

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/28/2016 2:24 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/28/2016 Time: 2:24 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input checked="" type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN 9. <input checked="" type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input checked="" type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ALEXIAN BROTHERS MEDICAL CENTER ( 140258 ) for the cost reporting period beginning 07/01/2015 and ending 06/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	358,483	16,703	3,877	0	1.00
2.00 Subprovider - IPF	0	29,782	0		0	2.00
3.00 Subprovider - IRF	0	29,453	0		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	205		0	9.00
200.00 Total	0	417,718	16,908	3,877	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/28/2016 2:23 pm		
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60007-3397		County: COOK		1.00
2.00 Street: 800 BIESTERFIELD ROAD		City: ELK GROVE VILLAGE								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	ALEXIAN BROTHERS MEDICAL CENTER	140258	16980	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ABMC OLDER ADULT BEHAVIORAL HEALTH	14S258	16980	4	07/01/2014	N	P	O	4.00
5.00	Subprovider - IRF	ALEXIAN REHABILITATION UNIT	14T258	16980	5	01/01/1980	N	P	O	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 OLTG									11.00
12.00	Hospital-Based HHA	ALEXIAN BROTHERS HOME HEALTH AGENCY	147583	16980		06/01/1994	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ALEXIAN BROTHERS HOSPICE	141632	16980		01/01/1976				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2015	06/30/2016	20.00		
21.00	Type of Control (see instructions)					1		21.00		

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	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.	3,766	868	36	0	8,667	0	24.00

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		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			
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.	364	204	0	0	593		25.00		
				Urban/Rural		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 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00		
				Y/N		Y/N				
				1.00		2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00		
				V		XVII		XIX		
				1.00		2.00		3.00		
				Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00	
				Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					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				
		1.00		2.00		3.00		4.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N						0.00		61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			0.00		0.00				61.01

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
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
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
				1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS 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	N	0	76.00

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				1.00	
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00
		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0
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.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1	0		0

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		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		
DO NOT USE THIS LINE						
119.00	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	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 2, "Y" for yes or "N" for no.			120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00		
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00		
<b>All Providers</b>						
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	149019	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: ALEXIAN BROTHERS HOSPITAL NETWORK	Contractor's Name: WPS	Contractor's Number: 05001	141.00		
142.00	Street: 3040 SALT CREEK LANE	PO Box:		142.00		
143.00	City: ARLINGTON HEIGHTS	State: IL	Zip Code: 60005	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/28/2016 2:23 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	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)							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)						0.50	169.00
						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)				10/01/2014	09/30/2015	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/28/2016 2:23 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
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	11/03/2016	Y	11/03/2016
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/28/2016 2:23 pm		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
				1.00	2.00	
<b>Cost Report Preparer Contact Information</b>						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY		LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	LEONE REIMBURSEMENT&CONSULTING, INC				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023		TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140258

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	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: 140258

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	221	80,886	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)		221	80,886	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		257	94,062	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,784		0	16.00
17.00 SUBPROVIDER - IRF	41.00	72	26,352		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						26.25
27.00 Total (sum of lines 14-26)		353				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140258

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	32,411	2,537	63,540			1.00
2.00 HMO and other (see instructions)	6,891	9,571				2.00
3.00 HMO IPF Subprovider	833	85				3.00
4.00 HMO IRF Subprovider	1,388	797				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)	32,411	2,537	63,540			7.00
8.00 INTENSIVE CARE UNIT	3,664	344	9,620			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		885	5,412			13.00
14.00 Total (see instructions)	36,075	3,766	78,572	0.00	1,768.08	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,251	142	5,619	0.00	32.94	16.00
17.00 SUBPROVIDER - IRF	14,848	364	21,519	0.00	108.01	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	54,555	0	69,876	0.00	77.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	52.64	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	2,038.67	27.00
28.00 Observation Bed Days		0	7,854			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 140258

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,570	557	16,091	1.00
2.00 HMO and other (see instructions)				1,274	1,875		2.00
3.00 HMO IPF Subprovider					7		3.00
4.00 HMO IRF Subprovider					45		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	6,570	557		16,091	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	318	12		438	16.00
17.00 SUBPROVIDER - IRF	0.00	0	1,090	26		1,606	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							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: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part II Date/Time Prepared: 11/28/2016 2:23 pm			
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	141,790,852	0	141,790,852	4,222,627.00	33.58	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		1,198,186	0	1,198,186	9,630.00	124.42	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		20,166,763	0	20,166,763	622,917.00	32.37	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		2,716,207	0	2,716,207	42,006.00	64.66	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		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		53,632,691	0	53,632,691	814,273.00	65.87	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		25,638,526	0	25,638,526			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,373,576	0	4,373,576			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	9,627,667	-537,304	9,090,363	316,755.00	28.70	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	938,918	0	938,918	55,953.00	16.78	29.00
30.00	Operation of Plant	7.00	1,274,735	0	1,274,735	45,387.00	28.09	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		4,307,608	0	4,307,608	188,524.00	22.85	33.00
34.00	Dietary	10.00	71,820	-24,647	47,173	1,246.00	37.86	34.00
35.00	Dietary under contract (see instructions)		5,705,035	0	5,705,035	211,519.00	26.97	35.00
36.00	Cafeteria	11.00	0	24,647	24,647	651.00	37.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,837,970	0	1,837,970	34,792.00	52.83	38.00
39.00	Central Services and Supply	14.00	754,448	0	754,448	42,383.00	17.80	39.00
40.00	Pharmacy	15.00	4,381,360	0	4,381,360	102,602.00	42.70	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140258

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 3,244,118	0	3,244,118	110,821.00	29.27	41.00
42.00	Social Service	17.00 2,115,930	535,258	2,651,188	58,725.00	45.15	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part III Date/Time Prepared: 11/28/2016 2:23 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	150,605,309	0	150,605,309	4,613,040.00	32.65	1.00
2.00	Excluded area salaries (see instructions)	20,166,763	0	20,166,763	622,917.00	32.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	130,438,546	0	130,438,546	3,990,123.00	32.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	56,348,898	0	56,348,898	856,279.00	65.81	4.00
5.00	Subtotal wage-related costs (see inst.)	25,638,526	0	25,638,526	0.00	19.66	5.00
6.00	Total (sum of lines 3 thru 5)	212,425,970	0	212,425,970	4,846,402.00	43.83	6.00
7.00	Total overhead cost (see instructions)	34,259,609	-2,046	34,257,563	1,169,358.00	29.30	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2016 2:23 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		2,615,161	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)		1,929,024	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		11,460,190	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		914,067	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		388,804	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,050,512	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,107,312	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		10,165,611	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		29,404	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		352,017	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>30,012,102</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part V Date/Time Prepared: 11/28/2016 2:23 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140258 Component CCN: 147583		Period: From 07/01/2015 To 06/30/2016		Worksheet S-4 Date/Time Prepared: 11/28/2016 2: 23 pm		
				Home Health Agency I		PPS		
				1.00				
0.00	County	COOK				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	4,522	0	458	4,980	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	2,084.00	0.00	1,189.00	3,273.00	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			1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)				1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel				21.89	0.00	21.89	5.00
6.00	Direct Nursing Service				31.78	0.00	31.78	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				19.01	0.00	19.01	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				6.46	0.00	6.46	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				2.84	0.00	2.84	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.64	0.00	0.64	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				5.01	0.00	5.01	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974						20.00
20.01		20994						20.01
20.02		29404						20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	24,119	894	614	364	25,991	21.00	
22.00	Skilled Nursing Visit Charges	4,104,820	151,980	105,910	61,880	4,424,590	22.00	
23.00	Physical Therapy Visits	14,945	409	190	269	15,813	23.00	
24.00	Physical Therapy Visit Charges	2,844,680	77,710	36,100	51,110	3,009,600	24.00	
25.00	Occupational Therapy Visits	5,323	255	24	92	5,694	25.00	
26.00	Occupational Therapy Visit Charges	1,013,080	48,450	4,560	17,480	1,083,570	26.00	
27.00	Speech Pathology Visits	1,049	121	6	17	1,193	27.00	
28.00	Speech Pathology Visit Charges	199,310	22,990	1,140	3,230	226,670	28.00	
29.00	Medical Social Service Visits	465	31	6	10	512	29.00	
30.00	Medical Social Service Visit Charges	119,250	8,490	1,530	2,550	131,820	30.00	
31.00	Home Health Aide Visits	4,837	482	8	25	5,352	31.00	
32.00	Home Health Aide Visit Charges	580,440	57,840	960	3,000	642,240	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	50,738	2,192	848	777	54,555	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)	8,861,580	367,460	150,200	139,250	9,518,490	35.00	
36.00	Total Number of Episodes (standard/non outlier)	2,759		308	62	3,129	36.00	
37.00	Total Number of Outlier Episodes		46		1	47	37.00	
38.00	Total Non-Routine Medical Supply Charges	279,192	38,964	7,026	2,302	327,484	38.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140258  
Component CCN: 141632

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

Worksheet S-9  
Parts I & II  
Date/Time Prepared:  
11/28/2016 2:23 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	23,113	684	4,579	229	1,051	24,848	
3.00	Inpatient Respite Care	242	8	214	8	35	285	
4.00	General Inpatient Care	2,282	137	1,942	118	376	2,795	
5.00	Total Hospice Days	25,637	829	6,735	355	1,462	27,928	
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	788	45	484	29	76	909	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	32.53	18.42	13.92	12.24	19.24	30.72	
9.00	Unduplicated Census Count	765	43	464	29	42	850	



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/28/2016 2:23 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT		14,992,368	14,992,368	552,756	15,545,124		1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	6,784,596	6,784,596		2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0		3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	18,520,895	18,520,895	0	18,520,895		4.00
5.01 00540 NONPATIENT TELEPHONES	610,746	486,075	1,096,821	0	1,096,821		5.01
5.02 00550 DATA PROCESSING	0	0	0	0	0		5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	1,752,022	1,752,022	-329,465	1,422,557		5.03
5.04 00570 ADMINITTING	1,949,812	200,492	2,150,304	0	2,150,304		5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	994,851	157,508	1,152,359	0	1,152,359		5.05
5.06 00590 ADMINISTRATIVE AND GENERAL	6,072,258	85,740,493	91,812,751	-577,462	91,235,289		5.06
6.00 00600 MAINTENANCE & REPAIRS	938,918	668,011	1,606,929	0	1,606,929		6.00
7.00 00700 OPERATIONS OF PLANT	1,274,735	4,696,532	5,971,267	-698	5,970,569		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	1,299,539	1,299,539		8.00
9.00 00900 HOUSEKEEPING	0	6,483,094	6,483,094	-1,299,539	5,183,555		9.00
10.00 01000 DIETARY	71,820	6,800,507	6,872,327	-1,593,497	5,278,830		10.00
11.00 01100 CAFETERIA	0	1,222,102	1,222,102	1,593,497	2,815,599		11.00
13.00 01300 NURSING ADMINISTRATION	1,837,970	271,040	2,109,010	-500	2,108,510		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	754,448	257,954	1,012,402	-9,720	1,002,682		14.00
15.00 01500 PHARMACY	4,381,360	19,621,566	24,002,926	-18,545,774	5,457,152		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,244,118	1,141,799	4,385,917	0	4,385,917		16.00
17.00 01700 SOCIAL SERVICE	2,115,930	221,775	2,337,705	577,763	2,915,468		17.00
23.00 02300 PASTORAL CARE ALLIED HEALTH PROGRAM	365,755	62,009	427,764	0	427,764		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	32,050,166	6,246,583	38,296,749	-38,703	38,258,046		30.00
31.00 03100 INTENSIVE CARE UNIT	8,778,951	1,850,629	10,629,580	-475,757	10,153,823		31.00
40.00 04000 SUBPROVIDER - I PF	1,734,990	484,174	2,219,164	56,892	2,276,056		40.00
41.00 04100 SUBPROVIDER - I RF	6,470,238	9,773,636	16,243,874	31,005	16,274,879		41.00
43.00 04300 NURSERY	1,193,247	1,027,382	2,220,629	-40,390	2,180,239		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	7,988,456	12,980,577	20,969,033	-7,960,445	13,008,588		50.00
50.01 05001 GAMMA KNIFE	375,689	1,927,762	2,303,451	-3,872	2,299,579		50.01
50.02 03330 ENDOSCOPY	1,899,606	2,593,131	4,492,737	-1,017,516	3,475,221		50.02
51.00 05100 RECOVERY ROOM	1,552,143	232,771	1,784,914	-54,258	1,730,656		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,210,878	737,326	2,948,204	-317,847	2,630,357		52.00
53.00 05300 ANESTHESIOLOGY	0	825,171	825,171	-411,016	414,155		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,029,977	507,996	2,537,973	-47,630	2,490,343		54.00
54.01 03630 ULTRA SOUND	1,173,675	145,422	1,319,097	-13,688	1,305,409		54.01
54.02 05401 PET SCAN	119,543	305,809	425,352	-4,233	421,119		54.02
54.03 03480 ONCOLOGY	1,187,556	331,945	1,519,501	-33,324	1,486,177		54.03
54.04 03440 MAMMOGRAPHY	864,414	326,161	1,190,575	-80,856	1,109,719		54.04
56.00 05600 RADIOISOTOPE	406,743	1,002,035	1,408,778	-7,496	1,401,282		56.00
57.00 05700 CT SCAN	1,229,670	363,871	1,593,541	-177,690	1,415,851		57.00
58.00 05800 MRI	898,492	529,688	1,428,180	-130,705	1,297,475		58.00
59.00 05900 CARDIAC CATHETERIZATION	3,998,455	17,191,755	21,190,210	-15,195,706	5,994,504		59.00
60.00 06000 LABORATORY	6,453,518	7,934,660	14,388,178	-41,607	14,346,571		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	549,953	1,479,115	2,029,068	-3,591	2,025,477		63.00
64.00 06400 INTRAVENOUS THERAPY	962,239	560,012	1,522,251	-368,942	1,153,309		64.00
65.00 06500 RESPIRATORY THERAPY	2,351,848	692,407	3,044,255	-41,462	3,002,793		65.00
66.00 06600 PHYSICAL THERAPY	2,982,754	393,069	3,375,823	-3,753	3,372,070		66.00
66.01 06601 REHAB OUTPATIENT	2,045,255	250,567	2,295,822	-1,012	2,294,810		66.01
66.02 06602 REHAB MED SURGICAL	1,941,648	168,092	2,109,740	-481	2,109,259		66.02
69.00 06900 ELECTROCARDIOLOGY	753,710	253,775	1,007,485	-3,154	1,004,331		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	185,945	149,785	335,730	-10,982	324,748		70.00
70.01 07001 NEUROMEG	-2,046	15,013	12,967	-12,967	0		70.01
70.02 07002 SLEEP LAB	675,806	157,408	833,214	-21,622	811,592		70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,911,698	18,911,698		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,033,615	14,033,615	10,008,648	24,042,263		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	18,155,403	18,155,403		73.00
74.00 07400 RENAL DIALYSIS	41,460	1,160,391	1,201,851	-3,807	1,198,044		74.00
76.97 07697 CARDIAC REHABILITATION	418,445	76,816	495,261	-6,803	488,458		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	1,316,926	823,507	2,140,433	-241,427	1,899,006		90.00
90.01 09001 DAY REHAB	795,582	88,307	883,889	-270	883,619		90.01
90.02 09002 IMAGING CENTERS	773,748	785,686	1,559,434	-29,140	1,530,294		90.02
90.03 09003 COUMADIN CLINIC	192,410	45,259	237,669	0	237,669		90.03
90.04 09004 WOUND CLINIC	702,163	983,827	1,685,990	-711,267	974,723		90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	1,156,134	843,315	1,999,449	-52,500	1,946,949		90.05
91.00 09100 EMERGENCY	5,121,964	2,691,114	7,813,078	-711,871	7,101,207		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet A	
Date/Time Prepared: 11/28/2016 2:23 pm							
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	7,713,402	1,586,393	9,299,795	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE		7,337,352	7,337,352	-7,337,352	113.00
116.00	11600	HOSPICE	3,251,528	2,232,511	5,484,039	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	141,160,002	267,422,062	408,582,064	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,833	250,090	391,923	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	489,017	5,405,163	5,894,180	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	141,790,852	273,077,315	414,868,167	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/28/2016 2:23 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,188,280	28,733,404	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-5,277,551	1,507,045	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,936,468	20,457,363	4.00
5.01	00540	NONPATIENT TELEPHONES	-457,759	639,062	5.01
5.02	00550	DATA PROCESSING	19,409,044	19,409,044	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,510,175	4,932,732	5.03
5.04	00570	ADMINITTING	0	2,150,304	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,953,280	7,105,639	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-26,692,853	64,542,436	5.06
6.00	00600	MAINTENANCE & REPAIRS	-249,101	1,357,828	6.00
7.00	00700	OPERATION OF PLANT	5,783,537	11,754,106	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,299,539	8.00
9.00	00900	HOUSEKEEPING	0	5,183,555	9.00
10.00	01000	DIETARY	0	5,278,830	10.00
11.00	01100	CAFETERIA	-1,874,847	940,752	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,108,510	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,002,682	14.00
15.00	01500	PHARMACY	-5,023	5,452,129	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	323,826	4,709,743	16.00
17.00	01700	SOCIAL SERVICE	0	2,915,468	17.00
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	-3,700	424,064	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-63,582	38,194,464	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,153,823	31.00
40.00	04000	SUBPROVIDER - I/PF	0	2,276,056	40.00
41.00	04100	SUBPROVIDER - I/RF	-6,970	16,267,909	41.00
43.00	04300	NURSERY	-784,421	1,395,818	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	85,115	13,093,703	50.00
50.01	05001	GAMMA KNIFE	-16,297	2,283,282	50.01
50.02	03330	ENDOSCOPY	0	3,475,221	50.02
51.00	05100	RECOVERY ROOM	0	1,730,656	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,630,357	52.00
53.00	05300	ANESTHESIOLOGY	0	414,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,446	2,479,897	54.00
54.01	03630	ULTRA SOUND	0	1,305,409	54.01
54.02	05401	PET SCAN	0	421,119	54.02
54.03	03480	ONCOLOGY	-6	1,486,171	54.03
54.04	03440	MAMMOGRAPHY	0	1,109,719	54.04
56.00	05600	RADIOISOTOPE	0	1,401,282	56.00
57.00	05700	CT SCAN	0	1,415,851	57.00
58.00	05800	MRI	0	1,297,475	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,823	5,999,327	59.00
60.00	06000	LABORATORY	-3,212,884	11,133,687	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,025,477	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,153,309	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,002,793	65.00
66.00	06600	PHYSICAL THERAPY	0	3,372,070	66.00
66.01	06601	REHAB OUTPATIENT	-3,737	2,291,073	66.01
66.02	06602	REHAB MED SURGICAL	0	2,109,259	66.02
69.00	06900	ELECTROCARDIOLOGY	0	1,004,331	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-23,476	301,272	70.00
70.01	07001	NEUROLOG	0	0	70.01
70.02	07002	SLEEP LAB	0	811,592	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,911,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,042,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,155,403	73.00
74.00	07400	RENAL DIALYSIS	0	1,198,044	74.00
76.97	07697	CARDIAC REHABILITATION	-330	488,128	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	1,899,006	90.00
90.01	09001	DAY REHAB	0	883,619	90.01
90.02	09002	IMAGING CENTERS	8,012	1,538,306	90.02
90.03	09003	COMBINATION CLINIC	0	237,669	90.03
90.04	09004	WOUND CLINIC	18,690	993,413	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	-9,007	1,937,942	90.05
91.00	09100	EMERGENCY	-87,389	7,013,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140258

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

Worksheet A  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100	HOME HEALTH AGENCY	6.00	7.00	
			0	9,299,795	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	5,484,039	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,441,871	420,023,935	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	391,923	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,589,001	3,305,179	192.00
200.00		TOTAL (SUM OF LINES 118-199)	8,852,870	423,721,037	200.00

RECLASSIFICATIONS

Provider CCN: 140258

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

Worksheet A-6  
Date/Time Prepared:  
11/28/2016 2:23 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,155,403	1.00
	TOTALS		0	18,155,403	
<b>B - BED RENTALS</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	614,377	1.00
2.00	SUBPROVIDER - IPF	40.00	0	66,720	2.00
3.00	SUBPROVIDER - IRF	41.00	0	200,159	3.00
	TOTALS		0	881,256	
<b>C - LAUNDRY</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,299,539	1.00
	TOTALS		0	1,299,539	
<b>D - PASTORAL CARE</b>					
1.00	SOCIAL SERVICE	17.00	535,258	77,131	1.00
	TOTALS		535,258	77,131	
<b>E - SHARED DIETARY</b>					
1.00	CAFETERIA	11.00	24,647	1,568,850	1.00
	TOTALS		24,647	1,568,850	
<b>F - EQUIPMENT DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,784,596	1.00
	TOTALS		0	6,784,596	
<b>G - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,098,915	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	TOTALS		0	10,098,915	
<b>H - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	18,911,698	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	551,791	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00

Provider CCN: 140258

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

Worksheet A-6

Date/Time Prepared:  
11/28/2016 2:23 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
	TOTALS		0	19,463,489		
J - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,337,352		1.00
	TOTALS		0	7,337,352		
K - E H R FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	34,470		1.00
	TOTALS		0	34,470		
L - DEFAULT						
1.00	NEUROMEG	70.01	2,046	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	2,509		2.00
	TOTALS		2,046	2,509		
500.00	Grand Total: Increases		561,951	65,703,510		500.00

RECLASSIFICATIONS

Provider CCN: 140258

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

Worksheet A-6  
Date/Time Prepared:  
11/28/2016 2:23 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	18,155,403	0		1.00
	TOTALS		0	18,155,403			
<b>B - BED RENTALS</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	881,256	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	881,256			
<b>C - LAUNDRY</b>							
1.00	HOUSEKEEPING	9.00	0	1,299,539	0		1.00
	TOTALS		0	1,299,539			
<b>D - PASTORAL CARE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	535,258	77,131	0		1.00
	TOTALS		535,258	77,131			
<b>E - SHARED DIETARY</b>							
1.00	DIETARY	10.00	24,647	1,568,850	0		1.00
	TOTALS		24,647	1,568,850			
<b>F - EQUIPMENT DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,784,596	9		1.00
	TOTALS		0	6,784,596			
<b>G - IMPLANTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,778	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	14,912	0		2.00
3.00	OPERATING ROOM	50.00	0	17,256	0		3.00
4.00	ENDOSCOPY	50.02	0	58,788	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,368	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	9,320,168	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	2,774	0		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,036	0		8.00
9.00	CLINIC	90.00	0	78,036	0		9.00
10.00	IMAGING CENTERS	90.02	0	69	0		10.00
11.00	WOUND CLINIC	90.04	0	593,730	0		11.00
	TOTALS		0	10,098,915			
<b>H - SUPPLIES</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	6	0		1.00
2.00	OPERATION OF PLANT	7.00	0	698	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	500	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,942	0		4.00
5.00	PHARMACY	15.00	0	390,371	0		5.00
6.00	SOCIAL SERVICE	17.00	0	156	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	638,168	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	475,757	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	9,828	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	169,154	0		10.00
11.00	NURSERY	43.00	0	40,390	0		11.00
12.00	OPERATING ROOM	50.00	0	7,943,189	0		12.00
13.00	GAMMA KNIFE	50.01	0	3,872	0		13.00
14.00	ENDOSCOPY	50.02	0	958,728	0		14.00
15.00	RECOVERY ROOM	51.00	0	54,258	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	311,479	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	411,016	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47,630	0		18.00
19.00	ULTRA SOUND	54.01	0	13,688	0		19.00
20.00	PET SCAN	54.02	0	4,233	0		20.00
21.00	ONCOLOGY	54.03	0	33,324	0		21.00
22.00	MAMMOGRAPHY	54.04	0	80,856	0		22.00
23.00	RADIOISOTOPE	56.00	0	7,496	0		23.00
24.00	CT SCAN	57.00	0	177,690	0		24.00
25.00	MRI	58.00	0	130,705	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	5,875,538	0		26.00
27.00	LABORATORY	60.00	0	41,607	0		27.00
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,591	0		28.00
29.00	INTRAVENOUS THERAPY	64.00	0	368,942	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	41,462	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	979	0		31.00
32.00	REHAB OUTPATIENT	66.01	0	1,012	0		32.00
33.00	REHAB MED SURGICAL	66.02	0	481	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	3,154	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,946	0		35.00
36.00	NEUROMEG	70.01	0	12,504	0		36.00
37.00	SLEEP LAB	70.02	0	21,622	0		37.00

RECLASSIFICATIONS

Provider CCN: 140258

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

Worksheet A-6

Date/Time Prepared:  
11/28/2016 2:23 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
38.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	90,267	0	38.00
39.00	RENAL DIALYSIS	74.00	0	3,807	0	39.00
40.00	CARDIAC REHABILITATION	76.97	0	6,803	0	40.00
41.00	CLINIC	90.00	0	163,391	0	41.00
42.00	DAY REHAB	90.01	0	270	0	42.00
43.00	IMAGING CENTERS	90.02	0	29,071	0	43.00
44.00	WOUND CLINIC	90.04	0	117,537	0	44.00
45.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	52,500	0	45.00
46.00	EMERGENCY	91.00	0	711,871	0	46.00
	TOTALS		0	19,463,489		
J - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	7,337,352	11	1.00
	TOTALS		0	7,337,352		
K - E H R FEES						
1.00	SOCIAL SERVICE	17.00	0	34,470	0	1.00
	TOTALS		0	34,470		
L - DEFAULT						
1.00	ADMINISTRATIVE AND GENERAL	5.06	2,046	0	0	1.00
2.00	NEUROMEG	70.01	0	2,509	0	2.00
	TOTALS		2,046	2,509		
500.00	Grand Total: Decreases		561,951	65,703,510		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140258

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,100,000	0	0	0	0	1.00
2.00	Land Improvements	525,496	202,697	0	202,697	0	2.00
3.00	Buildings and Fixtures	180,654,412	0	0	0	0	3.00
4.00	Building Improvements	11,298,698	4,685,414	0	4,685,414	750	4.00
5.00	Fixed Equipment	1,972,716	154,487	0	154,487	0	5.00
6.00	Movable Equipment	50,798,471	9,646,000	0	9,646,000	323,513	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	255,349,793	14,688,598	0	14,688,598	324,263	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	255,349,793	14,688,598	0	14,688,598	324,263	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,100,000	0				1.00
2.00	Land Improvements	728,193	0				2.00
3.00	Buildings and Fixtures	180,654,412	0				3.00
4.00	Building Improvements	15,983,362	0				4.00
5.00	Fixed Equipment	2,127,203	0				5.00
6.00	Movable Equipment	60,120,958	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	269,714,128	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	269,714,128	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140258

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 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	14,992,368	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)	14,992,368	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	14,992,368				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,992,368				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140258

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/28/2016 2:23 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	199,493,170	0	199,493,170	0.768422	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	60,120,958	0	60,120,958	0.231578	0	2.00
3.00	Total (sum of lines 1-2)	259,614,128	0	259,614,128	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	22,712,312	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,507,045	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,219,357	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	6,021,092	0	0	0	28,733,404	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,507,045	2.00
3.00	Total (sum of lines 1-2)	6,021,092	0	0	0	30,240,449	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140258

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

Worksheet A-8

Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-307,804	CAP REL COSTS-BLDG & FIXT	1.00	11 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)		0		0.00	0 7.00
8.00 Television and radio service (chapter 21)		0		0.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-996,212			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	22,436,345			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,874,847	CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0		0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-5,649	MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines		0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,224,130	CAP REL COSTS-BLDG & FIXT	1.00	9 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-5,277,551	CAP REL COSTS-MVBLE EQUIP	2.00	9 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00		0		0.00	0 33.00
34.01		0		0.00	0 34.01

Provider CCN: 140258

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

Worksheet A-8  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.02		0			0.00	0 34.02
34.03	A	-195,035	ADMINISTRATIVE AND GENERAL		5.06	0 34.03
34.05	A	-95,762	MAINTENANCE & REPAIRS		6.00	0 34.05
35.00	A	-5,788	ADMINISTRATIVE AND GENERAL		5.06	0 35.00
36.00	A	-149,615	MAINTENANCE & REPAIRS		6.00	0 36.00
36.01	A	-62,034	PHYSICIANS' PRIVATE OFFICES		192.00	0 36.01
36.02	A	-306,528	PHYSICIANS' PRIVATE OFFICES		192.00	0 36.02
36.03	A	-122,730	PHYSICIANS' PRIVATE OFFICES		192.00	0 36.03
36.04	A	-100,966	ADMINISTRATIVE AND GENERAL		5.06	0 36.04
37.00	B	-457,759	NONPATIENT TELEPHONES		5.01	0 37.00
38.00	B	-3,211,691	LABORATORY		60.00	0 38.00
38.01	B	-573,957	ADMINISTRATIVE AND GENERAL		5.06	0 38.01
38.02	B	-3,724	MAINTENANCE & REPAIRS		6.00	0 38.02
38.03	B	-3,700	PASTORAL CARE ALLIED HEALTH PROGRAM		23.00	0 38.03
38.04	B	-375	ADULTS & PEDIATRICS		30.00	0 38.04
38.05	B	-6,970	SUBPROVIDER - IRF		41.00	0 38.05
38.06	B	-10,446	RADIOLOGY-DIAGNOSTIC		54.00	0 38.06
38.07	B	-6	ONCOLOGY		54.03	0 38.07
38.08	B	-3,791	CARDIAC CATHETERIZATION		59.00	0 38.08
38.09	B	-3,737	REHAB OUTPATIENT		66.01	0 38.09
38.10	B	-330	CARDIAC REHABILITATION		76.97	0 38.10
38.11	B	-1,252,201	PHYSICIANS' PRIVATE OFFICES		192.00	0 38.11
38.12	B	-5,023	PHARMACY		15.00	0 38.12
38.13	A	22,728	ADMINISTRATIVE AND GENERAL		5.06	0 38.13
38.14	A	85,115	OPERATING ROOM		50.00	0 38.14
38.15	A	8,614	CARDIAC CATHETERIZATION		59.00	0 38.15
38.16	A	8,175	IMAGING CENTERS		90.02	0 38.16
38.17	A	11,059	CARDIOVASCULAR IMAGING CENTERS		90.05	0 38.17
38.44	A	43,289	PHYSICIANS' PRIVATE OFFICES		192.00	0 38.44
39.00	A	-888,797	PHYSICIANS' PRIVATE OFFICES		192.00	0 39.00
39.01		0			0.00	0 39.01
40.00	B	-11,387	CAP REL COSTS-BLDG & FIXT ASSETS		1.00	9 40.00
41.00		0			0.00	0 41.00
42.00		0			0.00	0 42.00
43.00	A	-200	ADMINISTRATIVE AND GENERAL		5.06	0 43.00
44.00	A	-49,970	ADMINISTRATIVE AND GENERAL		5.06	0 44.00
45.00	A	-2,000	ADMINISTRATIVE AND GENERAL		5.06	0 45.00
50.00		8,852,870				50.00
(Transfer to Worksheet A, column 6, line 200.)						

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140258

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

Worksheet A-8-1

Date/Time Prepared: 11/28/2016 2:23 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.06	ADMINISTRATIVE AND GENERAL	ABHN & ABHS NON CAPITAL	37,785,878	63,154,565 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ABHN CAPITAL	4,141,958	0 2.00
3.00	5.03	PURCHASING RECEIVING AND STO	LOGISTICS	3,510,175	0 3.00
3.01	5.06	ADMINISTRATIVE AND GENERAL	EXECUTIVE SALARIES	1,198,186	1,198,186 3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	EXECUTIVE BENEFITS	1,936,468	0 3.02
3.03	5.02	DATA PROCESSING	ABHN INFO SERVICES	19,409,044	0 3.03
3.04	5.06	ADMINISTRATIVE AND GENERAL	RENTAL	0	418,978 3.04
3.05	101.00	HOME HEALTH AGENCY	HHA EXEC SALARIES	147,944	147,944 3.05
3.06	90.04	WOUND CLINIC	ABMP RENT	18,690	0 3.06
3.07	5.05	CASHIERING/ACCOUNTS RECEIVAB	ABHN PFS	5,953,280	0 3.07
3.08	7.00	OPERATION OF PLANT	CLINICAL ENGINEERING	5,783,537	0 3.08
3.09	16.00	MEDICAL RECORDS & LIBRARY	ICD 10 TRAINING	329,475	0 3.09
3.10	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST OFFSET FROM ABHS	-1,008,456	0 3.10
4.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL RELATED ABHN/ABHS	8,149,839	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			87,356,018	64,919,673 5.00

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

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

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

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

6.00	B	ALEXIAN BROTHERS HOSPITAL NE	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140258

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

Worksheet A-8-1

Date/Time Prepared:  
11/28/2016 2:23 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-25,368,687	0		1.00
2.00	4,141,958	9		2.00
3.00	3,510,175	0		3.00
3.01	0	0		3.01
3.02	1,936,468	0		3.02
3.03	19,409,044	0		3.03
3.04	-418,978	0		3.04
3.05	0	0		3.05
3.06	18,690	0		3.06
3.07	5,953,280	0		3.07
3.08	5,783,537	0		3.08
3.09	329,475	0		3.09
3.10	-1,008,456	11		3.10
4.00	8,149,839	9		4.00
5.00	22,436,345			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140258

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

Worksheet A-8-2

Date/Time Prepared:  
11/28/2016 2:23 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	63,207	63,207	0	0	0	1.00
2.00	43.00	NURSERY	784,421	784,421	0	0	0	2.00
3.00	50.01	GAMMA KNIFE	77,542	0	77,542	246,400	517	3.00
4.00	60.00	LABORATORY	7,200	0	7,200	260,300	48	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	23,476	23,476	0	0	0	5.00
6.00	70.01	NEUROLOG	0	0	0	0	0	6.00
7.00	90.02	IMAGING CENTERS	163	163	0	0	0	7.00
8.00	90.05	CARDIOVASCULAR IMAGING CENTERS	20,066	20,066	0	0	0	8.00
9.00	91.00	EMERGENCY	271,333	0	271,333	211,500	1,809	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,247,408	891,333	356,075		2,374	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	43.00	NURSERY	0	0	0	0	0	2.00
3.00	50.01	GAMMA KNIFE	61,245	3,062	0	0	0	3.00
4.00	60.00	LABORATORY	6,007	300	0	0	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	5.00
6.00	70.01	NEUROLOG	0	0	0	0	0	6.00
7.00	90.02	IMAGING CENTERS	0	0	0	0	0	7.00
8.00	90.05	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	183,944	9,197	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			251,196	12,559	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	63,207		1.00
2.00	43.00	NURSERY	0	0	0	784,421		2.00
3.00	50.01	GAMMA KNIFE	0	61,245	16,297	16,297		3.00
4.00	60.00	LABORATORY	0	6,007	1,193	1,193		4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	23,476		5.00
6.00	70.01	NEUROLOG	0	0	0	0		6.00
7.00	90.02	IMAGING CENTERS	0	0	0	163		7.00
8.00	90.05	CARDIOVASCULAR IMAGING CENTERS	0	0	0	20,066		8.00
9.00	91.00	EMERGENCY	0	183,944	87,389	87,389		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	251,196	104,879	996,212		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	28,733,404	28,733,404			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,507,045		1,507,045		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,457,363	141,612	0	20,598,975	4.00
5.01 00540	NONPATIENT TELEPHONES	639,062	61,659	0	88,727	789,448 5.01
5.02 00550	DATA PROCESSING	19,409,044	18,180	0	0	63,356 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	4,932,732	0	0	0	12,921 5.03
5.04 00570	ADMINISTRATIVE	2,150,304	167,256	0	283,263	22,925 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	7,105,639	0	0	144,529	30,011 5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	64,542,436	1,259,852	965,777	804,102	114,622 5.06
6.00 00600	MAINTENANCE & REPAIRS	1,357,828	77,389	8,009	136,403	26,676 6.00
7.00 00700	OPERATION OF PLANT	11,754,106	6,871,795	9,694	185,190	2,918 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,299,539	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	5,183,555	159,486	0	0	7,503 9.00
10.00 01000	DIETARY	5,278,830	491,969	3,680	6,853	19,590 10.00
11.00 01100	CAFETERIA	940,752	555,120	0	3,581	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,108,510	28,476	624	267,015	7,919 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,002,682	617,468	7,283	109,604	5,002 14.00
15.00 01500	PHARMACY	5,452,129	225,852	9,927	636,511	13,755 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,709,743	430,808	1,870	471,296	33,762 16.00
17.00 01700	SOCIAL SERVICE	2,915,468	29,777	0	385,157	5,002 17.00
23.00 02300	PASTORAL CARE ALLIED HEALTH PROGRAM	424,064	35,327	0	53,136	6,669 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	38,194,464	5,185,421	14,808	4,656,172	74,193 30.00
31.00 03100	INTENSIVE CARE UNIT	10,153,823	1,048,964	2,780	1,275,380	24,592 31.00
40.00 04000	SUBPROVIDER - IPF	2,276,056	533,496	0	252,054	0 40.00
41.00 04100	SUBPROVIDER - IRF	16,267,909	1,668,614	8,783	939,977	20,841 41.00
43.00 04300	NURSERY	1,395,818	103,415	5,138	173,351	8,336 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	13,093,703	1,543,191	98,382	1,160,539	24,592 50.00
50.01 05001	GAMMA KNIFE	2,283,282	141,230	367	54,579	417 50.01
50.02 03330	ENDOSCOPY	3,475,221	266,576	4,762	275,969	2,084 50.02
51.00 05100	RECOVERY ROOM	1,730,656	234,732	2,876	225,491	5,419 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,630,357	753,798	2,679	321,190	10,004 52.00
53.00 05300	ANESTHESIOLOGY	414,155	17,414	84,987	0	834 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,479,897	337,152	35,114	294,909	45,433 54.00
54.01 03630	ULTRA SOUND	1,305,409	175,370	11,401	170,508	834 54.01
54.02 05401	PET SCAN	421,119	53,468	0	17,367	0 54.02
54.03 03480	ONCOLOGY	1,486,171	379,062	39,583	172,525	0 54.03
54.04 03440	MAMMOGRAPHY	1,109,719	227,345	551	125,579	0 54.04
56.00 05600	RADIOISOTOPE	1,401,282	221,604	423	59,090	5,419 56.00
57.00 05700	CT SCAN	1,415,851	169,667	17,744	178,643	834 57.00
58.00 05800	MRI	1,297,475	252,529	1,961	130,530	7,503 58.00
59.00 05900	CARDIAC CATHETERIZATION	5,999,327	613,143	28,013	580,884	8,336 59.00
60.00 06000	LABORATORY	11,133,687	713,649	31,015	937,548	36,263 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,025,477	33,336	764	79,896	2,084 63.00
64.00 06400	INTRAVENOUS THERAPY	1,153,309	18,869	983	139,791	0 64.00
65.00 06500	RESPIRATORY THERAPY	3,002,793	86,154	3,064	341,669	6,669 65.00
66.00 06600	PHYSICAL THERAPY	3,372,070	318,130	5,826	433,326	6,252 66.00
66.01 06601	REHAB OUTPATIENT	2,291,073	248,281	348	297,129	6,252 66.01
66.02 06602	REHAB MED SURGICAL	2,109,259	32,571	0	282,077	4,585 66.02
69.00 06900	ELECTROCARDIOLOGY	1,004,331	126,609	1,962	109,497	6,669 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	301,272	93,809	2,036	27,014	6,252 70.00
70.01 07001	NEUROMEG	0	0	0	0	0 70.01
70.02 07002	SLEEP LAB	811,592	226,350	697	98,179	417 70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,911,698	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	24,042,263	17,223	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	18,155,403	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,198,044	36,896	0	6,023	0 74.00
76.97 07697	CARDIAC REHABILITATION	488,128	160,252	0	60,790	2,918 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,899,006	376,650	3,812	191,319	8,336 90.00
90.01 09001	DAY REHAB	883,619	79,800	83	115,580	417 90.01
90.02 09002	IMAGING CENTERS	1,538,306	0	9,976	112,408	4,168 90.02
90.03 09003	COUMADIN CLINIC	237,669	22,160	0	27,953	417 90.03
90.04 09004	WOUND CLINIC	993,413	232,933	2,105	102,008	1,250 90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	1,937,942	0	53,590	167,960	417 90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
91.00 09100 EMERGENCY	7,013,818	551,369	8,434	744,104	41,265	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00 10100 HOME HEALTH AGENCY	9,299,795	0	0	1,120,580	40,848	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	5,484,039	0	13,785	472,372	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	420,023,935	28,473,258	1,505,696	20,507,327	787,781	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	391,923	81,102	0	20,605	1,667	190.00
191.00 19100 RESEARCH	0	116,237	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,305,179	62,807	1,349	71,043	0	192.00
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)	423,721,037	28,733,404	1,507,045	20,598,975	789,448	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	19,490,580					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	608,106	5,553,759				5.03
5.04	00570	ADMINITTING	0	3,536	2,627,284			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	14,812,841	1,297	0	22,094,317		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	4,069,633	13,404	0	0	71,769,826	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	633	0	0	1,606,938	6.00
7.00	00700	OPERATION OF PLANT	0	2,302	0	0	18,826,005	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,299,539	8.00
9.00	00900	HOUSEKEEPING	0	418	0	0	5,350,962	9.00
10.00	01000	DIETARY	0	6,879	0	0	5,807,801	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,499,453	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,412,544	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,253	0	0	1,750,292	14.00
15.00	01500	PHARMACY	0	1,241,523	0	0	7,579,697	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	936	0	0	5,648,415	16.00
17.00	01700	SOCIAL SERVICE	0	252	0	0	3,335,656	17.00
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	0	1,316	0	0	520,512	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	106,486	216,190	1,818,394	50,266,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0	41,297	57,714	485,437	13,089,987	31.00
40.00	04000	SUBPROVIDER - I/PF	0	4,607	16,248	136,660	3,219,121	40.00
41.00	04100	SUBPROVIDER - I/RF	0	27,361	62,170	522,917	19,518,572	41.00
43.00	04300	NURSERY	0	7,342	12,415	104,422	1,810,237	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	194,187	210,711	1,772,307	18,097,612	50.00
50.01	05001	GAMMA KNIFE	0	147	15,088	126,906	2,622,016	50.01
50.02	03330	ENDOSCOPY	0	35,348	89,292	751,047	4,900,299	50.02
51.00	05100	RECOVERY ROOM	0	3,242	32,631	274,465	2,509,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,476	17,497	147,170	3,896,171	52.00
53.00	05300	ANESTHESIOLOGY	0	28,457	48,319	406,413	1,000,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,198	53,270	448,057	3,697,030	54.00
54.01	03630	ULTRA SOUND	0	1,967	39,516	332,374	2,037,379	54.01
54.02	05401	PET SCAN	0	12,226	13,503	113,572	631,255	54.02
54.03	03480	ONCOLOGY	0	12,444	53,282	448,161	2,591,228	54.03
54.04	03440	MAMMOGRAPHY	0	2,710	20,074	168,846	1,654,824	54.04
56.00	05600	RADIOISOTOPE	0	64,840	29,248	246,007	2,027,913	56.00
57.00	05700	CT SCAN	0	2,360	133,935	1,126,540	3,045,574	57.00
58.00	05800	MRI	0	2,190	53,431	449,415	2,195,034	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,002	137,134	1,153,444	8,594,283	59.00
60.00	06000	LABORATORY	0	363,973	320,488	2,691,659	16,228,282	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	97,732	12,228	102,852	2,354,369	63.00
64.00	06400	INTRAVENOUS THERAPY	0	8,316	4,246	35,711	1,361,225	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,580	66,102	555,989	4,089,020	65.00
66.00	06600	PHYSICAL THERAPY	0	1,071	43,981	369,927	4,550,583	66.00
66.01	06601	REHAB OUTPATIENT	0	2,048	18,714	157,405	3,021,250	66.01
66.02	06602	REHAB MED SURGICAL	0	372	24,001	201,875	2,654,740	66.02
69.00	06900	ELECTROCARDIOLOGY	0	13,298	55,735	468,790	1,786,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,032	5,985	50,341	487,741	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	5,284	14,053	118,197	1,274,769	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,323,188	163,565	1,375,758	21,774,209	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,663,808	60,398	508,016	26,291,708	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	219,863	1,849,291	20,224,557	73.00
74.00	07400	RENAL DIALYSIS	0	730	7,664	64,459	1,313,816	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,943	2,804	23,587	740,422	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	31,453	19,187	161,380	2,691,143	90.00
90.01	09001	DAY REHAB	0	355	9,374	78,843	1,168,071	90.01
90.02	09002	IMAGING CENTERS	0	930	24,216	203,682	1,893,686	90.02
90.03	09003	COUMADIN CLINIC	0	1,874	1,765	14,849	306,687	90.03
90.04	09004	WOUND CLINIC	0	9,921	25,955	218,310	1,585,895	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	13,919	63,380	533,097	2,770,305	90.05
91.00	09100	EMERGENCY	0	33,735	151,912	1,277,745	9,822,382	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
101.00	10100	HOME HEALTH AGENCY	0	11,871	0	0	10,473,094	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	17,954	0	0	5,988,150	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,490,580	5,550,023	2,627,284	22,094,317	419,665,389	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	120	0	0	495,417	190.00
191.00	19100	RESEARCH	0	0	0	0	116,237	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,616	0	0	3,443,994	192.00
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)	19,490,580	5,553,759	2,627,284	22,094,317	423,721,037	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/28/2016 2:23 pm		
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.06	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMINISTRATIVE				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	71,769,826			5.06
6.00	00600	MAINTENANCE & REPAIRS	327,687	1,934,625		6.00
7.00	00700	OPERATION OF PLANT	3,838,999	492,250	23,157,254	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	265,002	0	0	1,564,541
9.00	00900	HOUSEKEEPING	1,091,168	11,424	183,419	0
10.00	01000	DIETARY	1,184,327	35,241	565,794	0
11.00	01100	CAFETERIA	305,768	39,765	638,423	0
13.00	01300	NURSING ADMINISTRATION	491,966	2,040	32,749	0
14.00	01400	CENTRAL SERVICES & SUPPLY	356,920	44,231	710,126	0
15.00	01500	PHARMACY	1,545,652	16,178	259,744	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,151,825	30,860	495,455	0
17.00	01700	SOCIAL SERVICE	680,207	2,133	34,245	0
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	106,143	2,531	40,628	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	10,250,203	371,447	5,963,557	749,591
31.00	03100	INTENSIVE CARE UNIT	2,669,310	75,140	1,206,374	65,323
40.00	04000	SUBPROVIDER - IPF	656,443	38,216	613,553	59,575
41.00	04100	SUBPROVIDER - IRF	3,980,227	119,528	1,919,009	212,743
43.00	04300	NURSERY	369,144	7,408	118,934	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	3,690,465	110,543	1,774,765	168,799
50.01	05001	GAMMA KNIFE	534,682	10,117	162,423	0
50.02	03330	ENDOSCOPY	999,269	19,096	306,578	57,894
51.00	05100	RECOVERY ROOM	511,740	16,815	269,956	29,809
52.00	05200	DELIVERY ROOM & LABOR ROOM	794,507	53,997	866,915	49,263
53.00	05300	ANESTHESIOLOGY	204,038	1,247	20,028	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	753,898	24,151	387,746	0
54.01	03630	ULTRA SOUND	415,462	12,562	201,686	33,856
54.02	05401	PET SCAN	128,726	3,830	61,492	0
54.03	03480	ONCOLOGY	528,403	27,153	435,944	0
54.04	03440	MAMMOGRAPHY	337,452	16,285	261,461	0
56.00	05600	RADIOISOTOPE	413,532	15,874	254,858	0
57.00	05700	CT SCAN	621,053	12,154	195,127	0
58.00	05800	MRI	447,611	18,089	290,424	0
59.00	05900	CARDIAC CATHETERIZATION	1,752,546	43,921	705,152	0
60.00	06000	LABORATORY	3,309,271	51,121	820,741	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	480,103	2,388	38,339	0
64.00	06400	INTRAVENOUS THERAPY	277,581	1,352	21,700	0
65.00	06500	RESPIRATORY THERAPY	833,833	6,171	99,082	0
66.00	06600	PHYSICAL THERAPY	927,955	22,789	365,869	0
66.01	06601	REHAB OUTPATIENT	616,093	17,785	285,538	0
66.02	06602	REHAB MED SURGICAL	541,355	2,333	37,458	0
69.00	06900	ELECTROCARDIOLOGY	364,383	9,069	145,608	0
70.00	07000	ELECTROENCEPHALOGRAPHY	99,460	6,720	107,886	0
70.01	07001	NEUROLOG	0	0	0	0
70.02	07002	SLEEP LAB	259,951	16,214	260,317	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,440,197	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,361,405	1,234	19,808	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,124,192	0	0	0
74.00	07400	RENAL DIALYSIS	267,913	2,643	42,432	0
76.97	07697	CARDIAC REHABILITATION	150,987	11,479	184,299	0
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	548,778	26,981	433,171	0
90.01	09001	DAY REHAB	238,193	5,716	91,775	0
90.02	09002	IMAGING CENTERS	386,160	0	0	0
90.03	09003	COUMADIN CLINIC	62,540	1,587	25,486	0
90.04	09004	WOUND CLINIC	323,396	16,686	267,887	0
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	564,921	0	0	0
91.00	09100	EMERGENCY	2,002,980	39,496	634,109	137,688
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				183,189
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	2,135,673	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,221,104	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,942,799	1,915,990	22,858,070	1,564,541	6,550,541	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,025	5,810	93,272	0	26,946	190.00
191.00	19100	RESEARCH	23,703	8,326	133,680	0	38,619	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	702,299	4,499	72,232	0	20,867	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	71,769,826	1,934,625	23,157,254	1,564,541	6,636,973	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part I Date/Time Prepared: 11/28/2016 2:23 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	7,756,617					10.00
11.00	01100	CAFETERIA	0	2,667,845				11.00
13.00	01300	NURSING ADMINISTRATION	0	25,601	2,974,361			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,913	0	3,097,632		14.00
15.00	01500	PHARMACY	0	76,530	0	5,470	9,558,309	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	90,610	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	43,638	0	0	0	17.00
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	0	12,892	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,913,911	746,826	1,384,775	67,768	0	30.00
31.00	03100	INTENSIVE CARE UNIT	743,970	176,303	326,903	29,278	0	31.00
40.00	04000	SUBPROVIDER - I PF	434,549	50,411	93,474	3,087	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,664,187	177,246	328,653	16,197	0	41.00
43.00	04300	NURSERY	0	25,236	46,793	5,197	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	163,867	303,845	132,829	0	50.00
50.01	05001	GAMMA KNIFE	0	4,353	8,072	59	0	50.01
50.02	03330	ENDOSCOPY	0	41,644	77,217	24,113	0	50.02
51.00	05100	RECOVERY ROOM	0	25,297	46,906	2,123	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	46,013	85,317	9,611	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,747	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,857	0	1,584	0	54.00
54.01	03630	ULTRA SOUND	0	18,615	0	1,283	0	54.01
54.02	05401	PET SCAN	0	2,055	0	9,520	0	54.02
54.03	03480	ONCOLOGY	0	18,387	0	8,799	0	54.03
54.04	03440	MAMMOGRAPHY	0	17,337	0	1,622	0	54.04
56.00	05600	RADIOISOTOPE	0	6,728	0	50,378	0	56.00
57.00	05700	CT SCAN	0	23,699	0	1,510	0	57.00
58.00	05800	MRI	0	16,104	0	1,461	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	65,084	0	41,590	0	59.00
60.00	06000	LABORATORY	0	194,461	0	237,925	0	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	12,101	0	8,628	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	15,738	0	3,603	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	57,306	0	18,488	0	65.00
66.00	06600	PHYSICAL THERAPY	0	64,704	0	762	0	66.00
66.01	06601	REHAB OUTPATIENT	0	41,507	0	953	0	66.01
66.02	06602	REHAB MED SURGICAL	0	36,606	0	111	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	16,712	0	1,221	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,505	0	778	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	16,819	0	3,366	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,034,829	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,292,210	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,558,309	73.00
74.00	07400	RENAL DIALYSIS	0	670	0	467	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	8,889	0	931	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	25,891	48,007	22,261	0	90.00
90.01	09001	DAY REHAB	0	17,078	0	164	0	90.01
90.02	09002	IMAGING CENTERS	0	16,880	0	305	0	90.02
90.03	09003	COUMADIN CLINIC	0	3,546	0	40	0	90.03
90.04	09004	WOUND CLINIC	0	16,484	0	3,906	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	25,480	0	7,831	0	90.05
91.00	09100	EMERGENCY	0	121,021	224,399	23,848	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	6,767	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	2,767	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,756,617	2,653,644	2,974,361	3,097,387	9,558,309	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,003	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	10,198	0	245	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,756,617	2,667,845	2,974,361	3,097,632	9,558,309	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE ALLIED HEALTH PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,560,298				16.00
17.00	01700	SOCIAL SERVICE	0	4,105,772			17.00
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	0	0	694,443		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,789,540	2,601,056	439,938	84,267,568	0 30.00
31.00	03100	INTENSIVE CARE UNIT	725,140	393,802	66,607	19,916,650	0 31.00
40.00	04000	SUBPROVIDER - I/PF	423,551	230,018	38,905	6,038,154	0 40.00
41.00	04100	SUBPROVIDER - I/RF	1,622,067	880,896	148,993	31,142,706	0 41.00
43.00	04300	NURSERY	0	0	0	2,417,308	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	24,955,442	0 50.00
50.01	05001	GAMMA KNIFE	0	0	0	3,388,645	0 50.01
50.02	03330	ENDOSCOPY	0	0	0	6,514,678	0 50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,490,146	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,052,239	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,243,425	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,028,283	0 54.00
54.01	03630	ULTRA SOUND	0	0	0	2,779,109	0 54.01
54.02	05401	PET SCAN	0	0	0	854,643	0 54.02
54.03	03480	ONCOLOGY	0	0	0	3,735,855	0 54.03
54.04	03440	MAMMOGRAPHY	0	0	0	2,364,515	0 54.04
56.00	05600	RADIOISOTOPE	0	0	0	2,842,910	0 56.00
57.00	05700	CT SCAN	0	0	0	3,955,488	0 57.00
58.00	05800	MRI	0	0	0	3,052,624	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,406,289	0 59.00
60.00	06000	LABORATORY	0	0	0	21,078,907	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,907,004	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,687,468	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,132,524	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,038,359	0 66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	4,065,616	0 66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	3,283,424	0 66.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,365,949	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	738,257	0 70.00
70.01	07001	NEUROMEG	0	0	0	0	0 70.01
70.02	07002	SLEEP LAB	0	0	0	1,906,640	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,249,235	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,972,087	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,907,058	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,640,199	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,150,250	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	3,921,372	0 90.00
90.01	09001	DAY REHAB	0	0	0	1,547,510	0 90.01
90.02	09002	IMAGING CENTERS	0	0	0	2,297,031	0 90.02
90.03	09003	COUMADIN CLINIC	0	0	0	407,249	0 90.03
90.04	09004	WOUND CLINIC	0	0	0	2,291,645	0 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	3,368,537	0 90.05
91.00	09100	EMERGENCY	0	0	0	13,189,112	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE ALLIED HEALTH PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	12,615,534	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	7,212,021	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,560,298	4,105,772	694,443	418,419,665	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	726,473	0	190.00
191.00	19100	RESEARCH	0	0	320,565	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,254,334	0	192.00
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,560,298	4,105,772	694,443	423,721,037	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/28/2016 2:23 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PASTORAL CARE ALLIED HEALTH PROGRAM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	84,267,568	30.00
31.00	03100 INTENSIVE CARE UNIT	19,916,650	31.00
40.00	04000 SUBPROVIDER - IPF	6,038,154	40.00
41.00	04100 SUBPROVIDER - IRF	31,142,706	41.00
43.00	04300 NURSERY	2,417,308	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	24,955,442	50.00
50.01	05001 GAMMA KNIFE	3,388,645	50.01
50.02	03330 ENDOSCOPY	6,514,678	50.02
51.00	05100 RECOVERY ROOM	3,490,146	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,052,239	52.00
53.00	05300 ANESTHESIOLOGY	1,243,425	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,028,283	54.00
54.01	03630 ULTRA SOUND	2,779,109	54.01
54.02	05401 PET SCAN	854,643	54.02
54.03	03480 ONCOLOGY	3,735,855	54.03
54.04	03440 MAMMOGRAPHY	2,364,515	54.04
56.00	05600 RADIOISOTOPE	2,842,910	56.00
57.00	05700 CT SCAN	3,955,488	57.00
58.00	05800 MRI	3,052,624	58.00
59.00	05900 CARDIAC CATHETERIZATION	11,406,289	59.00
60.00	06000 LABORATORY	21,078,907	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,907,004	63.00
64.00	06400 INTRAVENOUS THERAPY	1,687,468	64.00
65.00	06500 RESPIRATORY THERAPY	5,132,524	65.00
66.00	06600 PHYSICAL THERAPY	6,038,359	66.00
66.01	06601 REHAB OUTPATIENT	4,065,616	66.01
66.02	06602 REHAB MED SURGICAL	3,283,424	66.02
69.00	06900 ELECTROCARDIOLOGY	2,365,949	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	738,257	70.00
70.01	07001 NEUROMEG	0	70.01
70.02	07002 SLEEP LAB	1,906,640	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	27,249,235	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,972,087	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	33,907,058	73.00
74.00	07400 RENAL DIALYSIS	1,640,199	74.00
76.97	07697 CARDIAC REHABILITATION	1,150,250	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	3,921,372	90.00
90.01	09001 DAY REHAB	1,547,510	90.01
90.02	09002 IMAGING CENTERS	2,297,031	90.02
90.03	09003 COUMADIN CLINIC	407,249	90.03
90.04	09004 WOUND CLINIC	2,291,645	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	3,368,537	90.05
91.00	09100 EMERGENCY	13,189,112	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
101.00	10100 HOME HEALTH AGENCY	12,615,534	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

Worksheet B  
Part I  
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Cost Center Description		Total	
		26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		418,419,665	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00
		726,473	
		320,565	
		4,254,334	
		0	
		0	
		423,721,037	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	141,612	0	141,612	4.00
5.01 00540	NONPATIENT TELEPHONES	0	61,659	0	61,659	5.01
5.02 00550	DATA PROCESSING	0	18,180	0	18,180	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINITTING	0	167,256	0	167,256	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	0	1,259,852	965,777	2,225,629	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	77,389	8,009	85,398	6.00
7.00 00700	OPERATION OF PLANT	0	6,871,795	9,694	6,881,489	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	159,486	0	159,486	9.00
10.00 01000	DIETARY	0	491,969	3,680	495,649	10.00
11.00 01100	CAFETERIA	0	555,120	0	555,120	11.00
13.00 01300	NURSING ADMINISTRATION	0	28,476	624	29,100	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	617,468	7,283	624,751	14.00
15.00 01500	PHARMACY	0	225,852	9,927	235,779	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	430,808	1,870	432,678	16.00
17.00 01700	SOCIAL SERVICE	0	29,777	0	29,777	17.00
23.00 02300	PASTORAL CARE ALLIED HEALTH PROGRAM	0	35,327	0	35,327	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	5,185,421	14,808	5,200,229	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,048,964	2,780	1,051,744	31.00
40.00 04000	SUBPROVIDER - IPF	0	533,496	0	533,496	40.00
41.00 04100	SUBPROVIDER - IRF	0	1,668,614	8,783	1,677,397	41.00
43.00 04300	NURSERY	0	103,415	5,138	108,553	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,543,191	98,382	1,641,573	50.00
50.01 05001	GAMMA KNIFE	0	141,230	367	141,597	50.01
50.02 03330	ENDOSCOPY	0	266,576	4,762	271,338	50.02
51.00 05100	RECOVERY ROOM	0	234,732	2,876	237,608	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	753,798	2,679	756,477	52.00
53.00 05300	ANESTHESIOLOGY	0	17,414	84,987	102,401	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	337,152	35,114	372,266	54.00
54.01 03630	ULTRASOUND	0	175,370	11,401	186,771	54.01
54.02 05401	PET SCAN	0	53,468	0	53,468	54.02
54.03 03480	ONCOLOGY	0	379,062	39,583	418,645	54.03
54.04 03440	MAMMOGRAPHY	0	227,345	551	227,896	54.04
56.00 05600	RADIOISOTOPE	0	221,604	423	222,027	56.00
57.00 05700	CT SCAN	0	169,667	17,744	187,411	57.00
58.00 05800	MRI	0	252,529	1,961	254,490	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	613,143	28,013	641,156	59.00
60.00 06000	LABORATORY	0	713,649	31,015	744,664	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	33,336	764	34,100	63.00
64.00 06400	INTRAVENOUS THERAPY	0	18,869	983	19,852	64.00
65.00 06500	RESPIRATORY THERAPY	0	86,154	3,064	89,218	65.00
66.00 06600	PHYSICAL THERAPY	0	318,130	5,826	323,956	66.00
66.01 06601	REHAB OUTPATIENT	0	248,281	348	248,629	66.01
66.02 06602	REHAB MED SURGICAL	0	32,571	0	32,571	66.02
69.00 06900	ELECTROCARDIOLOGY	0	126,609	1,962	128,571	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	93,809	2,036	95,845	70.00
70.01 07001	NEUROLOG	0	0	0	0	70.01
70.02 07002	SLEEP LAB	0	226,350	697	227,047	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,223	0	17,223	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	36,896	0	36,896	74.00
76.97 07697	CARDIAC REHABILITATION	0	160,252	0	160,252	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	376,650	3,812	380,462	90.00
90.01 09001	DAY REHAB	0	79,800	83	79,883	90.01
90.02 09002	IMAGING CENTERS	0	0	9,976	9,976	90.02
90.03 09003	COUMADIN CLINIC	0	22,160	0	22,160	90.03
90.04 09004	WOUND CLINIC	0	232,933	2,105	235,038	90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	0	0	53,590	53,590	90.05
91.00 09100	EMERGENCY	0	551,369	8,434	559,803	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

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

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Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0	1.00	2.00	2A	4.00	92.00
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	7,706	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	13,785	13,785	3,248	116.00
118.00		0	28,473,258	1,505,696	29,978,954	118.00
SUBTOTALS (SUM OF LINES 1-117)						
118.00	0	28,473,258	1,505,696	29,978,954	140,981	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	81,102	0	81,102	142	190.00
191.00 19100 RESEARCH	0	116,237	0	116,237	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	62,807	1,349	64,156	489	192.00
200.00				0		200.00
201.00		0	0	0	0	201.00
202.00		0	28,733,404	1,507,045	30,240,449	202.00
TOTAL (sum lines 118-201)						

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/28/2016 2:23 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	62,269					5.01
5.02	00550	DATA PROCESSING	4,997	23,177				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,019	723	1,742			5.03
5.04	00570	ADMINISTRATIVE	1,808	0	1	171,013		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,367	17,615	0	0	20,976	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	9,038	4,839	4	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,104	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	230	0	1	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	592	0	0	0	0	9.00
10.00	01000	DIETARY	1,545	0	2	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	625	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	395	0	3	0	0	14.00
15.00	01500	PHARMACY	1,085	0	395	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,663	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	395	0	0	0	0	17.00
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	526	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,852	0	34	14,128	1,807	30.00
31.00	03100	INTENSIVE CARE UNIT	1,940	0	13	3,772	482	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	1	1,062	136	40.00
41.00	04100	SUBPROVIDER - I/RF	1,644	0	9	4,063	520	41.00
43.00	04300	NURSERY	658	0	2	811	104	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,940	0	62	13,770	1,761	50.00
50.01	05001	GAMMA KNIFE	33	0	0	986	126	50.01
50.02	03330	ENDOSCOPY	164	0	11	5,835	746	50.02
51.00	05100	RECOVERY ROOM	427	0	1	2,132	273	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	789	0	4	1,143	146	52.00
53.00	05300	ANESTHESIOLOGY	66	0	9	3,158	404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,584	0	1	3,481	445	54.00
54.01	03630	ULTRA SOUND	66	0	1	2,582	330	54.01
54.02	05401	PET SCAN	0	0	4	882	113	54.02
54.03	03480	ONCOLOGY	0	0	4	3,482	445	54.03
54.04	03440	MAMMOGRAPHY	0	0	1	1,312	168	54.04
56.00	05600	RADIOISOTOPE	427	0	21	1,911	244	56.00
57.00	05700	CT SCAN	66	0	1	8,753	1,120	57.00
58.00	05800	MRI	592	0	1	3,492	447	58.00
59.00	05900	CARDIAC CATHETERIZATION	658	0	24	8,962	1,146	59.00
60.00	06000	LABORATORY	2,860	0	116	20,267	1,696	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	164	0	31	799	102	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3	277	35	64.00
65.00	06500	RESPIRATORY THERAPY	526	0	8	4,320	553	65.00
66.00	06600	PHYSICAL THERAPY	493	0	0	2,874	368	66.00
66.01	06601	REHAB OUTPATIENT	493	0	1	1,223	156	66.01
66.02	06602	REHAB MED SURGICAL	362	0	0	1,568	201	66.02
69.00	06900	ELECTROCARDIOLOGY	526	0	4	3,642	466	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	493	0	0	391	50	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	33	0	2	918	117	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	421	10,689	1,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	505	3,947	505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,368	1,838	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	501	64	74.00
76.97	07697	CARDIAC REHABILITATION	230	0	1	183	23	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	658	0	10	1,254	160	90.00
90.01	09001	DAY REHAB	33	0	0	613	78	90.01
90.02	09002	IMAGING CENTERS	329	0	0	1,582	202	90.02
90.03	09003	COUMADIN CLINIC	33	0	1	115	15	90.03
90.04	09004	WOUND CLINIC	99	0	3	1,696	217	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	33	0	4	4,142	530	90.05
91.00	09100	EMERGENCY	3,255	0	11	9,927	1,270	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

Period:  
From 07/01/2015  
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
101.00	10100	HOME HEALTH AGENCY	3,222	0	4	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	6	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,137	23,177	1,741	171,013	20,976	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	132	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	62,269	23,177	1,742	171,013	20,976	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/28/2016 2:23 pm		
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.06	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	2,245,039			5.06
6.00	00600	MAINTENANCE & REPAIRS	10,251	98,691		6.00
7.00	00700	OPERATION OF PLANT	120,091	25,107	7,028,191	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,290	0	0	8,290
9.00	00900	HOUSEKEEPING	34,134	583	55,667	0
10.00	01000	DIETARY	37,048	1,798	171,718	0
11.00	01100	CAFETERIA	9,565	2,029	193,760	0
13.00	01300	NURSING ADMINISTRATION	15,390	104	9,939	0
14.00	01400	CENTRAL SERVICES & SUPPLY	11,165	2,256	215,522	0
15.00	01500	PHARMACY	48,351	825	78,832	0
16.00	01600	MEDICAL RECORDS & LIBRARY	36,031	1,574	150,370	0
17.00	01700	SOCIAL SERVICE	21,278	109	10,393	0
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	3,320	129	12,330	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	320,589	18,949	1,809,931	3,972
31.00	03100	INTENSIVE CARE UNIT	83,501	3,833	366,133	346
40.00	04000	SUBPROVIDER - I/PF	20,535	1,950	186,212	316
41.00	04100	SUBPROVIDER - I/RF	124,509	6,097	582,416	1,127
43.00	04300	NURSERY	11,548	378	36,096	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	115,445	5,639	538,639	894
50.01	05001	GAMMA KNIFE	16,726	516	49,295	0
50.02	03330	ENDOSCOPY	31,259	974	93,046	307
51.00	05100	RECOVERY ROOM	16,008	858	81,931	158
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,854	2,755	263,107	261
53.00	05300	ANESTHESIOLOGY	6,383	64	6,078	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,583	1,232	117,680	0
54.01	03630	ULTRA SOUND	12,996	641	61,211	179
54.02	05401	PET SCAN	4,027	195	18,663	0
54.03	03480	ONCOLOGY	16,529	1,385	132,308	0
54.04	03440	MAMMOGRAPHY	10,556	831	79,353	0
56.00	05600	RADIOISOTOPE	12,936	810	77,349	0
57.00	05700	CT SCAN	19,428	620	59,221	0
58.00	05800	MRI	14,002	923	88,143	0
59.00	05900	CARDIAC CATHETERIZATION	54,823	2,241	214,013	0
60.00	06000	LABORATORY	103,520	2,608	249,094	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,019	122	11,636	0
64.00	06400	INTRAVENOUS THERAPY	8,683	69	6,586	0
65.00	06500	RESPIRATORY THERAPY	26,084	315	30,071	0
66.00	06600	PHYSICAL THERAPY	29,028	1,163	111,041	0
66.01	06601	REHAB OUTPATIENT	19,273	907	86,660	0
66.02	06602	REHAB MED SURGICAL	16,935	119	11,369	0
69.00	06900	ELECTROCARDIOLOGY	11,399	463	44,192	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,111	343	32,743	0
70.01	07001	NEUROMEG	0	0	0	0
70.02	07002	SLEEP LAB	8,132	827	79,006	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	138,898	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,715	63	6,012	0
73.00	07300	DRUGS CHARGED TO PATIENTS	129,012	0	0	0
74.00	07400	RENAL DIALYSIS	8,381	135	12,878	0
76.97	07697	CARDIAC REHABILITATION	4,723	586	55,935	0
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	17,167	1,376	131,467	0
90.01	09001	DAY REHAB	7,451	292	27,854	0
90.02	09002	IMAGING CENTERS	12,080	0	0	0
90.03	09003	COUMADIN CLINIC	1,956	81	7,735	0
90.04	09004	WOUND CLINIC	10,116	851	81,303	0
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	17,672	0	0	0
91.00	09100	EMERGENCY	62,657	2,015	192,451	730
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	66,808	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/28/2016 2:23 pm	
Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	38,198	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,219,169	97,740	6,937,389	8,290	247,201	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,160	296	28,308	0	1,017	190.00
191.00	19100	RESEARCH	741	425	40,572	0	1,457	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,969	230	21,922	0	787	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,245,039	98,691	7,028,191	8,290	250,462	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/28/2016 2:23 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	713,975					10.00
11.00	01100	CAFETERIA	0	767,459				11.00
13.00	01300	NURSING ADMINISTRATION	0	7,365	64,716			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,893	0	871,481		14.00
15.00	01500	PHARMACY	0	22,015	0	1,539	396,030	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,066	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,553	0	0	0	17.00
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	0	3,709	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	452,312	214,840	30,129	19,065	0	30.00
31.00	03100	INTENSIVE CARE UNIT	68,480	50,717	7,113	8,237	0	31.00
40.00	04000	SUBPROVIDER - I PF	39,999	14,502	2,034	868	0	40.00
41.00	04100	SUBPROVIDER - I RF	153,184	50,988	7,151	4,557	0	41.00
43.00	04300	NURSERY	0	7,260	1,018	1,462	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	47,140	6,611	37,369	0	50.00
50.01	05001	GAMMA KNIFE	0	1,252	176	17	0	50.01
50.02	03330	ENDOSCOPY	0	11,980	1,680	6,784	0	50.02
51.00	05100	RECOVERY ROOM	0	7,277	1,021	597	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,236	1,856	2,704	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,305	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,918	0	446	0	54.00
54.01	03630	ULTRA SOUND	0	5,355	0	361	0	54.01
54.02	05401	PET SCAN	0	591	0	2,678	0	54.02
54.03	03480	ONCOLOGY	0	5,289	0	2,475	0	54.03
54.04	03440	MAMMOGRAPHY	0	4,987	0	456	0	54.04
56.00	05600	RADIOISOTOPE	0	1,935	0	14,173	0	56.00
57.00	05700	CT SCAN	0	6,817	0	425	0	57.00
58.00	05800	MRI	0	4,633	0	411	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,723	0	11,701	0	59.00
60.00	06000	LABORATORY	0	55,941	0	66,936	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,481	0	2,427	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,527	0	1,014	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,485	0	5,201	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,613	0	214	0	66.00
66.01	06601	REHAB OUTPATIENT	0	11,940	0	268	0	66.01
66.02	06602	REHAB MED SURGICAL	0	10,530	0	31	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	4,808	0	344	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,296	0	219	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	4,838	0	947	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	291,131	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	363,558	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	396,030	73.00
74.00	07400	RENAL DIALYSIS	0	193	0	131	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,557	0	262	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	7,448	1,045	6,263	0	90.00
90.01	09001	DAY REHAB	0	4,913	0	46	0	90.01
90.02	09002	IMAGING CENTERS	0	4,856	0	86	0	90.02
90.03	09003	COUMADIN CLINIC	0	1,020	0	11	0	90.03
90.04	09004	WOUND CLINIC	0	4,742	0	1,099	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	7,330	0	2,203	0	90.05
91.00	09100	EMERGENCY	0	34,814	4,882	6,709	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	1,904	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	778	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	713,975	763,373	64,716	871,412	396,030	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,152	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	2,934	0	69	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	713,975	767,459	64,716	871,481	396,030	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/28/2016 2:23 pm	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE ALLIED HEALTH PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	658,024					16.00
17.00	01700	SOCIAL SERVICE	0	77,527				17.00
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	0	0	56,149			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	416,866	49,115		8,654,817	0	30.00
31.00	03100	INTENSIVE CARE UNIT	63,114	7,436		1,738,783	0	31.00
40.00	04000	SUBPROVIDER - I PF	36,865	4,343		850,741	0	40.00
41.00	04100	SUBPROVIDER - I RF	141,179	16,633		2,798,859	0	41.00
43.00	04300	NURSERY	0	0		170,379	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0		2,438,172	0	50.00
50.01	05001	GAMMA KNIFE	0	0		212,870	0	50.01
50.02	03330	ENDOSCOPY	0	0		429,364	0	50.02
51.00	05100	RECOVERY ROOM	0	0		352,785	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		1,078,992	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0		122,086	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		543,891	0	54.00
54.01	03630	ULTRA SOUND	0	0		273,865	0	54.01
54.02	05401	PET SCAN	0	0		81,410	0	54.02
54.03	03480	ONCOLOGY	0	0		586,501	0	54.03
54.04	03440	MAMMOGRAPHY	0	0		329,274	0	54.04
56.00	05600	RADIOISOTOPE	0	0		335,017	0	56.00
57.00	05700	CT SCAN	0	0		287,217	0	57.00
58.00	05800	MRI	0	0		371,198	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		965,129	0	59.00
60.00	06000	LABORATORY	0	0		1,263,097	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		68,848	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		42,244	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0		176,210	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0		494,719	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0		374,706	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0		76,034	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0		196,755	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		135,853	0	70.00
70.01	07001	NEUROMEG	0	0		0	0	70.01
70.02	07002	SLEEP LAB	0	0		325,380	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		442,506	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		559,744	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		541,248	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		59,683	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0		227,179	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0		553,348	0	90.00
90.01	09001	DAY REHAB	0	0		122,959	0	90.01
90.02	09002	IMAGING CENTERS	0	0		29,884	0	90.02
90.03	09003	COUMADIN CLINIC	0	0		33,597	0	90.03
90.04	09004	WOUND CLINIC	0	0		338,786	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0		86,659	0	90.05
91.00	09100	EMERGENCY	0	0		890,554	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE ALLIED HEALTH PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	79,644	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	56,015	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	658,024	77,527	0	29,797,002	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	115,309	0	190.00
191.00	19100	RESEARCH	0	0	159,432	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	112,557	0	192.00
200.00		Cross Foot Adjustments			56,149	56,149	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	658,024	77,527	56,149	30,240,449	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/28/2016 2:23 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMIN TTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PASTORAL CARE ALLIED HEALTH PROGRAM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	8,654,817	30.00
31.00	03100 INTENSIVE CARE UNIT	1,738,783	31.00
40.00	04000 SUBPROVIDER - IPF	850,741	40.00
41.00	04100 SUBPROVIDER - IRF	2,798,859	41.00
43.00	04300 NURSERY	170,379	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	2,438,172	50.00
50.01	05001 GAMMA KNIFE	212,870	50.01
50.02	03330 ENDOSCOPY	429,364	50.02
51.00	05100 RECOVERY ROOM	352,785	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,078,992	52.00
53.00	05300 ANESTHESIOLOGY	122,086	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	543,891	54.00
54.01	03630 ULTRA SOUND	273,865	54.01
54.02	05401 PET SCAN	81,410	54.02
54.03	03480 ONCOLOGY	586,501	54.03
54.04	03440 MAMMOGRAPHY	329,274	54.04
56.00	05600 RADIOISOTOPE	335,017	56.00
57.00	05700 CT SCAN	287,217	57.00
58.00	05800 MRI	371,198	58.00
59.00	05900 CARDIAC CATHETERIZATION	965,129	59.00
60.00	06000 LABORATORY	1,263,097	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	68,848	63.00
64.00	06400 INTRAVENOUS THERAPY	42,244	64.00
65.00	06500 RESPIRATORY THERAPY	176,210	65.00
66.00	06600 PHYSICAL THERAPY	494,719	66.00
66.01	06601 REHAB OUTPATIENT	374,706	66.01
66.02	06602 REHAB MED SURGICAL	76,034	66.02
69.00	06900 ELECTROCARDIOLOGY	196,755	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	135,853	70.00
70.01	07001 NEUROMEG	0	70.01
70.02	07002 SLEEP LAB	325,380	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	442,506	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	559,744	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	541,248	73.00
74.00	07400 RENAL DIALYSIS	59,683	74.00
76.97	07697 CARDIAC REHABILITATION	227,179	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	553,348	90.00
90.01	09001 DAY REHAB	122,959	90.01
90.02	09002 IMAGING CENTERS	29,884	90.02
90.03	09003 COUMADIN CLINIC	33,597	90.03
90.04	09004 WOUND CLINIC	338,786	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	86,659	90.05
91.00	09100 EMERGENCY	890,554	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
101.00	10100 HOME HEALTH AGENCY	79,644	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/28/2016 2:23 pm
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Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	56,015	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	29,797,002	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,309	190.00
191.00	19100 RESEARCH	159,432	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	112,557	192.00
200.00	Cross Foot Adjustments	56,149	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	30,240,449	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (DATA PROCESSING)
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)		
	1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	750,737				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,132,360			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,700	0	141,790,852		4.00
5.01 00540	NONPATIENT TELEPHONES	1,611	0	610,746	1,894	5.01
5.02 00550	DATA PROCESSING	475	0	0	152	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	31	5.03
5.04 00570	ADMINISTRATIVE	4,370	0	1,949,812	55	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	994,851	72	5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	32,917	3,929,877	5,534,954	275	5.06
6.00 00600	MAINTENANCE & REPAIRS	2,022	32,588	938,918	64	6.00
7.00 00700	OPERATION OF PLANT	179,544	39,448	1,274,735	7	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,167	0	0	18	9.00
10.00 01000	DIETARY	12,854	14,975	47,173	47	10.00
11.00 01100	CAFETERIA	14,504	0	24,647	0	11.00
13.00 01300	NURSING ADMINISTRATION	744	2,539	1,837,970	19	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,133	29,637	754,448	12	14.00
15.00 01500	PHARMACY	5,901	40,393	4,381,360	33	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	11,256	7,610	3,244,118	81	16.00
17.00 01700	SOCIAL SERVICE	778	0	2,651,188	12	17.00
23.00 02300	PASTORAL CARE ALLIED HEALTH PROGRAM	923	0	365,755	16	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	135,483	60,254	32,050,166	178	30.00
31.00 03100	INTENSIVE CARE UNIT	27,407	11,311	8,778,951	59	31.00
40.00 04000	SUBPROVIDER - IPF	13,939	0	1,734,990	0	40.00
41.00 04100	SUBPROVIDER - IRF	43,597	35,739	6,470,238	50	41.00
43.00 04300	NURSERY	2,702	20,907	1,193,247	20	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	40,320	400,330	7,988,456	59	50.00
50.01 05001	GAMMA KNIFE	3,690	1,494	375,689	1	50.01
50.02 03330	ENDOSCOPY	6,965	19,379	1,899,606	5	50.02
51.00 05100	RECOVERY ROOM	6,133	11,703	1,552,143	13	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	19,695	10,900	2,210,878	24	52.00
53.00 05300	ANESTHESIOLOGY	455	345,824	0	2	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,809	142,884	2,029,977	109	54.00
54.01 03630	ULTRA SOUND	4,582	46,393	1,173,675	2	54.01
54.02 05401	PET SCAN	1,397	0	119,543	0	54.02
54.03 03480	ONCOLOGY	9,904	161,068	1,187,556	0	54.03
54.04 03440	MAMMOGRAPHY	5,940	2,244	864,414	0	54.04
56.00 05600	RADIOISOTOPE	5,790	1,722	406,743	13	56.00
57.00 05700	CT SCAN	4,433	72,203	1,229,670	2	57.00
58.00 05800	MRI	6,598	7,980	898,492	18	58.00
59.00 05900	CARDIAC CATHETERIZATION	16,020	113,987	3,998,455	20	59.00
60.00 06000	LABORATORY	18,646	126,203	6,453,518	87	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	871	3,108	549,953	5	63.00
64.00 06400	INTRAVENOUS THERAPY	493	4,000	962,239	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,251	12,467	2,351,848	16	65.00
66.00 06600	PHYSICAL THERAPY	8,312	23,705	2,982,754	15	66.00
66.01 06601	REHAB OUTPATIENT	6,487	1,416	2,045,255	15	66.01
66.02 06602	REHAB MED SURGICAL	851	0	1,941,648	11	66.02
69.00 06900	ELECTROCARDIOLOGY	3,308	7,983	753,710	16	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,451	8,283	185,945	15	70.00
70.01 07001	NEUROMEG	0	0	0	0	70.01
70.02 07002	SLEEP LAB	5,914	2,837	675,806	1	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	450	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	964	0	41,460	0	74.00
76.97 07697	CARDIAC REHABILITATION	4,187	0	418,445	7	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	9,841	15,511	1,316,926	20	90.00
90.01 09001	DAY REHAB	2,085	337	795,582	1	90.01
90.02 09002	IMAGING CENTERS	0	40,594	773,748	10	90.02
90.03 09003	COUMADIN CLINIC	579	0	192,410	1	90.03
90.04 09004	WOUND CLINIC	6,086	8,564	702,163	3	90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	0	218,066	1,156,134	1	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)				
			1.00	2.00	4.00	5.01	5.02	
91.00	09100	EMERGENCY	14,406	34,317	5,121,964	99	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	7,713,402	98	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	56,092	3,251,528	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	743,940	6,126,872	141,160,002	1,890	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	0	141,833	4	0	190.00
191.00	19100	RESEARCH	3,037	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	5,488	489,017	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	28,733,404	1,507,045	20,598,975	789,448	19,490,580	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	38.273595	0.245753	0.145277	416.815206	1,949.058000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			141,612	62,269	23,177	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000999	32.876980	2.317700	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	80,253,842					5.03
5.04	00570	ADMITTING	51,104	1,995,992,224				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	18,742	0	1,995,992,224			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	193,692	0	0	-71,769,826	351,951,211	5.06
6.00	00600	MAINTENANCE & REPAIRS	9,147	0	0	0	1,606,938	6.00
7.00	00700	OPERATION OF PLANT	33,263	0	0	0	18,826,005	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,299,539	8.00
9.00	00900	HOUSEKEEPING	6,038	0	0	0	5,350,962	9.00
10.00	01000	DIETARY	99,411	0	0	0	5,807,801	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,499,453	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,412,544	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	119,266	0	0	0	1,750,292	14.00
15.00	01500	PHARMACY	17,940,567	0	0	0	7,579,697	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,528	0	0	0	5,648,415	16.00
17.00	01700	SOCIAL SERVICE	3,647	0	0	0	3,335,656	17.00
23.00	02300	PASTORAL CARE ALLIED HEALTH PROGRAM	19,016	0	0	0	520,512	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,538,774	164,278,061	164,278,061	0	50,266,128	30.00
31.00	03100	INTENSIVE CARE UNIT	596,757	43,855,509	43,855,509	0	13,089,987	31.00
40.00	04000	SUBPROVIDER - I/PF	66,579	12,346,186	12,346,186	0	3,219,121	40.00
41.00	04100	SUBPROVIDER - I/RF	395,381	47,241,538	47,241,538	0	19,518,572	41.00
43.00	04300	NURSERY	106,091	9,433,716	9,433,716	0	1,810,237	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,806,087	160,114,486	160,114,486	0	18,097,612	50.00
50.01	05001	GAMMA KNIFE	2,130	11,465,006	11,465,006	0	2,622,016	50.01
50.02	03330	ENDOSCOPY	510,798	67,851,365	67,851,365	0	4,900,299	50.02
51.00	05100	RECOVERY ROOM	46,855	24,795,839	24,795,839	0	2,509,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	194,733	13,295,714	13,295,714	0	3,896,171	52.00
53.00	05300	ANESTHESIOLOGY	411,211	36,716,364	36,716,364	0	1,000,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,219	40,478,573	40,478,573	0	3,697,030	54.00
54.01	03630	ULTRA SOUND	28,424	30,027,492	30,027,492	0	2,037,379	54.01
54.02	05401	PET SCAN	176,678	10,260,408	10,260,408	0	631,255	54.02
54.03	03480	ONCOLOGY	179,818	40,487,969	40,487,969	0	2,591,228	54.03
54.04	03440	MAMMOGRAPHY	39,164	15,253,945	15,253,945	0	1,654,824	54.04
56.00	05600	RADIOISOTOPE	936,964	22,224,863	22,224,863	0	2,027,913	56.00
57.00	05700	CT SCAN	34,097	101,774,353	101,774,353	0	3,045,574	57.00
58.00	05800	MRI	31,645	40,601,248	40,601,248	0	2,195,034	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,069,358	104,204,918	104,204,918	0	8,594,283	59.00
60.00	06000	LABORATORY	5,259,575	243,109,394	243,109,394	0	16,228,282	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,412,271	9,291,854	9,291,854	0	2,354,369	63.00
64.00	06400	INTRAVENOUS THERAPY	120,173	3,226,226	3,226,226	0	1,361,225	64.00
65.00	06500	RESPIRATORY THERAPY	384,099	50,229,411	50,229,411	0	4,089,020	65.00
66.00	06600	PHYSICAL THERAPY	15,481	33,420,051	33,420,051	0	4,550,583	66.00
66.01	06601	REHAB OUTPATIENT	29,597	14,220,381	14,220,381	0	3,021,250	66.01
66.02	06602	REHAB MED SURGICAL	5,377	18,237,837	18,237,837	0	2,654,740	66.02
69.00	06900	ELECTROCARDIOLOGY	192,168	42,351,645	42,351,645	0	1,786,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,912	4,547,921	4,547,921	0	487,741	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	76,360	10,678,218	10,678,218	0	1,274,769	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,120,656	124,289,256	124,289,256	0	21,774,209	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,042,263	45,895,346	45,895,346	0	26,291,708	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	167,069,367	167,069,367	0	20,224,557	73.00
74.00	07400	RENAL DIALYSIS	10,552	5,823,347	5,823,347	0	1,313,816	74.00
76.97	07697	CARDIAC REHABILITATION	28,070	2,130,882	2,130,882	0	740,422	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	454,514	14,579,474	14,579,474	0	2,691,143	90.00
90.01	09001	DAY REHAB	5,133	7,122,868	7,122,868	0	1,168,071	90.01
90.02	09002	IMAGING CENTERS	13,443	18,401,161	18,401,161	0	1,893,686	90.02
90.03	09003	COUMADIN CLINIC	27,079	1,341,519	1,341,519	0	306,687	90.03
90.04	09004	WOUND CLINIC	143,357	19,722,661	19,722,661	0	1,585,895	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	201,140	48,161,281	48,161,281	0	2,770,305	90.05
91.00	09100	EMERGENCY	487,480	115,434,571	115,434,571	0	9,822,382	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	171,536	0	0	0	10,473,094	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	259,443	0	0	0	5,988,150	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,199,863	1,995,992,224	1,995,992,224	-71,769,826	347,895,563	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,731	0	0	0	495,417	190.00
191.00	19100	RESEARCH	0	0	0	0	116,237	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	52,248	0	0	0	3,443,994	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,553,759	2,627,284	22,094,317		71,769,826	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.069202	0.001316	0.011069		0.203920	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,742	171,013	20,976		2,245,039	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000022	0.000086	0.000011		0.006379	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	705,642					6.00
7.00	00700	179,544	526,098				7.00
8.00	00800	0	0	2,241,118			8.00
9.00	00900	4,167	4,167	0	521,931		9.00
10.00	01000	12,854	12,854	0	12,854	100,298	10.00
11.00	01100	14,504	14,504	0	14,504	0	11.00
13.00	01300	744	744	0	744	0	13.00
14.00	01400	16,133	16,133	0	16,133	0	14.00
15.00	01500	5,901	5,901	0	5,901	0	15.00
16.00	01600	11,256	11,256	0	11,256	0	16.00
17.00	01700	778	778	0	778	0	17.00
23.00	02300	923	923	0	923	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	135,483	135,483	1,073,747	135,483	63,540	30.00
31.00	03100	27,407	27,407	93,571	27,407	9,620	31.00
40.00	04000	13,939	13,939	85,338	13,939	5,619	40.00
41.00	04100	43,597	43,597	304,742	43,597	21,519	41.00
43.00	04300	2,702	2,702	0	2,702	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	40,320	40,320	241,796	40,320	0	50.00
50.01	05001	3,690	3,690	0	3,690	0	50.01
50.02	03330	6,965	6,965	82,930	6,965	0	50.02
51.00	05100	6,133	6,133	42,700	6,133	0	51.00
52.00	05200	19,695	19,695	70,567	19,695	0	52.00
53.00	05300	455	455	0	455	0	53.00
54.00	05400	8,809	8,809	0	8,809	0	54.00
54.01	03630	4,582	4,582	48,497	4,582	0	54.01
54.02	05401	1,397	1,397	0	1,397	0	54.02
54.03	03480	9,904	9,904	0	9,904	0	54.03
54.04	03440	5,940	5,940	0	5,940	0	54.04
56.00	05600	5,790	5,790	0	5,790	0	56.00
57.00	05700	4,433	4,433	0	4,433	0	57.00
58.00	05800	6,598	6,598	0	6,598	0	58.00
59.00	05900	16,020	16,020	0	16,020	0	59.00
60.00	06000	18,646	18,646	0	18,646	0	60.00
63.00	06300	871	871	0	871	0	63.00
64.00	06400	493	493	0	493	0	64.00
65.00	06500	2,251	2,251	0	2,251	0	65.00
66.00	06600	8,312	8,312	0	8,312	0	66.00
66.01	06601	6,487	6,487	0	6,487	0	66.01
66.02	06602	851	851	0	851	0	66.02
69.00	06900	3,308	3,308	0	3,308	0	69.00
70.00	07000	2,451	2,451	0	2,451	0	70.00
70.01	07001	0	0	0	0	0	70.01
70.02	07002	5,914	5,914	0	5,914	0	70.02
71.00	07100	0	0	0	0	0	71.00
72.00	07200	450	450	0	450	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	964	964	0	964	0	74.00
76.97	07697	4,187	4,187	0	4,187	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	9,841	9,841	0	9,841	0	90.00
90.01	09001	2,085	2,085	0	2,085	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	579	579	0	579	0	90.03
90.04	09004	6,086	6,086	0	6,086	0	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	14,406	14,406	197,230	14,406	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	698,845	519,301	2,241,118	515,134	100,298	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119	0	2,119	0	190.00
191.00	19100 RESEARCH	3,037	3,037	0	3,037	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,641	1,641	0	1,641	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,934,625	23,157,254	1,564,541	6,636,973	7,756,617	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.741652	44.016997	0.698107	12.716189	77.335710	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	98,691	7,028,191	8,290	250,462	713,975	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.139860	13.359091	0.003699	0.479876	7.118537	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	175,276					13.00
14.00	01400	1,682	105,389				14.00
15.00	01500	2,031	0	57,235,117			15.00
16.00	01600	5,028	0	101,061	10,000		16.00
17.00	01700	5,953	0	0	0	100,298	17.00
23.00	02300	2,867	0	0	0	0	23.00
		847	0	0	0	0	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	49,066	49,066	1,252,151	0	63,540	30.00
31.00	03100	11,583	11,583	540,973	0	9,620	31.00
40.00	04000	3,312	3,312	57,034	0	5,619	40.00
41.00	04100	11,645	11,645	299,271	0	21,519	41.00
43.00	04300	1,658	1,658	96,024	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	10,766	10,766	2,454,299	0	0	50.00
50.01	05001	286	286	1,096	0	0	50.01
50.02	03330	2,736	2,736	445,541	0	0	50.02
51.00	05100	1,662	1,662	39,220	0	0	51.00
52.00	05200	3,023	3,023	177,581	0	0	52.00
53.00	05300	0	0	217,047	0	0	53.00
54.00	05400	3,407	0	29,264	0	0	54.00
54.01	03630	1,223	0	23,710	0	0	54.01
54.02	05401	135	0	175,897	0	0	54.02
54.03	03480	1,208	0	162,583	0	0	54.03
54.04	03440	1,139	0	29,964	0	0	54.04
56.00	05600	442	0	930,839	0	0	56.00
57.00	05700	1,557	0	27,902	0	0	57.00
58.00	05800	1,058	0	26,995	0	0	58.00
59.00	05900	4,276	0	768,462	0	0	59.00
60.00	06000	12,776	0	4,396,174	0	0	60.00
63.00	06300	795	0	159,413	0	0	63.00
64.00	06400	1,034	0	66,567	0	0	64.00
65.00	06500	3,765	0	341,611	0	0	65.00
66.00	06600	4,251	0	14,085	0	0	66.00
66.01	06601	2,727	0	17,603	0	0	66.01
66.02	06602	2,405	0	2,047	0	0	66.02
69.00	06900	1,098	0	22,567	0	0	69.00
70.00	07000	296	0	14,379	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
70.02	07002	1,105	0	62,202	0	0	70.02
71.00	07100	0	0	19,120,656	0	0	71.00
72.00	07200	0	0	23,876,122	0	0	72.00
73.00	07300	0	0	0	10,000	0	73.00
74.00	07400	44	0	8,630	0	0	74.00
76.97	07697	584	0	17,211	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	1,701	1,701	411,328	0	0	90.00
90.01	09001	1,122	0	3,035	0	0	90.01
90.02	09002	1,109	0	5,631	0	0	90.02
90.03	09003	233	0	745	0	0	90.03
90.04	09004	1,083	0	72,171	0	0	90.04
90.05	09005	1,674	0	144,690	0	0	90.05
91.00	09100	7,951	7,951	440,649	0	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	125,041	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	51,124	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	174,343	105,389	57,230,595	10,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	263	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	670	0	4,522	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,667,845	2,974,361	3,097,632	9,558,309	7,560,298
203.00		Unit cost multiplier (Wkst. B, Part I)	15.220823	28.222689	0.054121	955.830900	75.378353
204.00		Cost to be allocated (per Wkst. B, Part II)	767,459	64,716	871,481	396,030	658,024
205.00		Unit cost multiplier (Wkst. B, Part II)	4.378574	0.614068	0.015226	39.603000	6.560689

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	PASTORAL CARE ALLIED HEALTH PROGRAM (PATIENT DAYS)	
		17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00540			5.01
5.02	00550			5.02
5.03	00560			5.03
5.04	00570			5.04
5.05	00580			5.05
5.06	00590			5.06
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700	100,298		17.00
23.00	02300	0	100,298	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	63,540	63,540	30.00
31.00	03100	9,620	9,620	31.00
40.00	04000	5,619	5,619	40.00
41.00	04100	21,519	21,519	41.00
43.00	04300	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	0	0	50.00
50.01	05001	0	0	50.01
50.02	03330	0	0	50.02
51.00	05100	0	0	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
54.01	03630	0	0	54.01
54.02	05401	0	0	54.02
54.03	03480	0	0	54.03
54.04	03440	0	0	54.04
56.00	05600	0	0	56.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
63.00	06300	0	0	63.00
64.00	06400	0	0	64.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
66.01	06601	0	0	66.01
66.02	06602	0	0	66.02
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
70.01	07001	0	0	70.01
70.02	07002	0	0	70.02
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
76.97	07697	0	0	76.97
76.98	07698	0	0	76.98
76.99	07699	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
90.02	09002	0	0	90.02
90.03	09003	0	0	90.03
90.04	09004	0	0	90.04
90.05	09005	0	0	90.05
91.00	09100	0	0	91.00
92.00	09200	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	PASTORAL CARE ALLIED HEALTH PROGRAM (PATIENT DAYS)	
		17.00	23.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100,298	100,298	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,105,772	694,443	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	40.935732	6.923797	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	77,527	56,149	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.772967	0.559822	205.00

Provider CCN: 140258

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

Worksheet B-2  
 Date/Time Prepared:  
 11/28/2016 2:23 pm

	Description	Worksheet		Amount	
		Part	Line No.		
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	2.00	3.00	74.00	0 1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM			94.00	0 2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS			74.00	0 3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM			94.00	0 4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS			74.00	0 5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM			94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/28/2016 2: 23 pm
			Title XVII I	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		84,267,568	0	84,267,568
31.00	03100 INTENSIVE CARE UNIT		19,916,650	0	19,916,650
40.00	04000 SUBPROVIDER - I PF		6,038,154	0	6,038,154
41.00	04100 SUBPROVIDER - I RF		31,142,706	0	31,142,706
43.00	04300 NURSERY		2,417,308	0	2,417,308
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		24,955,442	0	24,955,442
50.01	05001 GAMMA KNIFE		3,388,645	16,297	3,404,942
50.02	03330 ENDOSCOPY		6,514,678	0	6,514,678
51.00	05100 RECOVERY ROOM		3,490,146	0	3,490,146
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,052,239	0	6,052,239
53.00	05300 ANESTHESIOLOGY		1,243,425	0	1,243,425
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,028,283	0	5,028,283
54.01	03630 ULTRASOUND		2,779,109	0	2,779,109
54.02	05401 PET SCAN		854,643	0	854,643
54.03	03480 ONCOLOGY		3,735,855	0	3,735,855
54.04	03440 MAMMOGRAPHY		2,364,515	0	2,364,515
56.00	05600 RADIOISOTOPE		2,842,910	0	2,842,910
57.00	05700 CT SCAN		3,955,488	0	3,955,488
58.00	05800 MRI		3,052,624	0	3,052,624
59.00	05900 CARDIAC CATHETERIZATION		11,406,289	0	11,406,289
60.00	06000 LABORATORY		21,078,907	1,193	21,080,100
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,907,004	0	2,907,004
64.00	06400 INTRAVENOUS THERAPY		1,687,468	0	1,687,468
65.00	06500 RESPIRATORY THERAPY	0	5,132,524	0	5,132,524
66.00	06600 PHYSICAL THERAPY	0	6,038,359	0	6,038,359
66.01	06601 REHAB OUTPATIENT	0	4,065,616	0	4,065,616
66.02	06602 REHAB MED SURGICAL	0	3,283,424	0	3,283,424
69.00	06900 ELECTROCARDIOLOGY		2,365,949	0	2,365,949
70.00	07000 ELECTROENCEPHALOGRAPHY		738,257	0	738,257
70.01	07001 NEUROLOG		0	0	0
70.02	07002 SLEEP LAB		1,906,640	0	1,906,640
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		27,249,235	0	27,249,235
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		32,972,087	0	32,972,087
73.00	07300 DRUGS CHARGED TO PATIENTS		33,907,058	0	33,907,058
74.00	07400 RENAL DIALYSIS		1,640,199	0	1,640,199
76.97	07697 CARDIAC REHABILITATION		1,150,250	0	1,150,250
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		3,921,372	0	3,921,372
90.01	09001 DAY REHAB		1,547,510	0	1,547,510
90.02	09002 IMAGING CENTERS		2,297,031	0	2,297,031
90.03	09003 COUMADIN CLINIC		407,249	0	407,249
90.04	09004 WOUND CLINIC		2,291,645	0	2,291,645
90.05	09005 CARDIOVASCULAR IMAGING CENTERS		3,368,537	0	3,368,537
91.00	09100 EMERGENCY		13,189,112	87,389	13,276,501
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		9,270,233	0	9,270,233
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0
101.00	10100 HOME HEALTH AGENCY		12,615,534	0	12,615,534
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
116.00	11600 HOSPICE		7,212,021		7,212,021
200.00	Subtotal (see instructions)		427,689,898	104,879	427,794,777
201.00	Less Observation Beds		9,270,233		9,270,233
202.00	Total (see instructions)		418,419,665	104,879	418,524,544

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/28/2016 2:23 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	164,278,061		164,278,061			30.00
31.00	03100	INTENSIVE CARE UNIT	43,855,509		43,855,509			31.00
40.00	04000	SUBPROVIDER - I/PF	12,346,186		12,346,186			40.00
41.00	04100	SUBPROVIDER - I/RP	47,241,538		47,241,538			41.00
43.00	04300	NURSERY	9,433,716		9,433,716			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	83,393,211	76,721,275	160,114,486	0.155860	0.000000	50.00
50.01	05001	GAMMA KNIFE	144,218	11,320,788	11,465,006	0.295564	0.000000	50.01
50.02	03330	ENDOSCOPY	10,765,080	57,086,285	67,851,365	0.096014	0.000000	50.02
51.00	05100	RECOVERY ROOM	12,991,968	11,803,871	24,795,839	0.140755	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,551,589	744,125	13,295,714	0.455202	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	18,536,831	18,179,533	36,716,364	0.033866	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,620,504	24,858,069	40,478,573	0.124221	0.000000	54.00
54.01	03630	ULTRA SOUND	9,759,871	20,267,621	30,027,492	0.092552	0.000000	54.01
54.02	05401	PET SCAN	105,920	10,154,488	10,260,408	0.083295	0.000000	54.02
54.03	03480	ONCOLOGY	1,834,550	38,653,419	40,487,969	0.092271	0.000000	54.03
54.04	03440	MAMMOGRAPHY	58,189	15,195,756	15,253,945	0.155010	0.000000	54.04
56.00	05600	RADIOLOGY SOTOPE	7,515,225	14,709,638	22,224,863	0.127916	0.000000	56.00
57.00	05700	CT SCAN	31,918,480	69,855,873	101,774,353	0.038865	0.000000	57.00
58.00	05800	MRI	11,950,669	28,650,579	40,601,248	0.075185	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,141,181	57,063,737	104,204,918	0.109460	0.000000	59.00
60.00	06000	LABORATORY	100,458,599	142,650,795	243,109,394	0.086705	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,135,502	2,156,352	9,291,854	0.312855	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	3,027,918	198,308	3,226,226	0.523047	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	46,652,218	3,577,193	50,229,411	0.102182	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	33,420,051	0	33,420,051	0.180681	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	12,097	14,208,284	14,220,381	0.285901	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	17,552,836	685,001	18,237,837	0.180034	0.000000	66.02
69.00	06900	ELECTROCARDIOLOGY	21,132,832	21,218,813	42,351,645	0.055864	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	912,916	3,635,005	4,547,921	0.162328	0.000000	70.00
70.01	07001	NEUROMEG	0	0	0	0.000000	0.000000	70.01
70.02	07002	SLEEP LAB	0	10,678,218	10,678,218	0.178554	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,229,406	56,059,850	124,289,256	0.219240	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,261,835	16,633,511	45,895,346	0.718419	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,031,106	58,038,261	167,069,367	0.202952	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,484,997	338,350	5,823,347	0.281659	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	275,518	1,855,364	2,130,882	0.539800	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	375,207	14,204,267	14,579,474	0.268965	0.000000	90.00
90.01	09001	DAY REHAB	0	7,122,868	7,122,868	0.217259	0.000000	90.01
90.02	09002	IMAGING CENTERS	126,231	18,274,930	18,401,161	0.124831	0.000000	90.02
90.03	09003	COUMADIN CLINIC	715	1,340,804	1,341,519	0.303573	0.000000	90.03
90.04	09004	WOUND CLINIC	79,337	19,643,324	19,722,661	0.116193	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	312,076	47,849,205	48,161,281	0.069943	0.000000	90.05
91.00	09100	EMERGENCY	34,577,488	80,857,083	115,434,571	0.114256	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,489,302	10,525,017	16,014,319	0.578872	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY	0	12,045,056	12,045,056			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,054,460	7,054,460			116.00
200.00		Subtotal (see instructions)	1,024,990,683	1,006,115,376	2,031,106,059			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,024,990,683	1,006,115,376	2,031,106,059			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/28/2016 2:23 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.155860	50.00
50.01	05001	GAMMA KNIFE	0.296986	50.01
50.02	03330	ENDOSCOPY	0.096014	50.02
51.00	05100	RECOVERY ROOM	0.140755	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.455202	52.00
53.00	05300	ANESTHESIOLOGY	0.033866	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124221	54.00
54.01	03630	ULTRA SOUND	0.092552	54.01
54.02	05401	PET SCAN	0.083295	54.02
54.03	03480	ONCOLOGY	0.092271	54.03
54.04	03440	MAMMOGRAPHY	0.155010	54.04
56.00	05600	RADIO SOTOPE	0.127916	56.00
57.00	05700	CT SCAN	0.038865	57.00
58.00	05800	MRI	0.075185	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109460	59.00
60.00	06000	LABORATORY	0.086710	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.312855	63.00
64.00	06400	INTRAVENOUS THERAPY	0.523047	64.00
65.00	06500	RESPIRATORY THERAPY	0.102182	65.00
66.00	06600	PHYSICAL THERAPY	0.180681	66.00
66.01	06601	REHAB OUTPATIENT	0.285901	66.01
66.02	06602	REHAB MED SURGICAL	0.180034	66.02
69.00	06900	ELECTROCARDIOLOGY	0.055864	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162328	70.00
70.01	07001	NEUROMEG	0.000000	70.01
70.02	07002	SLEEP LAB	0.178554	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.219240	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202952	73.00
74.00	07400	RENAL DIALYSIS	0.281659	74.00
76.97	07697	CARDIAC REHABILITATION	0.539800	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.268965	90.00
90.01	09001	DAY REHAB	0.217259	90.01
90.02	09002	IMAGING CENTERS	0.124831	90.02
90.03	09003	COUMADIN CLINIC	0.303573	90.03
90.04	09004	WOUND CLINIC	0.116193	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.069943	90.05
91.00	09100	EMERGENCY	0.115013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.578872	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/28/2016 2: 23 pm		
		Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance		Total Costs
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		84,267,568	0	84,267,568	30.00
31.00	03100 INTENSIVE CARE UNIT		19,916,650	0	19,916,650	31.00
40.00	04000 SUBPROVIDER - I/PF		6,038,154	0	6,038,154	40.00
41.00	04100 SUBPROVIDER - I/RF		31,142,706	0	31,142,706	41.00
43.00	04300 NURSERY		2,417,308	0	2,417,308	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		24,955,442	0	24,955,442	50.00
50.01	05001 GAMMA KNIFE		3,388,645	16,297	3,404,942	50.01
50.02	03330 ENDOSCOPY		6,514,678	0	6,514,678	50.02
51.00	05100 RECOVERY ROOM		3,490,146	0	3,490,146	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,052,239	0	6,052,239	52.00
53.00	05300 ANESTHESIOLOGY		1,243,425	0	1,243,425	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,028,283	0	5,028,283	54.00
54.01	03630 ULTRASOUND		2,779,109	0	2,779,109	54.01
54.02	05401 PET SCAN		854,643	0	854,643	54.02
54.03	03480 ONCOLOGY		3,735,855	0	3,735,855	54.03
54.04	03440 MAMMOGRAPHY		2,364,515	0	2,364,515	54.04
56.00	05600 RADIOISOTOPE		2,842,910	0	2,842,910	56.00
57.00	05700 CT SCAN		3,955,488	0	3,955,488	57.00
58.00	05800 MRI		3,052,624	0	3,052,624	58.00
59.00	05900 CARDIAC CATHETERIZATION		11,406,289	0	11,406,289	59.00
60.00	06000 LABORATORY		21,078,907	1,193	21,080,100	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,907,004	0	2,907,004	63.00
64.00	06400 INTRAVENOUS THERAPY		1,687,468	0	1,687,468	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,132,524	0	5,132,524	65.00
66.00	06600 PHYSICAL THERAPY	0	6,038,359	0	6,038,359	66.00
66.01	06601 REHAB OUTPATIENT	0	4,065,616	0	4,065,616	66.01
66.02	06602 REHAB MED SURGICAL	0	3,283,424	0	3,283,424	66.02
69.00	06900 ELECTROCARDIOLOGY		2,365,949	0	2,365,949	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		738,257	0	738,257	70.00
70.01	07001 NEUROLOG		0	0	0	70.01
70.02	07002 SLEEP LAB		1,906,640	0	1,906,640	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		27,249,235	0	27,249,235	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		32,972,087	0	32,972,087	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		33,907,058	0	33,907,058	73.00
74.00	07400 RENAL DIALYSIS		1,640,199	0	1,640,199	74.00
76.97	07697 CARDIAC REHABILITATION		1,150,250	0	1,150,250	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		3,921,372	0	3,921,372	90.00
90.01	09001 DAY REHAB		1,547,510	0	1,547,510	90.01
90.02	09002 IMAGING CENTERS		2,297,031	0	2,297,031	90.02
90.03	09003 COUMADIN CLINIC		407,249	0	407,249	90.03
90.04	09004 WOUND CLINIC		2,291,645	0	2,291,645	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS		3,368,537	0	3,368,537	90.05
91.00	09100 EMERGENCY		13,189,112	87,389	13,276,501	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		9,270,233	0	9,270,233	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
101.00	10100 HOME HEALTH AGENCY		12,615,534	0	12,615,534	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		7,212,021		7,212,021	116.00
200.00	Subtotal (see instructions)		427,689,898	0	427,689,898	200.00
201.00	Less Observation Beds		9,270,233		9,270,233	201.00
202.00	Total (see instructions)		418,419,665	0	418,419,665	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/28/2016 2: 23 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	164,278,061		164,278,061			30.00
31.00	03100	INTENSIVE CARE UNIT	43,855,509		43,855,509			31.00
40.00	04000	SUBPROVIDER - I PF	12,346,186		12,346,186			40.00
41.00	04100	SUBPROVIDER - I RF	47,241,538		47,241,538			41.00
43.00	04300	NURSERY	9,433,716		9,433,716			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	83,393,211	76,721,275	160,114,486	0.155860	0.000000	50.00
50.01	05001	GAMMA KNIFE	144,218	11,320,788	11,465,006	0.295564	0.000000	50.01
50.02	03330	ENDOSCOPY	10,765,080	57,086,285	67,851,365	0.096014	0.000000	50.02
51.00	05100	RECOVERY ROOM	12,991,968	11,803,871	24,795,839	0.140755	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,551,589	744,125	13,295,714	0.455202	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	18,536,831	18,179,533	36,716,364	0.033866	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,620,504	24,858,069	40,478,573	0.124221	0.000000	54.00
54.01	03630	ULTRA SOUND	9,759,871	20,267,621	30,027,492	0.092552	0.000000	54.01
54.02	05401	PET SCAN	105,920	10,154,488	10,260,408	0.083295	0.000000	54.02
54.03	03480	ONCOLOGY	1,834,550	38,653,419	40,487,969	0.092271	0.000000	54.03
54.04	03440	MAMMOGRAPHY	58,189	15,195,756	15,253,945	0.155010	0.000000	54.04
56.00	05600	RADIOLOGY SOTOPE	7,515,225	14,709,638	22,224,863	0.127916	0.000000	56.00
57.00	05700	CT SCAN	31,918,480	69,855,873	101,774,353	0.038865	0.000000	57.00
58.00	05800	MRI	11,950,669	28,650,579	40,601,248	0.075185	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,141,181	57,063,737	104,204,918	0.109460	0.000000	59.00
60.00	06000	LABORATORY	100,458,599	142,650,795	243,109,394	0.086705	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,135,502	2,156,352	9,291,854	0.312855	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	3,027,918	198,308	3,226,226	0.523047	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	46,652,218	3,577,193	50,229,411	0.102182	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	33,420,051	0	33,420,051	0.180681	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	12,097	14,208,284	14,220,381	0.285901	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	17,552,836	685,001	18,237,837	0.180034	0.000000	66.02
69.00	06900	ELECTROCARDIOLOGY	21,132,832	21,218,813	42,351,645	0.055864	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	912,916	3,635,005	4,547,921	0.162328	0.000000	70.00
70.01	07001	NEUROMEG	0	0	0	0.000000	0.000000	70.01
70.02	07002	SLEEP LAB	0	10,678,218	10,678,218	0.178554	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,229,406	56,059,850	124,289,256	0.219240	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,261,835	16,633,511	45,895,346	0.718419	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,031,106	58,038,261	167,069,367	0.202952	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,484,997	338,350	5,823,347	0.281659	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	275,518	1,855,364	2,130,882	0.539800	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	375,207	14,204,267	14,579,474	0.268965	0.000000	90.00
90.01	09001	DAY REHAB	0	7,122,868	7,122,868	0.217259	0.000000	90.01
90.02	09002	IMAGING CENTERS	126,231	18,274,930	18,401,161	0.124831	0.000000	90.02
90.03	09003	COUMADIN CLINIC	715	1,340,804	1,341,519	0.303573	0.000000	90.03
90.04	09004	WOUND CLINIC	79,337	19,643,324	19,722,661	0.116193	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	312,076	47,849,205	48,161,281	0.069943	0.000000	90.05
91.00	09100	EMERGENCY	34,577,488	80,857,083	115,434,571	0.114256	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,489,302	10,525,017	16,014,319	0.578872	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY	0	12,045,056	12,045,056			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,054,460	7,054,460			116.00
200.00		Subtotal (see instructions)	1,024,990,683	1,006,115,376	2,031,106,059			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,024,990,683	1,006,115,376	2,031,106,059			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/28/2016 2:23 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 GAMMA KNIFE	0.000000		50.01
50.02	03330 ENDOSCOPY	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 ULTRASOUND	0.000000		54.01
54.02	05401 PET SCAN	0.000000		54.02
54.03	03480 ONCOLOGY	0.000000		54.03
54.04	03440 MAMMOGRAPHY	0.000000		54.04
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 REHAB OUTPATIENT	0.000000		66.01
66.02	06602 REHAB MED SURGICAL	0.000000		66.02
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 NEUROLOG	0.000000		70.01
70.02	07002 SLEEP LAB	0.000000		70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DAY REHAB	0.000000		90.01
90.02	09002 IMAGING CENTERS	0.000000		90.02
90.03	09003 COUMADIN CLINIC	0.000000		90.03
90.04	09004 WOUND CLINIC	0.000000		90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.000000		90.05
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/28/2016 2:23 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,654,817	0	8,654,817	71,394	121.23	30.00	
31.00	INTENSIVE CARE UNIT	1,738,783		1,738,783	9,620	180.75	31.00	
40.00	SUBPROVIDER - IPF	850,741	0	850,741	5,619	151.40	40.00	
41.00	SUBPROVIDER - IRF	2,798,859	0	2,798,859	21,519	130.06	41.00	
43.00	NURSERY	170,379		170,379	5,412	31.48	43.00	
200.00	Total (lines 30-199)	14,213,579		14,213,579	113,564		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	32,411	3,929,186					30.00
31.00	INTENSIVE CARE UNIT	3,664	662,268					31.00
40.00	SUBPROVIDER - IPF	4,251	643,601					40.00
41.00	SUBPROVIDER - IRF	14,848	1,931,131					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	55,174	7,166,186					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/28/2016 2:23 pm			
Cost Center Description			Title XVIIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,438,172	160,114,486	0.015228	34,248,644	521,538	50.00
50.01	05001	GAMMA KNIFE	212,870	11,465,006	0.018567	144,218	2,678	50.01
50.02	03330	ENDOSCOPY	429,364	67,851,365	0.006328	5,727,605	36,244	50.02
51.00	05100	RECOVERY ROOM	352,785	24,795,839	0.014228	5,494,694	78,179	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,078,992	13,295,714	0.081153	13,776	1,118	52.00
53.00	05300	ANESTHESIOLOGY	122,086	36,716,364	0.003325	7,602,692	25,279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	543,891	40,478,573	0.013437	8,133,902	109,295	54.00
54.01	03630	ULTRA SOUND	273,865	30,027,492	0.009120	4,607,788	42,023	54.01
54.02	05401	PET SCAN	81,410	10,260,408	0.007934	88,235	700	54.02
54.03	03480	ONCOLOGY	586,501	40,487,969	0.014486	838,474	12,146	54.03
54.04	03440	MAMMOGRAPHY	329,274	15,253,945	0.021586	42,333	914	54.04
56.00	05600	RADIOISOTOPE	335,017	22,224,863	0.015074	4,165,746	62,794	56.00
57.00	05700	CT SCAN	287,217	101,774,353	0.002822	16,281,728	45,947	57.00
58.00	05800	MRI	371,198	40,601,248	0.009143	5,658,860	51,739	58.00
59.00	05900	CARDIAC CATHETERIZATION	965,129	104,204,918	0.009262	23,816,520	220,589	59.00
60.00	06000	LABORATORY	1,263,097	243,109,394	0.005196	45,146,965	234,584	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	68,848	9,291,854	0.007410	3,019,186	22,372	63.00
64.00	06400	INTRAVENOUS THERAPY	42,244	3,226,226	0.013094	1,510,879	19,783	64.00
65.00	06500	RESPIRATORY THERAPY	176,210	50,229,411	0.003508	22,489,914	78,895	65.00
66.00	06600	PHYSICAL THERAPY	494,719	33,420,051	0.014803	3,354	50	66.00
66.01	06601	REHAB OUTPATIENT	374,706	14,220,381	0.026350	12,097	319	66.01
66.02	06602	REHAB MED SURGICAL	76,034	18,237,837	0.004169	9,927,061	41,386	66.02
69.00	06900	ELECTROCARDIOLOGY	196,755	42,351,645	0.004646	11,547,357	53,649	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135,853	4,547,921	0.029871	508,184	15,180	70.00
70.01	07001	NEUROMEG	0	0	0.000000	0	0	70.01
70.02	07002	SLEEP LAB	325,380	10,678,218	0.030471	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	442,506	124,289,256	0.003560	31,327,894	111,527	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	559,744	45,895,346	0.012196	14,718,806	179,511	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	541,248	167,069,367	0.003240	49,542,824	160,519	73.00
74.00	07400	RENAL DIALYSIS	59,683	5,823,347	0.010249	2,711,154	27,787	74.00
76.97	07697	CARDIAC REHABILITATION	227,179	2,130,882	0.106613	125,157	13,343	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	553,348	14,579,474	0.037954	203,385	7,719	90.00
90.01	09001	DAY REHAB	122,959	7,122,868	0.017263	0	0	90.01
90.02	09002	IMAGING CENTERS	29,884	18,401,161	0.001624	99,252	161	90.02
90.03	09003	COUMADIN CLINIC	33,597	1,341,519	0.025044	715	18	90.03
90.04	09004	WOUND CLINIC	338,786	19,722,661	0.017177	30,001	515	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	86,659	48,161,281	0.001799	270,081	486	90.05
91.00	09100	EMERGENCY	890,554	115,434,571	0.007715	16,631,828	128,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	952,109	16,014,319	0.059454	2,393,986	142,332	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50-199)	16,399,873	1,734,851,533		329,085,295	2,449,634	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/28/2016 2:23 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	439,938	0	0	439,938	30.00
31.00	03100	INTENSIVE CARE UNIT	0	66,607	0	0	66,607	31.00
40.00	04000	SUBPROVIDER - IPF	0	38,905	0	0	38,905	40.00
41.00	04100	SUBPROVIDER - IRF	0	148,993	0	0	148,993	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	694,443	0	0	694,443	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	71,394	6.16	32,411	199,652		30.00
31.00	03100	INTENSIVE CARE UNIT	9,620	6.92	3,664	25,355		31.00
40.00	04000	SUBPROVIDER - IPF	5,619	6.92	4,251	29,417		40.00
41.00	04100	SUBPROVIDER - IRF	21,519	6.92	14,848	102,748		41.00
43.00	04300	NURSERY	5,412	0.00	0	0		43.00
200.00		Total (lines 30-199)	113,564		55,174	357,172		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 2:23 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	PET SCAN	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
66.01	06601	REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEUROLOG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DAY REHAB	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	48,400	0	48,400	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	48,400	0	48,400	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 2:23 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	160,114,486	0.000000	0.000000	34,248,644	50.00
50.01	05001 GAMMA KNIFE	0	11,465,006	0.000000	0.000000	144,218	50.01
50.02	03330 ENDOSCOPY	0	67,851,365	0.000000	0.000000	5,727,605	50.02
51.00	05100 RECOVERY ROOM	0	24,795,839	0.000000	0.000000	5,494,694	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	13,295,714	0.000000	0.000000	13,776	52.00
53.00	05300 ANESTHESIOLOGY	0	36,716,364	0.000000	0.000000	7,602,692	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	40,478,573	0.000000	0.000000	8,133,902	54.00
54.01	03630 ULTRA SOUND	0	30,027,492	0.000000	0.000000	4,607,788	54.01
54.02	05401 PET SCAN	0	10,260,408	0.000000	0.000000	88,235	54.02
54.03	03480 ONCOLOGY	0	40,487,969	0.000000	0.000000	838,474	54.03
54.04	03440 MAMMOGRAPHY	0	15,253,945	0.000000	0.000000	42,333	54.04
56.00	05600 RADIOISOTOPE	0	22,224,863	0.000000	0.000000	4,165,746	56.00
57.00	05700 CT SCAN	0	101,774,353	0.000000	0.000000	16,281,728	57.00
58.00	05800 MRI	0	40,601,248	0.000000	0.000000	5,658,860	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	104,204,918	0.000000	0.000000	23,816,520	59.00
60.00	06000 LABORATORY	0	243,109,394	0.000000	0.000000	45,146,965	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	9,291,854	0.000000	0.000000	3,019,186	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,226,226	0.000000	0.000000	1,510,879	64.00
65.00	06500 RESPIRATORY THERAPY	0	50,229,411	0.000000	0.000000	22,489,914	65.00
66.00	06600 PHYSICAL THERAPY	0	33,420,051	0.000000	0.000000	3,354	66.00
66.01	06601 REHAB OUTPATIENT	0	14,220,381	0.000000	0.000000	12,097	66.01
66.02	06602 REHAB MED SURGICAL	0	18,237,837	0.000000	0.000000	9,927,061	66.02
69.00	06900 ELECTROCARDIOLOGY	0	42,351,645	0.000000	0.000000	11,547,357	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,547,921	0.000000	0.000000	508,184	70.00
70.01	07001 NEUROMEG	0	0	0.000000	0.000000	0	70.01
70.02	07002 SLEEP LAB	0	10,678,218	0.000000	0.000000	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	124,289,256	0.000000	0.000000	31,327,894	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	45,895,346	0.000000	0.000000	14,718,806	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	167,069,367	0.000000	0.000000	49,542,824	73.00
74.00	07400 RENAL DIALYSIS	0	5,823,347	0.000000	0.000000	2,711,154	74.00
76.97	07697 CARDIAC REHABILITATION	0	2,130,882	0.000000	0.000000	125,157	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	14,579,474	0.000000	0.000000	203,385	90.00
90.01	09001 DAY REHAB	0	7,122,868	0.000000	0.000000	0	90.01
90.02	09002 IMAGING CENTERS	0	18,401,161	0.000000	0.000000	99,252	90.02
90.03	09003 COUMADIN CLINIC	0	1,341,519	0.000000	0.000000	715	90.03
90.04	09004 WOUND CLINIC	0	19,722,661	0.000000	0.000000	30,001	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	48,161,281	0.000000	0.000000	270,081	90.05
91.00	09100 EMERGENCY	0	115,434,571	0.000000	0.000000	16,631,828	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	48,400	16,014,319	0.003022	0.003022	2,393,986	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (Lines 50-199)	48,400	1,734,851,533			329,085,295	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 2:23 pm
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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)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	13,433,142	0		50.00
50.01	05001 GAMMA KNIFE	0	3,797,318	0		50.01
50.02	03330 ENDOSCOPY	0	17,120,258	0		50.02
51.00	05100 RECOVERY ROOM	0	2,306,754	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	3,285,182	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,820,275	0		54.00
54.01	03630 ULTRASOUND	0	4,250,952	0		54.01
54.02	05401 PET SCAN	0	5,216,441	0		54.02
54.03	03480 ONCOLOGY	0	17,753,045	0		54.03
54.04	03440 MAMMOGRAPHY	0	1,247,494	0		54.04
56.00	05600 RADIOISOTOPE	0	5,706,819	0		56.00
57.00	05700 CT SCAN	0	19,756,583	0		57.00
58.00	05800 MRI	0	8,220,156	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	28,712,794	0		59.00
60.00	06000 LABORATORY	0	14,752,965	0		60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	576,839	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	46,143	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	1,095,908	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 REHAB OUTPATIENT	0	0	0		66.01
66.02	06602 REHAB MED SURGICAL	0	0	0		66.02
69.00	06900 ELECTROCARDIOLOGY	0	7,134,310	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	874,766	0		70.00
70.01	07001 NEUROMEG	0	0	0		70.01
70.02	07002 SLEEP LAB	0	2,627,239	0		70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,012,638	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,731,952	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	22,146,326	0		73.00
74.00	07400 RENAL DIALYSIS	0	201,538	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	824,217	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	6,307,385	0		90.00
90.01	09001 DAY REHAB	0	0	0		90.01
90.02	09002 IMAGING CENTERS	0	5,141,545	0		90.02
90.03	09003 COUMADIN CLINIC	0	661,193	0		90.03
90.04	09004 WOUND CLINIC	0	9,315,759	0		90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	23,971,803	0		90.05
91.00	09100 EMERGENCY	0	15,463,200	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	7,235	2,807,571	8,484		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
200.00	Total (Lines 50-199)	7,235	278,320,510	8,484		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/28/2016 2:23 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.155860	13,433,142	0	806	2,093,690	50.00
50.01	05001 GAMMA KNIFE	0.295564	3,797,318	0	0	1,122,350	50.01
50.02	03330 ENDOSCOPY	0.096014	17,120,258	0	452	1,643,784	50.02
51.00	05100 RECOVERY ROOM	0.140755	2,306,754	0	0	324,687	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.455202	0	0	2	0	52.00
53.00	05300 ANESTHESIOLOGY	0.033866	3,285,182	0	0	111,256	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124221	6,820,275	0	51	847,221	54.00
54.01	03630 ULTRA SOUND	0.092552	4,250,952	0	0	393,434	54.01
54.02	05401 PET SCAN	0.083295	5,216,441	0	226	434,503	54.02
54.03	03480 ONCOLOGY	0.092271	17,753,045	0	345	1,638,091	54.03
54.04	03440 MAMMOGRAPHY	0.155010	1,247,494	0	3	193,374	54.04
56.00	05600 RADIOISOTOPE	0.127916	5,706,819	0	9	729,993	56.00
57.00	05700 CT SCAN	0.038865	19,756,583	0	3,436	767,840	57.00
58.00	05800 MRI	0.075185	8,220,156	0	882	618,032	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.109460	28,712,794	0	2,311	3,142,902	59.00
60.00	06000 LABORATORY	0.086705	14,752,965	21,265	0	1,279,156	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.312855	576,839	0	1	180,467	63.00
64.00	06400 INTRAVENOUS THERAPY	0.523047	46,143	0	0	24,135	64.00
65.00	06500 RESPIRATORY THERAPY	0.102182	1,095,908	135	73	111,982	65.00
66.00	06600 PHYSICAL THERAPY	0.180681	0	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0.285901	0	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0.180034	0	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0.055864	7,134,310	0	0	398,551	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162328	874,766	0	0	141,999	70.00
70.01	07001 NEUROMEG	0.000000	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0.178554	2,627,239	0	0	469,104	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.219240	20,012,638	0	110	4,387,571	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.718419	6,731,952	0	509	4,836,362	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.202952	22,146,326	0	99,944	4,494,641	73.00
74.00	07400 RENAL DIALYSIS	0.281659	201,538	0	0	56,765	74.00
76.97	07697 CARDIAC REHABILITATION	0.539800	824,217	0	0	444,912	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.268965	6,307,385	0	148	1,696,466	90.00
90.01	09001 DAY REHAB	0.217259	0	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0.124831	5,141,545	0	238	641,824	90.02
90.03	09003 COUMADIN CLINIC	0.303573	661,193	0	0	200,720	90.03
90.04	09004 WOUND CLINIC	0.116193	9,315,759	0	1,893	1,082,426	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.069943	23,971,803	0	665	1,676,660	90.05
91.00	09100 EMERGENCY	0.114256	15,463,200	63,800	164	1,766,763	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.578872	2,807,571	0	0	1,625,224	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Subtotal (see instructions)		278,320,510	85,200	112,268	39,576,885	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		278,320,510	85,200	112,268	39,576,885	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part V Date/Time Prepared: 11/28/2016 2:23 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	126			50.00
50.01	05001	GAMMA KNIFE	0	0			50.01
50.02	03330	ENDOSCOPY	0	43			50.02
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6			54.00
54.01	03630	ULTRA SOUND	0	0			54.01
54.02	05401	PET SCAN	0	19			54.02
54.03	03480	ONCOLOGY	0	32			54.03
54.04	03440	MAMMOGRAPHY	0	0			54.04
56.00	05600	RADIOISOTOPE	0	1			56.00
57.00	05700	CT SCAN	0	134			57.00
58.00	05800	MRI	0	66			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	253			59.00
60.00	06000	LABORATORY	1,844	0			60.00
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	14	7			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
66.01	06601	REHAB OUTPATIENT	0	0			66.01
66.02	06602	REHAB MED SURGICAL	0	0			66.02
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
70.01	07001	NEUROLOG	0	0			70.01
70.02	07002	SLEEP LAB	0	0			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	366			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,284			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	40			90.00
90.01	09001	DAY REHAB	0	0			90.01
90.02	09002	IMAGING CENTERS	0	30			90.02
90.03	09003	COUMADIN CLINIC	0	0			90.03
90.04	09004	WOUND CLINIC	0	220			90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	47			90.05
91.00	09100	EMERGENCY	7,290	19			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00
200.00		Subtotal (see instructions)	9,148	21,718			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	9,148	21,718			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140258 Component CCN: 14S258		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/28/2016 2:23 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,438,172	160,114,486	0.015228	0	0	50.00
50.01	05001 GAMMA KNIFE	212,870	11,465,006	0.018567	0	0	50.01
50.02	03330 ENDOSCOPY	429,364	67,851,365	0.006328	0	0	50.02
51.00	05100 RECOVERY ROOM	352,785	24,795,839	0.014228	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,078,992	13,295,714	0.081153	0	0	52.00
53.00	05300 ANESTHESIOLOGY	122,086	36,716,364	0.003325	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	543,891	40,478,573	0.013437	125,183	1,682	54.00
54.01	03630 ULTRA SOUND	273,865	30,027,492	0.009120	62,379	569	54.01
54.02	05401 PET SCAN	81,410	10,260,408	0.007934	0	0	54.02
54.03	03480 ONCOLOGY	586,501	40,487,969	0.014486	0	0	54.03
54.04	03440 MAMMOGRAPHY	329,274	15,253,945	0.021586	0	0	54.04
56.00	05600 RADIOISOTOPE	335,017	22,224,863	0.015074	0	0	56.00
57.00	05700 CT SCAN	287,217	101,774,353	0.002822	241,504	682	57.00
58.00	05800 MRI	371,198	40,601,248	0.009143	8,032	73	58.00
59.00	05900 CARDIAC CATHETERIZATION	965,129	104,204,918	0.009262	0	0	59.00
60.00	06000 LABORATORY	1,263,097	243,109,394	0.005196	1,711,810	8,895	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	68,848	9,291,854	0.007410	442	3	63.00
64.00	06400 INTRAVENOUS THERAPY	42,244	3,226,226	0.013094	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	176,210	50,229,411	0.003508	108,523	381	65.00
66.00	06600 PHYSICAL THERAPY	494,719	33,420,051	0.014803	0	0	66.00
66.01	06601 REHAB OUTPATIENT	374,706	14,220,381	0.026350	0	0	66.01
66.02	06602 REHAB MED SURGICAL	76,034	18,237,837	0.004169	333,132	1,389	66.02
69.00	06900 ELECTROCARDIOLOGY	196,755	42,351,645	0.004646	116,139	540	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	135,853	4,547,921	0.029871	1,402	42	70.00
70.01	07001 NEUROMEG	0	0	0.000000	0	0	70.01
70.02	07002 SLEEP LAB	325,380	10,678,218	0.030471	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	442,506	124,289,256	0.003560	66,539	237	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	559,744	45,895,346	0.012196	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	541,248	167,069,367	0.003240	1,157,976	3,752	73.00
74.00	07400 RENAL DIALYSIS	59,683	5,823,347	0.010249	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	227,179	2,130,882	0.106613	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	553,348	14,579,474	0.037954	0	0	90.00
90.01	09001 DAY REHAB	122,959	7,122,868	0.017263	0	0	90.01
90.02	09002 IMAGING CENTERS	29,884	18,401,161	0.001624	0	0	90.02
90.03	09003 COUMADIN CLINIC	33,597	1,341,519	0.025044	0	0	90.03
90.04	09004 WOUND CLINIC	338,786	19,722,661	0.017177	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	86,659	48,161,281	0.001799	0	0	90.05
91.00	09100 EMERGENCY	890,554	115,434,571	0.007715	469,212	3,620	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	16,014,319	0.000000	3,306	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	15,447,764	1,734,851,533		4,405,579	21,865	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14S258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 2:23 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330 ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0	0	0	0	0	54.01
54.02	05401 PET SCAN	0	0	0	0	0	54.02
54.03	03480 ONCOLOGY	0	0	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0	0	0	0	0	54.04
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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
66.01	06601 REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 NEUROMEG	0	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0	0	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	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 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DAY REHAB	0	0	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004 WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14S258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 2:23 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	160,114,486	0.000000	0.000000	0	50.00
50.01	05001 GAMMA KNIFE	0	11,465,006	0.000000	0.000000	0	50.01
50.02	03330 ENDOSCOPY	0	67,851,365	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	24,795,839	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	13,295,714	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	36,716,364	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	40,478,573	0.000000	0.000000	125,183	54.00
54.01	03630 ULTRA SOUND	0	30,027,492	0.000000	0.000000	62,379	54.01
54.02	05401 PET SCAN	0	10,260,408	0.000000	0.000000	0	54.02
54.03	03480 ONCOLOGY	0	40,487,969	0.000000	0.000000	0	54.03
54.04	03440 MAMMOGRAPHY	0	15,253,945	0.000000	0.000000	0	54.04
56.00	05600 RADIOISOTOPE	0	22,224,863	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	101,774,353	0.000000	0.000000	241,504	57.00
58.00	05800 MRI	0	40,601,248	0.000000	0.000000	8,032	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	104,204,918	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	243,109,394	0.000000	0.000000	1,711,810	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	9,291,854	0.000000	0.000000	442	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,226,226	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	50,229,411	0.000000	0.000000	108,523	65.00
66.00	06600 PHYSICAL THERAPY	0	33,420,051	0.000000	0.000000	0	66.00
66.01	06601 REHAB OUTPATIENT	0	14,220,381	0.000000	0.000000	0	66.01
66.02	06602 REHAB MED SURGICAL	0	18,237,837	0.000000	0.000000	333,132	66.02
69.00	06900 ELECTROCARDIOLOGY	0	42,351,645	0.000000	0.000000	116,139	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,547,921	0.000000	0.000000	1,402	70.00
70.01	07001 NEUROMEG	0	0	0.000000	0.000000	0	70.01
70.02	07002 SLEEP LAB	0	10,678,218	0.000000	0.000000	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	124,289,256	0.000000	0.000000	66,539	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	45,895,346	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	167,069,367	0.000000	0.000000	1,157,976	73.00
74.00	07400 RENAL DIALYSIS	0	5,823,347	0.000000	0.000000	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	2,130,882	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	14,579,474	0.000000	0.000000	0	90.00
90.01	09001 DAY REHAB	0	7,122,868	0.000000	0.000000	0	90.01
90.02	09002 IMAGING CENTERS	0	18,401,161	0.000000	0.000000	0	90.02
90.03	09003 COUMADIN CLINIC	0	1,341,519	0.000000	0.000000	0	90.03
90.04	09004 WOUND CLINIC	0	19,722,661	0.000000	0.000000	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	48,161,281	0.000000	0.000000	0	90.05
91.00	09100 EMERGENCY	0	115,434,571	0.000000	0.000000	469,212	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	16,014,319	0.000000	0.000000	3,306	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (lines 50-199)	0	1,734,851,533			4,405,579	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14S258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 2:23 pm
Title XVII I		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0	0	0	50.01
50.02	03330 ENDOSCOPY	0	0	0	50.02
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,596	0	54.00
54.01	03630 ULTRA SOUND	0	2,034	0	54.01
54.02	05401 PET SCAN	0	0	0	54.02
54.03	03480 ONCOLOGY	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0	0	0	54.04
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	3,060	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	222	0	60.00
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
66.01	06601 REHAB OUTPATIENT	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	1,965	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 NEUROMEG	0	0	0	70.01
70.02	07002 SLEEP LAB	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	190	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DAY REHAB	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	90.03
90.04	09004 WOUND CLINIC	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	10,067	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/28/2016 2:23 pm		
		Component CCN: 14S258	Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.155860	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0.295564	0	0	0	50.01
50.02	03330 ENDOSCOPY	0.096014	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.140755	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.455202	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.033866	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124221	2,596	0	0	322 54.00
54.01	03630 ULTRA SOUND	0.092552	2,034	0	0	188 54.01
54.02	05401 PET SCAN	0.083295	0	0	0	0 54.02
54.03	03480 ONCOLOGY	0.092271	0	0	0	0 54.03
54.04	03440 MAMMOGRAPHY	0.155010	0	0	0	0 54.04
56.00	05600 RADIOISOTOPE	0.127916	0	0	0	0 56.00
57.00	05700 CT SCAN	0.038865	3,060	0	0	119 57.00
58.00	05800 MRI	0.075185	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.109460	0	0	0	0 59.00
60.00	06000 LABORATORY	0.086705	222	0	0	19 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.312855	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.523047	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.102182	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.180681	0	0	0	0 66.00
66.01	06601 REHAB OUTPATIENT	0.285901	0	0	0	0 66.01
66.02	06602 REHAB MED SURGICAL	0.180034	0	0	0	0 66.02
69.00	06900 ELECTROCARDIOLOGY	0.055864	1,965	0	0	110 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162328	0	0	0	0 70.00
70.01	07001 NEUROMEG	0.000000	0	0	0	0 70.01
70.02	07002 SLEEP LAB	0.178554	0	0	0	0 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.219240	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.718419	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.202952	190	0	0	39 73.00
74.00	07400 RENAL DIALYSIS	0.281659	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.539800	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0.268965	0	0	0	0 90.00
90.01	09001 DAY REHAB	0.217259	0	0	0	0 90.01
90.02	09002 IMAGING CENTERS	0.124831	0	0	0	0 90.02
90.03	09003 COUMADIN CLINIC	0.303573	0	0	0	0 90.03
90.04	09004 WOUND CLINIC	0.116193	0	0	0	0 90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.069943	0	0	0	0 90.05
91.00	09100 EMERGENCY	0.114256	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.578872	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
200.00	Subtotal (see instructions)		10,067	0	0	797 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		10,067	0	0	797 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/28/2016 2:23 pm
	Component CCN: 14S258	Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 GAMMA KNIFE	0	0	50.01
50.02 03330 ENDOSCOPY	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRASOUND	0	0	54.01
54.02 05401 PET SCAN	0	0	54.02
54.03 03480 ONCOLOGY	0	0	54.03
54.04 03440 MAMMOGRAPHY	0	0	54.04
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
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
66.01 06601 REHAB OUTPATIENT	0	0	66.01
66.02 06602 REHAB MED SURGICAL	0	0	66.02
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 NEUROMEG	0	0	70.01
70.02 07002 SLEEP LAB	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DAY REHAB	0	0	90.01
90.02 09002 IMAGING CENTERS	0	0	90.02
90.03 09003 COUMADIN CLINIC	0	0	90.03
90.04 09004 WOUND CLINIC	0	0	90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140258 Component CCN: 14T258		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/28/2016 2:23 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,438,172	160,114,486	0.015228	19,868	303	50.00
50.01	05001 GAMMA KNIFE	212,870	11,465,006	0.018567	0	0	50.01
50.02	03330 ENDOSCOPY	429,364	67,851,365	0.006328	119,255	755	50.02
51.00	05100 RECOVERY ROOM	352,785	24,795,839	0.014228	4,917	70	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,078,992	13,295,714	0.081153	0	0	52.00
53.00	05300 ANESTHESIOLOGY	122,086	36,716,364	0.003325	3,775	13	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	543,891	40,478,573	0.013437	402,378	5,407	54.00
54.01	03630 ULTRA SOUND	273,865	30,027,492	0.009120	386,289	3,523	54.01
54.02	05401 PET SCAN	81,410	10,260,408	0.007934	0	0	54.02
54.03	03480 ONCOLOGY	586,501	40,487,969	0.014486	264,994	3,839	54.03
54.04	03440 MAMMOGRAPHY	329,274	15,253,945	0.021586	0	0	54.04
56.00	05600 RADIOISOTOPE	335,017	22,224,863	0.015074	72,909	1,099	56.00
57.00	05700 CT SCAN	287,217	101,774,353	0.002822	512,165	1,445	57.00
58.00	05800 MRI	371,198	40,601,248	0.009143	161,937	1,481	58.00
59.00	05900 CARDIAC CATHETERIZATION	965,129	104,204,918	0.009262	169,808	1,573	59.00
60.00	06000 LABORATORY	1,263,097	243,109,394	0.005196	5,721,421	29,729	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	68,848	9,291,854	0.007410	71,639	531	63.00
64.00	06400 INTRAVENOUS THERAPY	42,244	3,226,226	0.013094	42,542	557	64.00
65.00	06500 RESPIRATORY THERAPY	176,210	50,229,411	0.003508	1,604,296	5,628	65.00
66.00	06600 PHYSICAL THERAPY	494,719	33,420,051	0.014803	22,514,689	333,285	66.00
66.01	06601 REHAB OUTPATIENT	374,706	14,220,381	0.026350	0	0	66.01
66.02	06602 REHAB MED SURGICAL	76,034	18,237,837	0.004169	7,437	31	66.02
69.00	06900 ELECTROCARDIOLOGY	196,755	42,351,645	0.004646	121,211	563	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	135,853	4,547,921	0.029871	11,552	345	70.00
70.01	07001 NEUROMEG	0	0	0.000000	0	0	70.01
70.02	07002 SLEEP LAB	325,380	10,678,218	0.030471	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	442,506	124,289,256	0.003560	141,923	505	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	559,744	45,895,346	0.012196	11,840	144	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	541,248	167,069,367	0.003240	5,962,575	19,319	73.00
74.00	07400 RENAL DIALYSIS	59,683	5,823,347	0.010249	795,983	8,158	74.00
76.97	07697 CARDIAC REHABILITATION	227,179	2,130,882	0.106613	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	553,348	14,579,474	0.037954	18,408	699	90.00
90.01	09001 DAY REHAB	122,959	7,122,868	0.017263	0	0	90.01
90.02	09002 IMAGING CENTERS	29,884	18,401,161	0.001624	0	0	90.02
90.03	09003 COUMADIN CLINIC	33,597	1,341,519	0.025044	0	0	90.03
90.04	09004 WOUND CLINIC	338,786	19,722,661	0.017177	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	86,659	48,161,281	0.001799	4,587	8	90.05
91.00	09100 EMERGENCY	890,554	115,434,571	0.007715	43,761	338	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	16,014,319	0.000000	5,358	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	15,447,764	1,734,851,533		39,197,517	419,348	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 2: 23 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330 ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0	0	0	0	0	54.01
54.02	05401 PET SCAN	0	0	0	0	0	54.02
54.03	03480 ONCOLOGY	0	0	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0	0	0	0	0	54.04
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORAGE, 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
66.01	06601 REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 NEUROMEG	0	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0	0	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	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 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DAY REHAB	0	0	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004 WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140258 Component CCN: 14T258		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part IV Date/Time Prepared: 11/28/2016 2:23 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	160,114,486	0.000000	0.000000	19,868	50.00
50.01	05001	GAMMA KNIFE	0	11,465,006	0.000000	0.000000	0	50.01
50.02	03330	ENDOSCOPY	0	67,851,365	0.000000	0.000000	119,255	50.02
51.00	05100	RECOVERY ROOM	0	24,795,839	0.000000	0.000000	4,917	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,295,714	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	36,716,364	0.000000	0.000000	3,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,478,573	0.000000	0.000000	402,378	54.00
54.01	03630	ULTRA SOUND	0	30,027,492	0.000000	0.000000	386,289	54.01
54.02	05401	PET SCAN	0	10,260,408	0.000000	0.000000	0	54.02
54.03	03480	ONCOLOGY	0	40,487,969	0.000000	0.000000	264,994	54.03
54.04	03440	MAMMOGRAPHY	0	15,253,945	0.000000	0.000000	0	54.04
56.00	05600	RADIOISOTOPE	0	22,224,863	0.000000	0.000000	72,909	56.00
57.00	05700	CT SCAN	0	101,774,353	0.000000	0.000000	512,165	57.00
58.00	05800	MRI	0	40,601,248	0.000000	0.000000	161,937	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	104,204,918	0.000000	0.000000	169,808	59.00
60.00	06000	LABORATORY	0	243,109,394	0.000000	0.000000	5,721,421	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,291,854	0.000000	0.000000	71,639	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,226,226	0.000000	0.000000	42,542	64.00
65.00	06500	RESPIRATORY THERAPY	0	50,229,411	0.000000	0.000000	1,604,296	65.00
66.00	06600	PHYSICAL THERAPY	0	33,420,051	0.000000	0.000000	22,514,689	66.00
66.01	06601	REHAB OUTPATIENT	0	14,220,381	0.000000	0.000000	0	66.01
66.02	06602	REHAB MED SURGICAL	0	18,237,837	0.000000	0.000000	7,437	66.02
69.00	06900	ELECTROCARDIOLOGY	0	42,351,645	0.000000	0.000000	121,211	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,547,921	0.000000	0.000000	11,552	70.00
70.01	07001	NEUROMEG	0	0	0.000000	0.000000	0	70.01
70.02	07002	SLEEP LAB	0	10,678,218	0.000000	0.000000	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	124,289,256	0.000000	0.000000	141,923	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,895,346	0.000000	0.000000	11,840	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	167,069,367	0.000000	0.000000	5,962,575	73.00
74.00	07400	RENAL DIALYSIS	0	5,823,347	0.000000	0.000000	795,983	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,130,882	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	14,579,474	0.000000	0.000000	18,408	90.00
90.01	09001	DAY REHAB	0	7,122,868	0.000000	0.000000	0	90.01
90.02	09002	IMAGING CENTERS	0	18,401,161	0.000000	0.000000	0	90.02
90.03	09003	COUMADIN CLINIC	0	1,341,519	0.000000	0.000000	0	90.03
90.04	09004	WOUND CLINIC	0	19,722,661	0.000000	0.000000	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	48,161,281	0.000000	0.000000	4,587	90.05
91.00	09100	EMERGENCY	0	115,434,571	0.000000	0.000000	43,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,014,319	0.000000	0.000000	5,358	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (lines 50-199)	0	1,734,851,533			39,197,517	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/28/2016 2:23 pm
Title XVII I		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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0	0	0	50.01
50.02	03330 ENDOSCOPY	0	0	0	50.02
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,170	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	54.01
54.02	05401 PET SCAN	0	0	0	54.02
54.03	03480 ONCOLOGY	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0	0	0	54.04
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	1,530	0	57.00
58.00	05800 MRI	0	3,732	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	4,218	0	60.00
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	1,304	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 NEUROMEG	0	0	0	70.01
70.02	07002 SLEEP LAB	0	1,486	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	56	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DAY REHAB	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	90.03
90.04	09004 WOUND CLINIC	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	15,496	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/28/2016 2:23 pm		
		Component CCN: 14T258	Title XVII I	Subprovider - IRF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.155860	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0.295564	0	0	0	50.01
50.02	03330 ENDOSCOPY	0.096014	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.140755	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.455202	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.033866	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124221	3,170	0	0	394 54.00
54.01	03630 ULTRA SOUND	0.092552	0	0	0	54.01
54.02	05401 PET SCAN	0.083295	0	0	0	54.02
54.03	03480 ONCOLOGY	0.092271	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0.155010	0	0	0	54.04
56.00	05600 RADIO SOTOPE	0.127916	0	0	0	56.00
57.00	05700 CT SCAN	0.038865	1,530	0	0	59 57.00
58.00	05800 MRI	0.075185	3,732	0	0	281 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.109460	0	0	0	59.00
60.00	06000 LABORATORY	0.086705	4,218	0	0	366 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.312855	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.523047	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.102182	1,304	0	0	133 65.00
66.00	06600 PHYSICAL THERAPY	0.180681	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0.285901	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0.180034	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0.055864	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162328	0	0	0	70.00
70.01	07001 NEUROMEG	0.000000	0	0	0	70.01
70.02	07002 SLEEP LAB	0.178554	1,486	0	0	265 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.219240	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.718419	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.202952	56	0	0	11 73.00
74.00	07400 RENAL DIALYSIS	0.281659	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.539800	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0.268965	0	0	0	90.00
90.01	09001 DAY REHAB	0.217259	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0.124831	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0.303573	0	0	0	90.03
90.04	09004 WOUND CLINIC	0.116193	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.069943	0	0	0	90.05
91.00	09100 EMERGENCY	0.114256	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.578872	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
200.00	Subtotal (see instructions)		15,496	0	0	1,509 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		15,496	0	0	1,509 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/28/2016 2:23 pm
	Component CCN: 14T258	Title XVII I	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	0 0 50.00
50.01	05001	GAMMA KNIFE	0 0 50.01
50.02	03330	ENDOSCOPY	0 0 50.02
51.00	05100	RECOVERY ROOM	0 0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 0 52.00
53.00	05300	ANESTHESIOLOGY	0 0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 0 54.00
54.01	03630	ULTRASOUND	0 0 54.01
54.02	05401	PET SCAN	0 0 54.02
54.03	03480	ONCOLOGY	0 0 54.03
54.04	03440	MAMMOGRAPHY	0 0 54.04
56.00	05600	RADIOISOTOPE	0 0 56.00
57.00	05700	CT SCAN	0 0 57.00
58.00	05800	MRI	0 0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0 0 59.00
60.00	06000	LABORATORY	0 0 60.00
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
66.01	06601	REHAB OUTPATIENT	0 0 66.01
66.02	06602	REHAB MED SURGICAL	0 0 66.02
69.00	06900	ELECTROCARDIOLOGY	0 0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 0 70.00
70.01	07001	NEUROLOG	0 0 70.01
70.02	07002	SLEEP LAB	0 0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 0 73.00
74.00	07400	RENAL DIALYSIS	0 0 74.00
76.97	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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	0 0 90.00
90.01	09001	DAY REHAB	0 0 90.01
90.02	09002	IMAGING CENTERS	0 0 90.02
90.03	09003	COMBINATION CLINIC	0 0 90.03
90.04	09004	WOUND CLINIC	0 0 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0 0 90.05
91.00	09100	EMERGENCY	0 0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0 0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400	HOME PROGRAM DIALYSIS	0 0 94.00
200.00		Subtotal (see instructions)	0 0 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0 0 201.00
202.00		Net Charges (line 200 +/- line 201)	0 0 202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/28/2016 2: 23 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	439,938	0	0	439,938	30.00
31.00	03100	INTENSIVE CARE UNIT	0	66,607	0	0	66,607	31.00
40.00	04000	SUBPROVIDER - IPF	0	38,905	0	0	38,905	40.00
41.00	04100	SUBPROVIDER - IRF	0	148,993	0	0	148,993	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	694,443	0	0	694,443	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	71,394	6.16	2,537	15,628		30.00
31.00	03100	INTENSIVE CARE UNIT	9,620	6.92	344	2,380		31.00
40.00	04000	SUBPROVIDER - IPF	5,619	6.92	142	983		40.00
41.00	04100	SUBPROVIDER - IRF	21,519	6.92	364	2,519		41.00
43.00	04300	NURSERY	5,412	0.00	885	0		43.00
200.00		Total (lines 30-199)	113,564		4,272	21,510		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/28/2016 2:23 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		71,394	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71,394	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)		63,540	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)		32,411	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		84,267,568	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)		84,267,568	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		84,267,568	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,180.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		38,255,352	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)		38,255,352	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
Date/Time Prepared: 11/28/2016 2: 23 pm		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	19,916,650	9,620	2,070.34	3,664	7,585,726		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					54,877,516		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					100,718,594		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)					4,816,461		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,456,869		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,273,330		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					93,445,264		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)					7,854		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,180.32		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,270,233		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/28/2016 2:23 pm	
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	8,654,817	84,267,568	0.102706	9,270,233	952,109	90.00
91.00	Nursing School cost	0	84,267,568	0.000000	9,270,233	0	91.00
92.00	Allied health cost	439,938	84,267,568	0.005221	9,270,233	48,400	92.00
93.00	All other Medical Education	0	84,267,568	0.000000	9,270,233	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 14S258		Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,619	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,619	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)		5,619	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)		4,251	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,038,154	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,038,154	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,038,154	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,074.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,568,125	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)		4,568,125	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14S258				Date/Time Prepared: 11/28/2016 2:23 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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					563,143		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,131,268		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					673,018		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,865		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					694,883		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,436,385		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258 Component CCN: 14S258		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/28/2016 2:23 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	850,741	6,038,154	0.140894	0	0	90.00
91.00	Nursing School cost	0	6,038,154	0.000000	0	0	91.00
92.00	Allied health cost	38,905	6,038,154	0.006443	0	0	92.00
93.00	All other Medical Education	0	6,038,154	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			21,519 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,519 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)			21,519 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)			14,848 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			31,142,706 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)			31,142,706 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			31,142,706 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,447.22 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			21,488,323 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)			21,488,323 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14T258		Date/Time Prepared: 11/28/2016 2: 23 pm		PPS	
		Title XVIII		Subprovider - IRF			
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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,455,548		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,943,871		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,033,879		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					419,348		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,453,227		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,490,644		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258 Component CCN: 14T258		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/28/2016 2:23 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	2,798,859	31,142,706	0.089872	0	0	90.00
91.00	Nursing School cost	0	31,142,706	0.000000	0	0	91.00
92.00	Allied health cost	148,993	31,142,706	0.004784	0	0	92.00
93.00	All other Medical Education	0	31,142,706	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/28/2016 2:23 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		71,394	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71,394	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)		63,540	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)		2,537	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)		5,412	15.00
16.00	Nursery days (title V or XIX only)		885	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		84,267,568	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)		84,267,568	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		84,267,568	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,180.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,994,472	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)		2,994,472	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/28/2016 2: 23 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	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)	2,417,308	5,412	446.66	885	395,294	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	19,916,650	9,620	2,070.34	344	712,197	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,101,963	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)					7,854	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,180.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,270,233	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/28/2016 2:23 pm	
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	8,654,817	84,267,568	0.102706	9,270,233	952,109	90.00
91.00	Nursing School cost	0	84,267,568	0.000000	9,270,233	0	91.00
92.00	Allied health cost	439,938	84,267,568	0.005221	9,270,233	48,400	92.00
93.00	All other Medical Education	0	84,267,568	0.000000	9,270,233	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			21,519 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,519 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)			21,519 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)			364 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)			5,412 15.00
16.00	Nursery days (title V or XIX only)			885 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			31,142,706 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)			31,142,706 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			31,142,706 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,447.22 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			526,788 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)			526,788 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 14T258		Date/Time Prepared: 11/28/2016 2: 23 pm			
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 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)					526,788	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					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	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258 Component CCN: 14T258		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/28/2016 2:23 pm	
		Title XIX		Subprovider - IRF		Cost	
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	2,798,859	31,142,706	0.089872	0	0	90.00
91.00	Nursing School cost	0	31,142,706	0.000000	0	0	91.00
92.00	Allied health cost	148,993	31,142,706	0.004784	0	0	92.00
93.00	All other Medical Education	0	31,142,706	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/28/2016 2: 23 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		81,796,071	30.00
31.00	03100	INTENSIVE CARE UNIT		21,846,091	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.155860	34,248,644	50.00
50.01	05001	GAMMA KNIFE	0.296986	144,218	50.01
50.02	03330	ENDOSCOPY	0.096014	5,727,605	50.02
51.00	05100	RECOVERY ROOM	0.140755	5,494,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.455202	13,776	52.00
53.00	05300	ANESTHESIOLOGY	0.033866	7,602,692	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124221	8,133,902	54.00
54.01	03630	ULTRA SOUND	0.092552	4,607,788	54.01
54.02	05401	PET SCAN	0.083295	88,235	54.02
54.03	03480	ONCOLOGY	0.092271	838,474	54.03
54.04	03440	MAMMOGRAPHY	0.155010	42,333	54.04
56.00	05600	RADIOISOTOPE	0.127916	4,165,746	56.00
57.00	05700	CT SCAN	0.038865	16,281,728	57.00
58.00	05800	MRI	0.075185	5,658,860	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109460	23,816,520	59.00
60.00	06000	LABORATORY	0.086710	45,146,965	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.312855	3,019,186	63.00
64.00	06400	INTRAVENOUS THERAPY	0.523047	1,510,879	64.00
65.00	06500	RESPIRATORY THERAPY	0.102182	22,489,914	65.00
66.00	06600	PHYSICAL THERAPY	0.180681	3,354	66.00
66.01	06601	REHAB OUTPATIENT	0.285901	12,097	66.01
66.02	06602	REHAB MED SURGICAL	0.180034	9,927,061	66.02
69.00	06900	ELECTROCARDIOLOGY	0.055864	11,547,357	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162328	508,184	70.00
70.01	07001	NEUROMEG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.178554	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.219240	31,327,894	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718419	14,718,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202952	49,542,824	73.00
74.00	07400	RENAL DIALYSIS	0.281659	2,711,154	74.00
76.97	07697	CARDIAC REHABILITATION	0.539800	125,157	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.268965	203,385	90.00
90.01	09001	DAY REHAB	0.217259	0	90.01
90.02	09002	IMAGING CENTERS	0.124831	99,252	90.02
90.03	09003	COUMADIN CLINIC	0.303573	715	90.03
90.04	09004	WOUND CLINIC	0.116193	30,001	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.069943	270,081	90.05
91.00	09100	EMERGENCY	0.115013	16,631,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.578872	2,393,986	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		329,085,295	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)		329,085,295	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14S258		Date/Time Prepared: 11/28/2016 2: 23 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		9,291,461	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.155860	0	50.00
50.01	05001	GAMMA KNIFE	0.296986	0	50.01
50.02	03330	ENDOSCOPY	0.096014	0	50.02
51.00	05100	RECOVERY ROOM	0.140755	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.455202	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033866	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124221	125,183	54.00
54.01	03630	ULTRA SOUND	0.092552	62,379	54.01
54.02	05401	PET SCAN	0.083295	0	54.02
54.03	03480	ONCOLOGY	0.092271	0	54.03
54.04	03440	MAMMOGRAPHY	0.155010	0	54.04
56.00	05600	RADIOISOTOPE	0.127916	0	56.00
57.00	05700	CT SCAN	0.038865	241,504	57.00
58.00	05800	MRI	0.075185	8,032	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109460	0	59.00
60.00	06000	LABORATORY	0.086710	1,711,810	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.312855	442	63.00
64.00	06400	INTRAVENOUS THERAPY	0.523047	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.102182	108,523	65.00
66.00	06600	PHYSICAL THERAPY	0.180681	0	66.00
66.01	06601	REHAB OUTPATIENT	0.285901	0	66.01
66.02	06602	REHAB MED SURGICAL	0.180034	333,132	66.02
69.00	06900	ELECTROCARDIOLOGY	0.055864	116,139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162328	1,402	70.00
70.01	07001	NEUROLOG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.178554	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.219240	66,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718419	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202952	1,157,976	73.00
74.00	07400	RENAL DIALYSIS	0.281659	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.539800	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.268965	0	90.00
90.01	09001	DAY REHAB	0.217259	0	90.01
90.02	09002	IMAGING CENTERS	0.124831	0	90.02
90.03	09003	COUMADIN CLINIC	0.303573	0	90.03
90.04	09004	WOUND CLINIC	0.116193	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.069943	0	90.05
91.00	09100	EMERGENCY	0.115013	469,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.578872	3,306	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		4,405,579	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)		4,405,579	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3	
		Component CCN: 14T258		Date/Time Prepared: 11/28/2016 2:23 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		32,965,729	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.155860	19,868	50.00
50.01	05001	GAMMA KNIFE	0.296986	0	50.01
50.02	03330	ENDOSCOPY	0.096014	119,255	50.02
51.00	05100	RECOVERY ROOM	0.140755	4,917	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.455202	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033866	3,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124221	402,378	54.00
54.01	03630	ULTRA SOUND	0.092552	386,289	54.01
54.02	05401	PET SCAN	0.083295	0	54.02
54.03	03480	ONCOLOGY	0.092271	264,994	54.03
54.04	03440	MAMMOGRAPHY	0.155010	0	54.04
56.00	05600	RADIOISOTOPE	0.127916	72,909	56.00
57.00	05700	CT SCAN	0.038865	512,165	57.00
58.00	05800	MRI	0.075185	161,937	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109460	169,808	59.00
60.00	06000	LABORATORY	0.086710	5,721,421	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.312855	71,639	63.00
64.00	06400	INTRAVENOUS THERAPY	0.523047	42,542	64.00
65.00	06500	RESPIRATORY THERAPY	0.102182	1,604,296	65.00
66.00	06600	PHYSICAL THERAPY	0.180681	22,514,689	66.00
66.01	06601	REHAB OUTPATIENT	0.285901	0	66.01
66.02	06602	REHAB MED SURGICAL	0.180034	7,437	66.02
69.00	06900	ELECTROCARDIOLOGY	0.055864	121,211	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162328	11,552	70.00
70.01	07001	NEUROLOG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.178554	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.219240	141,923	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718419	11,840	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202952	5,962,575	73.00
74.00	07400	RENAL DIALYSIS	0.281659	795,983	74.00
76.97	07697	CARDIAC REHABILITATION	0.539800	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.268965	18,408	90.00
90.01	09001	DAY REHAB	0.217259	0	90.01
90.02	09002	IMAGING CENTERS	0.124831	0	90.02
90.03	09003	COUMADIN CLINIC	0.303573	0	90.03
90.04	09004	WOUND CLINIC	0.116193	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.069943	4,587	90.05
91.00	09100	EMERGENCY	0.115013	43,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.578872	5,358	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		39,197,517	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)		39,197,517	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,020,889	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		47,901,664	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)		4,948,476	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		235.54	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.31	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.97	31.00
32.00	Sum of lines 30 and 31		19.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.28	33.00
34.00	Disproportionate share adjustment (see instructions)		830,578	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000399511	0.000366391	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,055,317	2,347,155	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	770,108	1,757,160	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,527,268		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	71,228,875		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		71,228,875	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,485,674	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		29,922	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		225,007	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		7,235	58.00
59.00	Total (sum of amounts on lines 49 through 58)		76,976,713	59.00
60.00	Primary payer payments		554,817	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		76,421,896	61.00
62.00	Deductibles billed to program beneficiaries		5,931,560	62.00
63.00	Coinurance billed to program beneficiaries		219,037	63.00
64.00	Allowable bad debts (see instructions)		898,474	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		584,008	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		543,620	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		70,855,307	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 PSR ADJUSTMENTS		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)		391,622	70.93
70.94	HRR adjustment amount (see instructions)		-281,784	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/28/2016 2:23 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)			70,965,145	71.00
71.01	Sequestration adjustment (see instructions)			1,419,303	71.01
72.00	Interim payments			69,187,359	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)			358,483	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			191,869	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140258

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/28/2016 2:23 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	15,020,889	0	15,020,889		15,020,889	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	47,901,664	0		62,922,553	62,922,553	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	4,948,476	0	0	4,948,476	4,948,476	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	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0528	0.0528	0.0528	0.0528		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	830,578	0	198,276	632,302	830,578	11.00
11.01	Uncompensated care payments	36.00	2,527,268	0	2,527,268	0	2,527,268	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	71,228,875	0	17,746,433	53,482,442	71,228,875	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	71,228,875	0	17,746,433	53,482,442	71,228,875	15.00
16.00	Payment for inpatient program capital	50.00	5,485,674	0	0	5,485,674	5,485,674	16.00
17.00	Special add-on payments for new technologies	54.00	29,922	0	0	29,922	29,922	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	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: 140258

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/28/2016 2:23 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	17,746,433	58,998,038	76,744,471	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	5,043,224	0	0	5,043,224	5,043,224	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	241,730	0	0	241,730	241,730	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0398	0.0398	0.0398	0.0398		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	200,720	0	0	200,720	200,720	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,485,674	0	0	5,485,674	5,485,674	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: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/28/2016 2:23 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 (col s. 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	15,020,889	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	47,901,664		62,922,553	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	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	4,948,476	0	4,948,476	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0528	0.0528	0.0528	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	830,578	0	830,578	11.00
11.01	Uncompensated care payments	36.00	2,527,268	770,108	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	71,228,875	770,108	70,458,767	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	71,228,875	770,108	70,458,767	15.00
16.00	Payment for inpatient program capital	50.00	5,485,674	0	5,485,674	16.00
17.00	Special add-on payments for new technologies	54.00	29,922	0	29,922	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			770,108	75,974,363	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140258

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/28/2016 2:23 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	5,043,224	0	5,043,224	5,043,224	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	241,730	0	241,730	241,730	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0398	0.0398	0.0398		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	200,720	0	200,720	200,720	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,485,674	0	5,485,674	5,485,674	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	391,622	0	391,622	391,622	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	-281,784	0	-281,784	-281,784	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		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		30,866	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39,568,401	2.00
3.00	PPS payments		41,143,725	3.00
4.00	Outlier payment (see instructions)		96,820	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		8,484	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,866	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		197,468	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)		197,468	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		197,468	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		166,602	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)		30,866	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)		41,249,029	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		12,970	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,826,469	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)		33,440,456	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)		33,440,456	30.00
31.00	Primary payer payments		45,617	31.00
32.00	Subtotal (line 30 minus line 31)		33,394,839	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,157,331	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		752,265	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		786,554	36.00
37.00	Subtotal (see instructions)		34,147,104	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-2,495	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)		68,020	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,149,599	40.00
40.01	Sequestration adjustment (see instructions)		682,992	40.01
41.00	Interim payments		33,449,904	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		16,703	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 Component CCN: 14S258	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XVII I	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			797 2.00
3.00	PPS payments			1,113 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)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			1,113 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			252 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)			861 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)			861 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			861 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			861 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)			861 40.00
40.01	Sequestration adjustment (see instructions)			17 40.01
41.00	Interim payments			844 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/28/2016 2:23 pm
		Component CCN: 14T258	Title XVII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,509	2.00
3.00	PPS payments		1,235	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)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,235	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		335	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)		900	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)		900	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		900	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		900	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)		900	40.00
40.01	Sequestration adjustment (see instructions)		18	40.01
41.00	Interim payments		882	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140258

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/28/2016 2:23 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		68,183,741		32,756,482	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		871,018		629,822	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	01/18/2016	97,500	01/18/2016	63,600	3.01
3.02		05/23/2016	35,100		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)		132,600		63,600	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)		69,187,359		33,449,904	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		358,483		16,703	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		69,545,842		33,466,607	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: 140258  
Component CCN: 14S258

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm  
PPS

Title XVIII

Subprovider -  
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,963,563		844	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)		3,963,563		844	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		29,782		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,993,345		844	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: 140258  
Component CCN: 14T258

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		21,534,765		882	1.00
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)		92,436		0	2.00
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)		21,627,201		882	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		29,453		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		21,656,654		882	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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet E-1 Part II Date/Time Prepared: 11/28/2016 2:23 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			16,091 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			36,075 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			6,891 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			73,160 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,031,106,059 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			22,808,445 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)			1,481,555 8.00
9.00	Sequestration adjustment amount (see instructions)			29,631 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,451,924 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,448,047 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)			3,877 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 Component CCN: 14S258	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part II Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XVII I	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,154,021 1.00
2.00	Net IPF PPS Outlier Payments			97,920 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			15.352459 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,251,941 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			971 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			4,252,912 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			4,252,912 18.00
19.00	Deductibles			192,192 19.00
20.00	Subtotal (line 18 minus line 19)			4,060,720 20.00
21.00	Coinsurance			15,295 21.00
22.00	Subtotal (line 20 minus line 21)			4,045,425 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,045,425 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)			29,417 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)			4,074,842 31.00
31.01	Sequestration adjustment (see instructions)			81,497 31.01
32.00	Interim payments			3,963,563 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)			29,782 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			97,920 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: 140258 Component CCN: 14T258	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XVII I	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			20,331,149 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0137 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			426,954 3.00
4.00	Outlier Payments			1,532,580 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)			58.795082 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)			22,290,683 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			4,987 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			22,295,670 17.00
18.00	Primary payer payments			5,000 18.00
19.00	Subtotal (line 17 less line 18).			22,290,670 19.00
20.00	Deductibles			58,660 20.00
21.00	Subtotal (line 19 minus line 20)			22,232,010 21.00
22.00	Coinsurance			236,131 22.00
23.00	Subtotal (line 21 minus line 22)			21,995,879 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			21,995,879 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)			102,748 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00				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)			22,098,627 32.00
32.01	Sequestration adjustment (see instructions)			441,973 32.01
33.00	Interim payments			21,627,201 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)			29,453 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			4,730 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,532,580 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: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2016 2: 23 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		4,101,963		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,101,963	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,101,963	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		4,101,963	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		4,101,963	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	526,788		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	526,788	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	526,788	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	526,788	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	526,788	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 140258

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

Worksheet G

Date/Time Prepared:  
11/28/2016 2:23 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	11,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	65,374,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,480,000	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	75,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	73,940,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	10,100,000	0	0	0	12.00
13.00	Land improvements	728,000	0	0	0	13.00
14.00	Accumulated depreciation	-319,000	0	0	0	14.00
15.00	Buildings	198,765,000	0	0	0	15.00
16.00	Accumulated depreciation	-34,286,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	60,121,000	0	0	0	23.00
24.00	Accumulated depreciation	-33,430,000	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)	201,679,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	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	4,303,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,303,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	279,922,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	2,952,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,026,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	53,681,000	0	0	0	43.00
44.00	Other current liabilities	37,286,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	107,945,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	10,782,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	10,782,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	118,727,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	161,195,000				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)	161,195,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	279,922,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140258

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

Worksheet G-1

Date/Time Prepared:  
11/28/2016 2:23 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		174,465,432		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		58,746,065			2.00
3.00	Total (sum of line 1 and line 2)		233,211,497		0	3.00
4.00		0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		233,211,497		0	11.00
12.00		0		0		12.00
13.00	TRANSFER TO AFFILIATES	72,016,497		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		72,016,497		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		161,195,000		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			0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00			0			12.00
13.00	TRANSFER TO AFFILIATES		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: 140258

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	173,711,777		173,711,777	1.00
2.00	SUBPROVIDER - IPF	12,346,186		12,346,186	2.00
3.00	SUBPROVIDER - IRF	47,241,538		47,241,538	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)	233,299,501		233,299,501	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	43,855,509		43,855,509	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	43,855,509		43,855,509	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	277,155,010		277,155,010	17.00
18.00	Ancillary services	747,824,606	987,026,926	1,734,851,532	18.00
19.00	Outpatient services	0	0	0	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		12,045,056	12,045,056	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	7,054,460	0	7,054,460	26.00
27.00		0	0	0	27.00
27.01	PHYSICIAN	171,409	445,173	616,582	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,032,205,485	999,517,155	2,031,722,640	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		414,868,167		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ROUNDING	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		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)		414,868,167		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140258

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

Worksheet G-3

Date/Time Prepared:  
11/28/2016 2:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,031,722,640	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,574,278,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	457,444,640	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	414,868,167	4.00
5.00	Net income from service to patients (line 3 minus line 4)	42,576,473	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	3,199	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,866,338	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	16,096	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	343,403	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	CAPITATION	932,901	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTIO	297,315	24.01
24.02	REFERENCE LAB	10,270	24.02
24.03	MEANINGFUL USE	1,448,047	24.03
24.04	OTHER INCOME	76,289	24.04
24.05	INTERCOMPANY LAB	3,196,533	24.05
24.06	INTERCOMPANY RENT	1,048,075	24.06
24.07	PHYSICIAN APPLICATION FEES	79,000	24.07
24.08	SATELLITE DISH	90,839	24.08
24.09	REHAB ADMIN	502,596	24.09
24.10	INTEREST INCOME PATIENT ACCT	307,804	24.10
24.11	OUTPATIENT PHARMACY	3,922,335	24.11
24.12	MISC INCOME	448,153	24.12
24.13	PHYSICIANS RENTAL INCOME	1,301,640	24.13
24.14	ANSWERING SERVICE	457,759	24.14
24.15	PATIENT CREDIT BALANCE	0	24.15
25.00	Total other income (sum of lines 6-24)	16,348,592	25.00
26.00	Total (line 5 plus line 25)	58,925,065	26.00
27.00	NON RECURRING EXPENSES	179,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	179,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,746,065	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet H
		HHA CCN: 147583		Date/Time Prepared: 11/28/2016 2: 23 pm
			Home Health Agency I	PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures		0		173,946	173,946	1.00	
2.00	Capital Related - Movable Equipment		0		211,336	211,336	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	1,778,787	114,607	211,114	100,598	159,401	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	2,977,044	191,811	0	0	3,168,855	6.00	
7.00	Physical Therapy	1,854,116	119,461	0	0	1,973,577	7.00	
8.00	Occupational Therapy	606,595	39,083	0	0	645,678	8.00	
9.00	Speech Pathology	197,729	12,740	0	0	210,469	9.00	
10.00	Medical Social Services	66,677	4,296	0	0	70,973	10.00	
11.00	Home Health Aide	232,454	14,977	0	0	247,431	11.00	
12.00	Supplies (see instructions)	0	0	0	231,725	231,725	12.00	
13.00	Drugs	0	0	0	1,298	1,298	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	7,713,402	496,975	211,114	100,598	777,706	9,299,795	24.00
		Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	173,946	0	173,946		1.00	
2.00	Capital Related - Movable Equipment	0	211,336	0	211,336		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	2,364,507	0	2,364,507		5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	0	3,168,855	0	3,168,855		6.00	
7.00	Physical Therapy	0	1,973,577	0	1,973,577		7.00	
8.00	Occupational Therapy	0	645,678	0	645,678		8.00	
9.00	Speech Pathology	0	210,469	0	210,469		9.00	
10.00	Medical Social Services	0	70,973	0	70,973		10.00	
11.00	Home Health Aide	0	247,431	0	247,431		11.00	
12.00	Supplies (see instructions)	0	231,725	0	231,725		12.00	
13.00	Drugs	0	1,298	0	1,298		13.00	
14.00	DME	0	0	0	0		14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
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	
24.00	Total (sum of lines 1-23)	0	9,299,795	0	9,299,795		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: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet H-1 Part I Date/Time Prepared: 11/28/2016 2: 23 pm
		HHA CCN: 147583	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	173,946	173,946			0	1.00
2.00	Capital Related - Movable Equipment	211,336		211,336		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,364,507	173,946	211,336	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	3,168,855	0	0	0	0	6.00
7.00	Physical Therapy	1,973,577	0	0	0	0	7.00
8.00	Occupational Therapy	645,678	0	0	0	0	8.00
9.00	Speech Pathology	210,469	0	0	0	0	9.00
10.00	Medical Social Services	70,973	0	0	0	0	10.00
11.00	Home Health Aide	247,431	0	0	0	0	11.00
12.00	Supplies (see instructions)	231,725	0	0	0	0	12.00
13.00	Drugs	1,298	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	9,299,795	173,946	211,336	0	0	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,749,789					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,417,203	4,586,058				6.00
7.00	Physical Therapy	840,528	2,814,105				7.00
8.00	Occupational Therapy	274,416	920,094				8.00
9.00	Speech Pathology	34,340	244,809				9.00
10.00	Medical Social Services	30,290	101,263				10.00
11.00	Home Health Aide	123,991	371,422				11.00
12.00	Supplies (see instructions)	28,324	260,049				12.00
13.00	Drugs	697	1,995				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		9,299,795				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140258 HHA CCN: 147583		Period: From 07/01/2015 To 06/30/2016		Worksheet H-1 Part II Date/Time Prepared: 11/28/2016 2:23 pm PPS	
		Home Health Agency I					
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	100				0	1.00
2.00	Capital Related - Movable Equipment		100			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	100	100	0	0	-2,749,789	5,120,538
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	-529,802	2,639,053
7.00	Physical Therapy	0	0	0	0	-408,382	1,565,195
8.00	Occupational Therapy	0	0	0	0	-134,672	511,006
9.00	Speech Pathology	0	0	0	0	-146,522	63,947
10.00	Medical Social Services	0	0	0	0	-14,568	56,405
11.00	Home Health Aide	0	0	0	0	-16,540	230,891
12.00	Supplies (see instructions)	0	0	0	0	-178,982	52,743
13.00	Drugs	0	0	0	0	0	1,298
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	100	100	0	0	-4,179,257	5,120,538
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	173,946	211,336	0	0		2,749,789
26.00	Unit Cost Multiplier	1,739.460000	2,113.360000	0.000000	0.000000		0.537012

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140258

Period: From 07/01/2015

Worksheet H-2

HHA CCN: 147583

To 06/30/2016

Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	0	0	258,417	40,848	0	1.00
2.00 Skilled Nursing Care	4,586,058	0	0	432,497	0	0	2.00
3.00 Physical Therapy	2,814,105	0	0	269,360	0	0	3.00
4.00 Occupational Therapy	920,094	0	0	88,124	0	0	4.00
5.00 Speech Pathology	244,809	0	0	28,725	0	0	5.00
6.00 Medical Social Services	101,263	0	0	9,687	0	0	6.00
7.00 Home Health Aide	371,422	0	0	33,770	0	0	7.00
8.00 Supplies (see instructions)	260,049	0	0	0	0	0	8.00
9.00 Drugs	1,995	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	9,299,795	0	0	1,120,580	40,848	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	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	11,871	0	0	311,136	83,753	0	1.00
2.00 Skilled Nursing Care	0	0	0	5,018,555	1,058,637	0	2.00
3.00 Physical Therapy	0	0	0	3,083,465	627,868	0	3.00
4.00 Occupational Therapy	0	0	0	1,008,218	204,987	0	4.00
5.00 Speech Pathology	0	0	0	273,534	25,652	0	5.00
6.00 Medical Social Services	0	0	0	110,950	22,627	0	6.00
7.00 Home Health Aide	0	0	0	405,192	92,620	0	7.00
8.00 Supplies (see instructions)	0	0	0	260,049	19,031	0	8.00
9.00 Drugs	0	0	0	1,995	498	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	11,871	0	0	10,473,094	2,135,673	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140258  
HHA CCN: 147583

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

Worksheet H-2  
Part I  
Date/Time Prepared: 11/28/2016 2:23 pm  
PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE ALLIED HEALTH PROGRAM	Subtotal	
		14.00	15.00	16.00	17.00	23.00	24.00	
1.00	Administrative and General	6,767	0	0	0	0	401,656	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	6,077,192	2.00
3.00	Physical Therapy	0	0	0	0	0	3,711,333	3.00
4.00	Occupational Therapy	0	0	0	0	0	1,213,205	4.00
5.00	Speech Pathology	0	0	0	0	0	299,186	5.00
6.00	Medical Social Services	0	0	0	0	0	133,577	6.00
7.00	Home Health Aide	0	0	0	0	0	497,812	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	279,080	8.00
9.00	Drugs	0	0	0	0	0	2,493	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	6,767	0	0	0	0	12,615,534	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: 140258	Period: From 07/01/2015	Worksheet H-2 Part I
		HHA CCN: 147583	To 06/30/2016	Date/Time Prepared: 11/28/2016 2:23 pm
			Home Health Agency I	PPS

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	401,656				1.00
2.00 Skilled Nursing Care	0	6,077,192	199,850	6,277,042		2.00
3.00 Physical Therapy	0	3,711,333	122,047	3,833,380		3.00
4.00 Occupational Therapy	0	1,213,205	39,896	1,253,101		4.00
5.00 Speech Pathology	0	299,186	9,839	309,025		5.00
6.00 Medical Social Services	0	133,577	4,393	137,970		6.00
7.00 Home Health Aide	0	497,812	16,371	514,183		7.00
8.00 Supplies (see instructions)	0	279,080	9,178	288,258		8.00
9.00 Drugs	0	2,493	82	2,575		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
20.00 Total (sum of lines 1-19) (2)	0	12,615,534	401,656	12,615,534		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.			0.032885			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: 140258  
HHA CCN: 147583

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

Worksheet H-2 Part II  
Date/Time Prepared: 11/28/2016 2:23 pm  
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	PURCHASING RECEIVING AND STORES (PURCHASING)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)					
		1.00	2.00					
1.00	Administrative and General	0	0	1,778,787	98	0	171,536	1.00
2.00	Skilled Nursing Care	0	0	2,977,044	0	0	0	2.00
3.00	Physical Therapy	0	0	1,854,116	0	0	0	3.00
4.00	Occupational Therapy	0	0	606,595	0	0	0	4.00
5.00	Speech Pathology	0	0	197,729	0	0	0	5.00
6.00	Medical Social Services	0	0	66,677	0	0	0	6.00
7.00	Home Health Aide	0	0	232,454	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	7,713,402	98	0	171,536	20.00
21.00	Total cost to be allocated	0	0	1,120,580	40,848	0	11,871	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.145277	416.816327	0.000000	0.069204	22.00
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	0	0	24,429	335,565	0	0	1.00
2.00	Skilled Nursing Care	0	0	-777,006	4,241,549	0	0	2.00
3.00	Physical Therapy	0	0	-567,846	2,515,619	0	0	3.00
4.00	Occupational Therapy	0	0	-186,917	821,301	0	0	4.00
5.00	Speech Pathology	0	0	-170,757	102,777	0	0	5.00
6.00	Medical Social Services	0	0	-20,294	90,656	0	0	6.00
7.00	Home Health Aide	0	0	-34,099	371,093	0	0	7.00
8.00	Supplies (see instructions)	0	0	-183,800	76,249	0	0	8.00
9.00	Drugs	0	0	0	1,995	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	8,556,804	0	0	20.00
21.00	Total cost to be allocated	0	0	0	2,135,673	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0	0.249588	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140258  
HHA CCN: 147583

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

Worksheet H-2 Part II  
Date/Time Prepared: 11/28/2016 2:23 pm  
PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	125,041	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	125,041	20.00
21.00	Total cost to be allocated	0	0	0	0	0	6,767	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.054118	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	PASTORAL CARE ALLIED HEALTH PROGRAM (PATIENT DAYS)			
		15.00	16.00	17.00	23.00			
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
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: 140258 HHA CCN: 147583	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part I Date/Time Prepared: 11/28/2016 2:23 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	6,277,042		6,277,042	33,238	188.85	1.00
2.00	Physical Therapy	3.00	3,833,380	0	3,833,380	21,235	180.52	2.00
3.00	Occupational Therapy	4.00	1,253,101	0	1,253,101	7,368	170.07	3.00
4.00	Speech Pathology	5.00	309,025	0	309,025	1,521	203.17	4.00
5.00	Medical Social Services	6.00	137,970		137,970	643	214.57	5.00
6.00	Home Health Aide	7.00	514,183		514,183	5,871	87.58	6.00
7.00	Total (sum of lines 1-6)		12,324,701	0	12,324,701	69,876		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0	1.00	2.00	3.00	4.00	5.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	25,037			8.00
8.01	Skilled Nursing Care		20994	0	790			8.01
8.02	Skilled Nursing Care		29404	0	164			8.02
9.00	Physical Therapy		16974	0	15,373			9.00
9.01	Physical Therapy		20994	0	348			9.01
9.02	Physical Therapy		29404	0	92			9.02
10.00	Occupational Therapy		16974	0	5,555			10.00
10.01	Occupational Therapy		20994	0	120			10.01
10.02	Occupational Therapy		29404	0	19			10.02
11.00	Speech Pathology		16974	0	1,148			11.00
11.01	Speech Pathology		20994	0	26			11.01
11.02	Speech Pathology		29404	0	19			11.02
12.00	Medical Social Services		16974	0	502			12.00
12.01	Medical Social Services		20994	0	9			12.01
12.02	Medical Social Services		29404	0	1			12.02
13.00	Home Health Aide		16974	0	5,113			13.00
13.01	Home Health Aide		20994	0	226			13.01
13.02	Home Health Aide		29404	0	13			13.02
14.00	Total (sum of lines 8-13)			0	54,555			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	288,258	0	288,258	329,631	0.874487	15.00
16.00	Cost of Drugs	9.00	2,575	0	2,575	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	25,991		0	4,908,400		1.00
2.00	Physical Therapy	0	15,813		0	2,854,563		2.00
3.00	Occupational Therapy	0	5,694		0	968,379		3.00
4.00	Speech Pathology	0	1,193		0	242,382		4.00
5.00	Medical Social Services	0	512		0	109,860		5.00
6.00	Home Health Aide	0	5,352		0	468,728		6.00
7.00	Total (sum of lines 1-6)	0	54,555		0	9,552,312		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140258 HHA CCN: 147583	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part I Date/Time Prepared: 11/28/2016 2:23 pm
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of 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	4,908,400						1.00
2.00	Physical Therapy	2,854,563						2.00
3.00	Occupational Therapy	968,379						3.00
4.00	Speech Pathology	242,382						4.00
5.00	Medical Social Services	109,860						5.00
6.00	Home Health Aide	468,728						6.00
7.00	Total (sum of lines 1-6)	9,552,312						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140258  
HHA CCN: 147583

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

Worksheet H-3  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm  
PPS

Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00 Physical Therapy	66.00	0.180681	0	0	col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.285901	0	0	col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.180034	0	0	col. 2, line 2.02		1.02
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.219240	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.202952	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 HHA CCN: 147583	Period: From 07/01/2015 To 06/30/2016	Worksheet H-4 Part I-II Date/Time Prepared: 11/28/2016 2:23 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	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	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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	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	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	9,180,553
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	185,430
13.00	Total PPS Reimbursement - LUPA Episodes		0	136,357
14.00	Total PPS Reimbursement - PEP Episodes		0	88,525
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	23,144
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	133
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	9,614,142
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	9,614,142
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	9,614,142
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	9,614,142
30.00			0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	9,614,142
31.01	Sequestration adjustment (see instructions)		0	192,280
32.00	Interim payments (see instructions)		0	9,421,657
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	205
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 140258  
HHA CCN: 147583

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

Worksheet H-5  
Date/Time Prepared: 11/28/2016 2:23 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		9,421,657	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		9,421,657	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		205	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		9,421,862	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K

Hospice CCN: 141632

To 06/30/2016

Date/Time Prepared: 11/28/2016 2:23 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		69,926	1.00
2.00	Capital Related Costs-Movable Equip.			0		162,414	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	200,423	3.00
4.00	Transportation - Staff	0	0	0	0	47,383	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	472,013	34,258	0	0	779,997	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,895,076	137,541	0	0	407,901	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	50,372	3,656	0	0	0	12.00
13.00	Occupational Therapy	2,450	177	0	0	0	13.00
14.00	Speech/ Language Pathology	33,161	2,407	0	0	0	14.00
15.00	Medical Social Services	252,283	18,310	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	546,173	39,640	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	186,465	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	68,442	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	73,571	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,251,528	235,989	0	0	1,996,522	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K

Hospice CCN: 141632

To 06/30/2016

Date/Time Prepared: 11/28/2016 2:23 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	69,926	0	69,926	0	69,926	1.00
2.00	Capital Related Costs-Movable Equip.	162,414	0	162,414	0	162,414	2.00
3.00	Plant Operation and Maintenance	200,423	0	200,423	0	200,423	3.00
4.00	Transportation - Staff	47,383	0	47,383	0	47,383	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,286,268	0	1,286,268	0	1,286,268	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	2,440,518	0	2,440,518	0	2,440,518	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	54,028	0	54,028	0	54,028	12.00
13.00	Occupational Therapy	2,627	0	2,627	0	2,627	13.00
14.00	Speech/ Language Pathology	35,568	0	35,568	0	35,568	14.00
15.00	Medical Social Services	270,593	0	270,593	0	270,593	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	585,813	0	585,813	0	585,813	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	186,465	0	186,465	0	186,465	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	68,442	0	68,442	0	68,442	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	73,571	0	73,571	0	73,571	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,484,039	0	5,484,039	0	5,484,039	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-1

Hospice CCN: 141632

To 06/30/2016

Date/Time Prepared: 11/28/2016 2:23 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	178,534	0	147,831	1,568,711	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	252,283	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	178,534	252,283	147,831	1,568,711	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-1

Hospice CCN: 141632

To 06/30/2016

Date/Time Prepared: 11/28/2016 2:23 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	472,013	472,013	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	1,895,076	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	50,372	0	0	50,372	12.00
13.00	Occupational Therapy	2,450	0	0	2,450	13.00
14.00	Speech/ Language Pathology	33,161	0	0	33,161	14.00
15.00	Medical Social Services		0	0	252,283	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		546,173	0	546,173	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	85,983	546,173	472,013	3,251,528	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-2

Hospice CCN: 141632

To 06/30/2016

Date/Time Prepared: 11/28/2016 2:23 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	12,958	0	10,729	113,854	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	18,310	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	12,958	18,310	10,729	113,854	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-2

Hospice CCN: 141632

To 06/30/2016

Date/Time Prepared: 11/28/2016 2:23 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	34,258	34,258	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	137,541	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	3,656	0	0	3,656	12.00
13.00	Occupational Therapy	177	0	0	177	13.00
14.00	Speech/ Language Pathology	2,407	0	0	2,407	14.00
15.00	Medical Social Services		0	0	18,310	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		39,640	0	39,640	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	6,240	39,640	34,258	235,989	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140258	Period: From 07/01/2015	Worksheet K-3
		Hospice CCN: 141632	To 06/30/2016	Date/Time Prepared: 11/28/2016 2:23 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 140258 Hospice CCN: 141632	Period: From 07/01/2015 To 06/30/2016	Worksheet K-3 Date/Time Prepared: 11/28/2016 2:23 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140258  
 Hospice CCN: 141632

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

Worksheet K-4  
 Part I  
 Date/Time Prepared:  
 11/28/2016 2:23 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	69,926	69,926				1.00
2.00	Capital Related Costs-Movable Equip.	162,414		162,414			2.00
3.00	Plant Operation and Maintenance	200,423	0	0	200,423		3.00
4.00	Transportation - Staff	47,383	0	0	0	47,383	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,286,268	69,926	162,414	200,423	47,383	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	2,440,518	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	54,028	0	0	0	0	12.00
13.00	Occupational Therapy	2,627	0	0	0	0	13.00
14.00	Speech/ Language Pathology	35,568	0	0	0	0	14.00
15.00	Medical Social Services	270,593	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	585,813	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	186,465	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	68,442	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	73,571	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,484,039	69,926	162,414	200,423	47,383	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-4

Hospice CCN: 141632

To 06/30/2016

Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

		Hospice I			
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
	5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	1,766,414	1,766,414	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services	0	0	764	9.00
10.00	Nursing Care	0	2,440,518	1,278,791	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	54,028	4,029	12.00
13.00	Occupational Therapy	0	2,627	266	13.00
14.00	Speech/ Language Pathology	0	35,568	25,798	14.00
15.00	Medical Social Services	0	270,593	116,289	15.00
16.00	Spiritual Counseling	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	585,813	138,286	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
22.00	Drugs, Biological and Infusion Therapy	0	186,465	121,057	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	68,442	27,771	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	73,571	53,363	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	5,484,039		39.00
				5,484,039	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-4

Hospice CCN: 141632

To 06/30/2016

Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

	CAPITAL RELATED COST					Hospice I
	BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.	100				1.00
2.00	Capital Related Costs-Movable Equip.	0	100			2.00
3.00	Plant Operation and Maintenance	0	0	100		3.00
4.00	Transportation - Staff	0	0	0	100	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	100	100	100	100	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	69,926	162,414	200,423	47,383	39.00
40.00	Unit Cost Multiplier	699.260000	1,624.140000	2,004.230000	473.830000	0.000000 40.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 140258	Period:	Worksheet K-4
	Hospice CCN: 141632	From 07/01/2015 To 06/30/2016	Part II Date/Time Prepared: 11/28/2016 2:23 pm
		Hospice I	

	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
	6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 Capital Related Costs-Bldg and Fixt.	0		1.00
2.00 Capital Related Costs-Movable Equip.	0		2.00
3.00 Plant Operation and Maintenance	0		3.00
4.00 Transportation - Staff	0		4.00
5.00 Volunteer Service Coordination			5.00
6.00 Administrative and General	-1,766,414	2,435,340	6.00
<b>INPATIENT CARE SERVICE</b>			
7.00 Inpatient - General Care	0	0	7.00
8.00 Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>			
9.00 Physician Services	1,054	1,054	9.00
10.00 Nursing Care	-677,463	1,763,055	10.00
11.00 Nursing Care-Continuous Home Care	0	0	11.00
12.00 Physical Therapy	-48,473	5,555	12.00
13.00 Occupational Therapy	-2,260	367	13.00
14.00 Speech/ Language Pathology	0	35,568	14.00
15.00 Medical Social Services	-110,266	160,327	15.00
16.00 Spiritual Counseling	0	0	16.00
17.00 Dietary Counseling	0	0	17.00
18.00 Counseling - Other	0	0	18.00
19.00 Home Health Aide and Homemaker	-395,159	190,654	19.00
20.00 HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00 Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>			
22.00 Drugs, Biological and Infusion Therapy	-19,564	166,901	22.00
23.00 Analgesics	0	0	23.00
24.00 Sedatives / Hypnotics	0	0	24.00
25.00 Other - Specify	0	0	25.00
26.00 Durable Medical Equipment/Oxygen	-30,154	38,288	26.00
27.00 Patient Transportation	0	0	27.00
28.00 Imaging Services	0	0	28.00
29.00 Labs and Diagnostics	0	0	29.00
30.00 Medical Supplies	0	73,571	30.00
31.00 Outpatient Services (including E/R Dept.)	0	0	31.00
32.00 Radiation Therapy	0	0	32.00
33.00 Chemotherapy	0	0	33.00
34.00 Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>			
35.00 Bereavement Program Costs	0	0	35.00
36.00 Volunteer Program Costs	0	0	36.00
37.00 Fundraising	0	0	37.00
38.00 Other Program Costs	0	0	38.00
39.00 Cost to be Allocated (per Wkst. K-4, Part I)		1,766,414	39.00
40.00 Unit Cost Multiplier		0.725325	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 141632

To 06/30/2016

Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0			4.00	5.01	
1.00	Administrative and General		0	13,785	68,573	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	764	0	0	0	0	4.00
5.00	Nursing Care	3,719,309	0	0	275,310	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	58,057	0	0	7,318	0	7.00
8.00	Occupational Therapy	2,893	0	0	356	0	8.00
9.00	Speech/ Language Pathology	61,366	0	0	4,818	0	9.00
10.00	Medical Social Services	386,882	0	0	36,651	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	724,099	0	0	79,346	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	307,522	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	96,213	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	126,934	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,484,039	0	13,785	472,372	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 141632

To 06/30/2016

Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	17,954	0	0	100,312	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	764	4.00
5.00	Nursing Care	0	0	0	0	3,994,619	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	65,375	7.00
8.00	Occupational Therapy	0	0	0	0	3,249	8.00
9.00	Speech/ Language Pathology	0	0	0	0	66,184	9.00
10.00	Medical Social Services	0	0	0	0	423,533	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	803,445	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	307,522	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	96,213	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	126,934	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	17,954	0	0	5,988,150	34.00
35.00	Unit Cost Multiplier (see instructions)					0	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period:

Worksheet K-5

Hospice CCN: 141632

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

Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	37,907	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	480	0	0	0	0	4.00
5.00	Nursing Care	802,162	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	42,132	0	0	0	0	6.00
7.00	Physical Therapy	2,819	0	0	0	0	7.00
8.00	Occupational Therapy	186	0	0	0	0	8.00
9.00	Speech/ Language Pathology	21,481	0	0	0	0	9.00
10.00	Medical Social Services	81,353	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	86,745	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	9,997	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	75,937	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	17,420	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	41,198	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	1,287	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,221,104	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 141632

To 06/30/2016

Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description	Hospice I						
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
1.00 Administrative and General	0	0	0	2,767	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	2,767	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 141632

To 06/30/2016

Part I  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		Hospice I				Intern & Residents Cost & Post Stepdown Adjustments	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE ALLIED HEALTH PROGRAM	Subtotal (col s. 4A-23)		
		16.00	17.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	140,986	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	1,244	0	4.00
5.00	Nursing Care	0	0	0	4,796,781	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	42,132	0	6.00
7.00	Physical Therapy	0	0	0	68,194	0	7.00
8.00	Occupational Therapy	0	0	0	3,435	0	8.00
9.00	Speech/ Language Pathology	0	0	0	87,665	0	9.00
10.00	Medical Social Services	0	0	0	504,886	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	890,190	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	9,997	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	383,459	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	113,633	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	168,132	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	1,287	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	7,212,021	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140258	Period: From 07/01/2015	Worksheet K-5
		Hospice CCN: 141632	To 06/30/2016	Part I
				Date/Time Prepared: 11/28/2016 2:23 pm

Cost Center Description	Subtotal	Allocated	Total Hospice	Hospice I	
	(col.s. 24 ± 25)	Hospice A&G (See Part 11)	Costs (col.s. 26 ± 27)		
	26.00	27.00	28.00		
1.00 Administrative and General					1.00
2.00 Inpatient - General Care	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0		3.00
4.00 Physician Services	1,244	25	1,269		4.00
5.00 Nursing Care	4,796,781	95,640	4,892,421		5.00
6.00 Nursing Care-Continuous Home Care	42,132	840	42,972		6.00
7.00 Physical Therapy	68,194	1,360	69,554		7.00
8.00 Occupational Therapy	3,435	68	3,503		8.00
9.00 Speech/ Language Pathology	87,665	1,748	89,413		9.00
10.00 Medical Social Services	504,886	10,067	514,953		10.00
11.00 Spiritual Counseling	0	0	0		11.00
12.00 Dietary Counseling	0	0	0		12.00
13.00 Counseling - Other	0	0	0		13.00
14.00 Home Health Aide and Homemaker	890,190	17,749	907,939		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	9,997	199	10,196		15.00
16.00 Other	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	383,459	7,646	391,105		17.00
18.00 Analgesics	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0		19.00
20.00 Other - Specify	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	113,633	2,266	115,899		21.00
22.00 Patient Transportation	0	0	0		22.00
23.00 Imaging Services	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0		24.00
25.00 Medical Supplies	168,132	3,352	171,484		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00 Radiation Therapy	0	0	0		27.00
28.00 Chemotherapy	0	0	0		28.00
29.00 Other	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0		30.00
31.00 Volunteer Program Costs	1,287	26	1,313		31.00
32.00 Fundraising	0	0	0		32.00
33.00 Other Program Costs	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	7,212,021		7,212,021		34.00
35.00 Unit Cost Multiplier (see instructions)		0.019939			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)				
	1.00	2.00				
1.00 Administrative and General	0	56,092	472,013	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	1,895,075	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	50,372	0	0	7.00
8.00 Occupational Therapy	0	0	2,451	0	0	8.00
9.00 Speech/ Language Pathology	0	0	33,161	0	0	9.00
10.00 Medical Social Services	0	0	252,283	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	546,173	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	56,092	3,251,528	0	0	34.00
35.00 Total cost to be allocated	0	13,785	472,372	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.245757	0.145277	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description	Hospice I					
	PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	
	5.03	5.04	5.05	5A.06	5.06	
1.00 Administrative and General	259,443	0	0	16,482	116,794	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	714	1,478	4.00
5.00 Nursing Care	0	0	0	-1,523,110	2,471,509	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	129,811	129,811	6.00
7.00 Physical Therapy	0	0	0	-56,691	8,684	7.00
8.00 Occupational Therapy	0	0	0	-2,676	573	8.00
9.00 Speech/ Language Pathology	0	0	0	0	66,184	9.00
10.00 Medical Social Services	0	0	0	-172,879	250,654	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	-536,180	267,265	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	30,802	30,802	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	-73,555	233,967	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	-42,540	53,673	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	126,934	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	3,964	3,964	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	259,443	0	0		3,762,292	34.00
35.00 Total cost to be allocated	17,954	0	0		1,221,104	35.00
36.00 Unit Cost Multiplier (see instructions)	0.069202	0.000000	0.000000		0.324564	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

Cost Center Description		Hospice I					
		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	51,124	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	51,124	0	0	34.00
35.00	Total cost to be allocated	0	0	2,767	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.054123	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/28/2016 2:23 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140258 Hospice CCN: 141632		Period: From 07/01/2015 To 06/30/2016		Worksheet K-5 Part III Date/Time Prepared: 11/28/2016 2:23 pm	
Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)		
		0	1.00	2.00	3.00		
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.180681	0	0	0	1.00
1.01	REHAB OUTPATIENT	66.01	0.285901	0	0	0	1.01
1.02	REHAB MED SURGICAL	66.02	0.180034	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.202952	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.086710	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01					6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.219240	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00					10.00
10.97	CARDIAC REHABILITATION	76.97	0.539800	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-10)						11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140258

Period: From 07/01/2015

Worksheet K-6

Hospice CCN: 141632

To 06/30/2016

Date/Time Prepared: 11/28/2016 2:23 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				7,212,021	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				27,928	2.00
3.00	Average cost per diem (line 1 divided by line 2)				258.24	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	25,637				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	6,620,499				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		829			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		214,081			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	6,735				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,739,246				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		355			10.00
11.00	Aggregate NF cost (line 3 times line 10)		91,675			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,462		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			377,547		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140258	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/28/2016 2: 23 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,043,224	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		241,730	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)		199.89	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.97	8.00
9.00	Sum of lines 7 and 8		19.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.98	10.00
11.00	Disproportionate share adjustment (see instructions)		200,720	11.00
12.00	Total prospective capital payments (see instructions)		5,485,674	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00