 3:48 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,772,837	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	53,842	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)	127.05	3.00
4.00	Number of interns & residents (see instructions)	27.48	4.00
5.00	Indirect medical education percentage (see instructions)	6.29	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)	174,411	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.85	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	30.24	8.00
9.00	Sum of lines 7 and 8	34.09	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.14	10.00
11.00	Disproportionate share adjustment (see instructions)	197,981	11.00
12.00	Total prospective capital payments (see instructions)	3,199,071	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