

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: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet S Parts I-III Date/Time Prepared: 11/22/2016 3:34 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/22/2016 Time: 3:34 pm	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GREAT RIVER MEDICAL CENTER (160057) 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	164,216	9,425	488,564	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	5,300	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	169,516	9,425	488,564	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160057			Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 3:29 pm			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1221 SOUTH GEAR AVENUE			PO Box:						1.00
2.00	City: WEST BURLINGTON			State: IA		Zip Code: 52655		County: DES MOINES		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	GREAT RIVER MEDICAL CENTER	160057	99916	1	07/01/1965	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	GREAT RIVER MEDICAL CENTER	16T057	99916	5	07/01/1985	N	P	P	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	GREAT RIVER MEDICAL CENTER	165110	99916		05/01/1977	N	P	P	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	GREAT RIVER MEDICAL CENTER	167136	99916		11/08/1984	N	P	P	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	GREAT RIVER MEDICAL CENTER	161567	99916		03/06/2002				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)					2				21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							2		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.	4,229	0	72	40	0	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.	101	72	0	0	0		25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		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.					2		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	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
		Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					N			60.00
		Y/N		IME		Direct GME			
		1.00		2.00		3.00			
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)						0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00		0.00				61.01

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

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				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00	
87.00	Is this hospital a "subclause (11)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00	
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				Y	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
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?			N	105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			Y	116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y	117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	702,960	275,000	225,000 118.01		

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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	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		120.00	
121.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.06	121.00	
Transplant Center Information					
122.00	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		122.00	
123.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			123.00	
124.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			124.00	
125.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			125.00	
126.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			131.00	
All Providers					
132.00	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		132.00	
		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:	Contractor's Name:	Contractor's Number:	141.00	
142.00	Street:	PO Box:		142.00	
143.00	City:	State:	Zip Code:	143.00	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
		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.	N		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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet S-2 Part I Date/Time Prepared: 11/22/2016 3:29 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)						0.25	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: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 3:29 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/20/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			N	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			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	10/24/2016	Y	10/24/2016
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: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet S-2 Part II Date/Time Prepared: 11/22/2016 3:29 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN		WELLEN	41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4446		KEVIN.WELLEN@CLACONNECT.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 160057

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

Worksheet S-2
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR, REIMBURSEMENT	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: 160057

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 3:29 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	126	46,116	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)		126	46,116	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		138	50,508	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,026		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	165	60,390		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	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	6	2,196			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)		320				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: 160057

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,082	2,755	20,774			1.00
2.00 HMO and other (see instructions)	1,332	1,259				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	11	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,082	2,755	20,774			7.00
8.00 INTENSIVE CARE UNIT	1,079	260	1,808			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		0	1,458			13.00
14.00 Total (see instructions)	12,161	3,015	24,040	0.00	759.92	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	819	173	1,513	0.00	9.06	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	3,347	15	3,903	0.00	18.90	19.00
20.00 NURSING FACILITY		27,715	49,003	0.00	132.01	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	6,549	0	14,036	0.00	28.25	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	562	0	1,323	0.00	26.23	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	974.37	27.00
28.00 Observation Bed Days		0	1,974			28.00
29.00 Ambulance Trips	632					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	67	150			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: 160057

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,687	1,318	6,903	1.00
2.00 HMO and other (see instructions)			261	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,687	1,318	6,903	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	73	12	137	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					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: 160057

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	67,209,751	0	67,209,751	2,655,442.00	25.31
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	875,290	21,262	896,552	38,285.00	23.42
10.00	Excluded area salaries (see instructions)		9,582,861	216,560	9,799,421	461,438.00	21.24
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,376,305	0	1,376,305	21,257.00	64.75
12.00	Contract labor: Top level management and other management and administrative services		303,061	0	303,061	9,295.00	32.60
13.00	Contract labor: Physician-Part A - Administrative		64,800	0	64,800	520.00	124.62
14.00	Home office salaries & wage-related costs		2,321,824	0	2,321,824	10,861.00	213.78
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,742,388	0	15,742,388		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,649,286	0	3,649,286		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	756,722	0	756,722	24,281.00	31.17
27.00	Administrative & General	5.00	7,936,370	-237,822	7,698,548	285,559.00	26.96
28.00	Administrative & General under contract (see inst.)		447,940	0	447,940	3,607.00	124.19
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,846,880	0	1,846,880	73,900.00	24.99
31.00	Laundry & Linen Service	8.00	336,649	0	336,649	22,459.00	14.99
32.00	Housekeeping	9.00	1,618,718	0	1,618,718	115,222.00	14.05
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,551,529	0	1,551,529	99,572.00	15.58
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,403,484	0	2,403,484	69,488.00	34.59
39.00	Central Services and Supply	14.00	989,770	0	989,770	55,408.00	17.86
40.00	Pharmacy	15.00	1,986,723	0	1,986,723	47,407.00	41.91

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160057

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2016 3:29 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	1,575,677	0	1,575,677	61,781.00	25.50	41.00
42.00	Social Service	17.00	272,586	0	272,586	12,012.00	22.69	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160057

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2016 3:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	67,657,691	0	67,657,691	2,659,049.00	25.44	1.00
2.00	Excluded area salaries (see instructions)	10,458,151	237,822	10,695,973	499,723.00	21.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,199,540	-237,822	56,961,718	2,159,326.00	26.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,065,990	0	4,065,990	41,933.00	96.96	4.00
5.00	Subtotal wage-related costs (see inst.)	15,742,388	0	15,742,388	0.00	27.64	5.00
6.00	Total (sum of lines 3 thru 5)	77,007,918	-237,822	76,770,096	2,201,259.00	34.88	6.00
7.00	Total overhead cost (see instructions)	21,723,048	-237,822	21,485,226	870,696.00	24.68	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2016 3:29 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		2,382,778	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		243,034	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		7,534,479	8.00
9.00	Prescription Drug Plan		238,215	9.00
10.00	Dental, Hearing and Vision Plan		317,384	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		114,826	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		706,511	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,948,479	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		78,730	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		141,690	22.00
23.00	Tuition Reimbursement		36,262	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		15,742,388	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 160057

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

Worksheet S-3
Part V
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	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	0	0	8.00
9.00	Hospital-Based NF	0	0	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			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 160057 Component CCN: 167136		Period: From 07/01/2015 To 06/30/2016		Worksheet S-4 Date/Time Prepared: 11/22/2016 3:29 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			DES MOINES		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,164	2,276	714	4,154	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	322.00	127.00	133.00	582.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.20	0.00	0.20	4.00
5.00	Other Administrative Personnel			3.59	0.00	3.59	5.00
6.00	Direct Nursing Service			12.85	0.00	12.85	6.00
7.00	Nursing Supervisor			1.99	0.00	1.99	7.00
8.00	Physical Therapy Service			3.63	0.00	3.63	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.42	0.00	1.42	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.08	0.00	0.08	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.94	0.00	0.94	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			4.70	0.00	4.70	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99916			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,050	344	51	58	2,503	21.00
22.00	Skilled Nursing Visit Charges	348,500	58,480	8,500	9,860	425,340	22.00
23.00	Physical Therapy Visits	1,856	68	35	48	2,007	23.00
24.00	Physical Therapy Visit Charges	342,190	12,540	6,270	8,930	369,930	24.00
25.00	Occupational Therapy Visits	758	30	4	28	820	25.00
26.00	Occupational Therapy Visit Charges	140,790	5,700	760	5,130	152,380	26.00
27.00	Speech Pathology Visits	31	0	0	0	31	27.00
28.00	Speech Pathology Visit Charges	4,750	0	0	0	4,750	28.00
29.00	Medical Social Service Visits	22	2	0	0	24	29.00
30.00	Medical Social Service Visit Charges	4,686	426	0	0	5,112	30.00
31.00	Home Health Aide Visits	1,030	100	4	30	1,164	31.00
32.00	Home Health Aide Visit Charges	100,940	9,800	392	2,940	114,072	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,747	544	94	164	6,549	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)	941,856	86,946	15,922	26,860	1,071,584	35.00
36.00	Total Number of Episodes (standard/non outlier)	359		26	11	396	36.00
37.00	Total Number of Outlier Episodes		11		0	11	37.00
38.00	Total Non-Routine Medical Supply Charges	5,141	865	180	63	6,249	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 160057

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

Worksheet S-7

Date/Time Prepared:
11/22/2016 3:29 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	9	0	9	8.00
9.00	RMX	13	0	13	9.00
10.00	RML	44	0	44	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	101	0	101	15.00
16.00	RVB	47	0	47	16.00
17.00	RVA	90	0	90	17.00
18.00	RHC	407	0	407	18.00
19.00	RHB	270	0	270	19.00
20.00	RHA	864	0	864	20.00
21.00	RMC	399	0	399	21.00
22.00	RMB	190	0	190	22.00
23.00	RMA	439	0	439	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	9	0	9	29.00
30.00	HE1	11	0	11	30.00
31.00	HD2	38	0	38	31.00
32.00	HD1	8	0	8	32.00
33.00	HC2	27	0	27	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	51	0	51	35.00
36.00	HB1	49	0	49	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	53	0	53	39.00
40.00	LD1	28	0	28	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	2	0	2	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	4	0	4	46.00
47.00	CD2	24	0	24	47.00
48.00	CD1	13	0	13	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	8	0	8	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	13	0	13	52.00
53.00	CA2	2	0	2	53.00
54.00	CA1	84	0	84	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 160057

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

Worksheet S-7

Date/Time Prepared:
11/22/2016 3:29 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	23	0	23	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	27	0	27	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,347	0	3,347	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		99916	99916	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,376,924			207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 160057
Component CCN: 161567

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
11/22/2016 3:29 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	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	10,356	0	0	0	822	11,178	2.00
3.00	Inpatient Respite Care	149	0	0	0	42	191	3.00
4.00	General Inpatient Care	413	0	0	0	83	496	4.00
5.00	Total Hospice Days	10,918	0	0	0	947	11,865	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	408	0	0	0	0	408	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	26.76	0.00	0.00	0.00	0.00	29.08	8.00
9.00	Unduplicated Census Count	408	0	0	0	0	408	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet S-10 Date/Time Prepared: 11/22/2016 3:29 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.350161		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		20,782,308		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		67,550,932		6.00
7.00	Medicaid cost (line 1 times line 6)		23,653,702		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,871,394		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		166,653		9.00
10.00	Stand-alone SCHIP charges		563,987		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		197,486		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		30,833		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		157,798		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		430,134		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		150,616		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,902,227		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	2,586,945	22,304,652	24,891,597	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	905,847	7,810,219	8,716,066	21.00
22.00	Partial payment by patients approved for charity care	3,916	126,322	130,238	22.00
23.00	Cost of charity care (line 21 minus line 22)	901,931	7,683,897	8,585,828	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,747,691		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		0		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,747,691		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,662,456		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		10,248,284		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,150,511		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet A Date/Time Prepared: 11/22/2016 3:29 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)
	1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT		4,890,891	142,648	5,033,539
1.01 00101	CAP REL COSTS-BLDG & FIXT - KLEIN		1,301,017	25,479	1,326,496
1.02 00102	CAP REL COSTS-BLDG & FIXT - CANCER		7,401	1,912	9,313
1.03 00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		52,017	1,297	53,314
1.04 00104	CAP REL COSTS-BLDG & FIXT - MERCY		0	0	0
1.05 00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		0	0	0
1.06 00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		277,551	3,717	281,268
1.07 00107	CAP REL COSTS-BLDG & FIXT - REHAB		713,644	0	713,644
1.08 00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		0	0	0
2.00 00200	CAP REL COSTS-MVBLE EQUIP		9,213,510	97,020	9,310,530
3.00 00300	OTHER CAP REL COSTS		0	0	0
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	756,722	838,121	236,000	1,830,843
5.01 00590	ADMINISTRATIVE AND GENERAL	223,745	73,895	-18,751	278,889
5.02 00550	DATA PROCESSING	3,239,640	6,437,346	-8,500	9,668,486
5.03 00560	PURCHASING RECEIVING AND STORES	273,640	355,233	-1,100	627,773
5.04 00570	ADMINISTRATIVE	1,198,251	530,836	-5,700	1,723,387
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,023,197	1,083,476	-4,900	2,101,773
5.06 00591	OTHER A&G	1,977,897	15,557,703	-1,902,218	15,633,382
7.00 00700	OPERATION OF PLANT	1,846,880	3,627,084	-6,600	5,467,364
7.01 00701	OPERATION OF PLANT KLEIN	0	194,803	0	194,803
7.02 00702	OPERATION OF PLANT EASTMAN	0	0	0	0
7.03 00703	OPERATION OF PLANT MERCY	0	0	0	0
7.04 00704	OPERATION OF PLANT CANCER	0	50,882	0	50,882
7.05 00705	OPERATION OF PLANT REHAB	0	175,657	0	175,657
7.06 00706	OPERATION OF PLANT HHA/HOSPICE	0	47,089	0	47,089
7.07 00707	OPERATION OF PLANT WAPELLO	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	336,649	270,482	-2,000	605,131
9.00 00900	HOUSEKEEPING	1,575,754	909,217	-10,100	2,474,871
9.01 00901	HOUSEKEEPING KLEIN	42,964	85,956	-200	128,720
10.00 01000	DIETARY	1,338,025	1,635,614	-7,600	2,966,039
10.01 01001	DIETARY KLEIN	213,504	585,069	-1,300	797,273
11.00 01100	CAFETERIA	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,403,484	1,526,659	-6,200	3,923,943
14.00 01400	CENTRAL SERVICE & SUPPLY	989,770	520,910	-5,000	1,505,680
15.00 01500	PHARMACY	1,986,723	776,968	-4,300	2,759,391
16.00 01600	MEDICAL RECORDS & LIBRARY	1,575,677	1,139,441	-5,500	2,709,618
17.00 01700	SOCIAL SERVICE	272,586	59,653	-1,100	331,139
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	9,618,533	3,428,909	-67,947	12,979,495
31.00 03100	INTENSIVE CARE UNIT	1,428,775	741,580	-19,856	2,150,499
41.00 04100	SUBPROVIDER - IRF	515,541	157,238	-1,700	671,079
43.00 04300	NURSERY	348,858	105,155	-900	453,113
44.00 04400	SKILLED NURSING FACILITY	875,290	402,472	26,607	1,304,369
45.00 04500	NURSING FACILITY	4,916,644	1,820,080	-54,907	6,681,817
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	5,889,662	14,689,967	-5,067,110	15,512,519
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,786,392	1,380,001	-6,300	3,160,093
55.00 05500	RADIOLOGY-THERAPEUTIC	601,601	901,877	-1,700	1,501,778
56.00 05600	RADIOISOTOPE	173,926	778,391	-400	951,917
57.00 05700	CT SCAN	514,185	450,577	-1,600	963,162
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	309,457	350,486	-1,300	658,643
59.00 05900	CARDIAC CATHETERIZATION	944,748	3,130,029	-3,599,749	475,028
60.00 06000	LABORATORY	2,413,999	5,039,698	-9,600	7,444,097
65.00 06500	RESPIRATORY THERAPY	1,087,316	401,997	-28,667	1,460,646
66.00 06600	PHYSICAL THERAPY	518,240	271,145	-23,993	765,392
67.00 06700	OCCUPATIONAL THERAPY	512,268	134,110	-1,500	644,878
68.00 06800	SPEECH PATHOLOGY	219,984	61,625	-500	281,109
69.00 06900	ELECTROCARDIOLOGY	326,947	80,275	-900	406,322
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,647,720	2,647,720
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,164,696	6,164,696
73.00 07300	DRUGS CHARGED TO PATIENTS	0	11,265,022	0	11,265,022
76.00 03040	AUDIOLOGY	0	0	0	0
76.01 03280	EKG AND EEG	268,434	109,350	-1,000	376,784
76.02 03950	O/P REHAB SERVICES	1,655,951	940,706	-33,961	2,562,696
76.03 03951	SPORTS FITNESS	872,441	322,473	-6,241	1,188,673
76.04 03952	LIFE CENTER	1,329,110	2,022,612	-16,510	3,335,212
76.05 03580	RECREATIONAL THERAPY	10,392	2,476	0	12,868
76.06 03480	ONCOLOGY	690,766	260,725	-2,200	949,291
76.08 03953	O/P DEPENDENCY SERVICES	40,311	14,751	-100	54,962
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	3,914,196	1,554,723	-41,581	5,427,338

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160057

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

Worksheet A
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,627,165	628,266	2,255,431	-5,448	2,249,983	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,606,334	2,606,334	0	2,606,334	113.00
116.00	11600	HOSPICE	1,744,474	1,030,308	2,774,782	-33,778	2,741,004	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	66,430,714	108,021,483	174,452,197	-1,673,421	172,778,776	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	14,804	14,804	0	14,804	194.00
194.01	07951	DAYCARE	269,691	117,882	387,573	-2,800	384,773	194.01
194.02	07952	ADVERTISING	0	0	0	1,482,317	1,482,317	194.02
194.03	07953	OUTREACH REHAB	431,506	109,280	540,786	-1,000	539,786	194.03
194.04	07954	SWITCHBOARD	0	0	0	17,351	17,351	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	77,840	23,111	100,951	177,553	278,504	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		TOTAL (SUM OF LINES 118-199)	67,209,751	108,286,560	175,496,311	0	175,496,311	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160057

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

Worksheet A
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	462,970	5,496,509	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,326,496	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	9,313	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	53,314	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	372,204	372,204	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	616,980	616,980	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	281,268	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	201,020	914,664	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	27,673	27,673	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-35,517	9,275,013	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,602	1,827,241	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	-61,316	217,573	5.01
5.02	00550	DATA PROCESSING	-1,067,753	8,600,733	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-497,951	129,822	5.03
5.04	00570	ADMINISTRATIVE	0	1,723,387	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,101,773	5.05
5.06	00591	OTHER A&G	-7,970,151	7,663,231	5.06
7.00	00700	OPERATION OF PLANT	-267,812	5,199,552	7.00
7.01	00701	OPERATION OF PLANT KLEIN	-16,042	178,761	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	194,315	194,315	7.02
7.03	00703	OPERATION OF PLANT MERCY	197,122	197,122	7.03
7.04	00704	OPERATION OF PLANT CANCER	-4,531	46,351	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	175,657	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	47,089	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	18,342	18,342	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	605,131	8.00
9.00	00900	HOUSEKEEPING	-21,282	2,453,589	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	128,720	9.01
10.00	01000	DIETARY	-1,244,283	1,721,756	10.00
10.01	01001	DIETARY KLEIN	-481	796,792	10.01
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	462,306	4,386,249	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	-142,094	1,363,586	14.00
15.00	01500	PHARMACY	-40,963	2,718,428	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,364	2,702,254	16.00
17.00	01700	SOCIAL SERVICE	0	331,139	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-161,340	12,818,155	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,150,499	31.00
41.00	04100	SUBPROVIDER - I RF	0	671,079	41.00
43.00	04300	NURSERY	-67	453,046	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,304,369	44.00
45.00	04500	NURSING FACILITY	658,636	7,340,453	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,960	15,507,559	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,160,093	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-123,760	1,378,018	55.00
56.00	05600	RADIOISOTOPE	0	951,917	56.00
57.00	05700	CT SCAN	0	963,162	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	658,643	58.00
59.00	05900	CARDIAC CATHETERIZATION	-27,365	447,663	59.00
60.00	06000	LABORATORY	-410	7,443,687	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,460,646	65.00
66.00	06600	PHYSICAL THERAPY	0	765,392	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	644,878	67.00
68.00	06800	SPEECH PATHOLOGY	0	281,109	68.00
69.00	06900	ELECTROCARDIOLOGY	0	406,322	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,647,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,164,696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-14,365	11,250,657	73.00
76.00	03040	AUDIOLOGY	0	0	76.00
76.01	03280	EKG AND EEG	0	376,784	76.01
76.02	03950	O/P REHAB SERVICES	-10,325	2,552,371	76.02
76.03	03951	SPORTS FITNESS	-5,658	1,183,015	76.03
76.04	03952	LIFE CENTER	-730,917	2,604,295	76.04
76.05	03580	RECREATIONAL THERAPY	0	12,868	76.05
76.06	03480	ONCOLOGY	-964	948,327	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	54,962	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-695,209	4,732,129	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950	WELLNESS PROGRAM	0	0	93.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160057

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

Worksheet A
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY	-1,500	2,248,483	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-2,606,334	0	113.00
116.00	11600 HOSPICE	-613	2,740,391	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-12,553,361	160,225,415	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	14,804	194.00
194.01	07951 DAYCARE	0	384,773	194.01
194.02	07952 ADVERTISING	0	1,482,317	194.02
194.03	07953 OUTREACH REHAB	0	539,786	194.03
194.04	07954 SWITCHBOARD	0	17,351	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	30,758,811	30,758,811	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	278,504	194.06
194.07	07957 MEALS ON WHEELS	0	0	194.07
200.00	TOTAL (SUM OF LINES 118-199)	18,205,450	193,701,761	200.00

RECLASSIFICATIONS

Provider CCN: 160057

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

Worksheet A-6
Date/Time Prepared:
11/22/2016 3:29 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - ADVERTISING EXPENSE					
1.00	ADVERTISING	194.02	51,883	1,430,634	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
	O		51,883	1,430,634	
B - SWITCHBOARD EXPENSE					
1.00	SWITCHBOARD	194.04	17,651	0	1.00
	O		17,651	0	
C - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	272,073	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
	O		0	272,073	
D - MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,647,720	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
	O		0	2,647,720	
E - IMPLANTS EXPENSE					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,164,696	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
	O		0	6,164,696	
F - PHYSICIAN RECRUITMENT EXPENSE					
1.00	OTHER NONREIMBURSABLE COSTS	194.06	168,288	9,665	1.00
	O		168,288	9,665	
G - SNF EXPENSES					
1.00	SKILLED NURSING FACILITY	44.00	21,262	8,745	1.00
	O		21,262	8,745	
H - HEALTH INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	236,000	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
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
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
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
	0		0	236,000		
500.00	Grand Total: Increases		259,084	10,769,533		500.00

RECLASSIFICATIONS

Provider CCN: 160057

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

Worksheet A-6
Date/Time Prepared:
11/22/2016 3:29 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - ADVERTISING EXPENSE						
1.00	OTHER A&G	5.06	51,883	3,193	0	1.00
2.00	OTHER A&G	5.06	0	1,392,716	0	2.00
3.00	O/P REHAB SERVICES	76.02	0	600	0	3.00
4.00	SPORTS FITNESS	76.03	0	2,141	0	4.00
5.00	LIFE CENTER	76.04	0	2,118	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	840	0	6.00
7.00	HOME HEALTH AGENCY	101.00	0	148	0	7.00
8.00	HOSPICE	116.00	0	28,878	0	8.00
	O		51,883	1,430,634		
B - SWITCHBOARD EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.01	17,651	0	0	1.00
	O		17,651	0		
C - PROPERTY INSURANCE						
1.00	OTHER A&G	5.06	0	272,073	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
4.00		0.00	0	0	12	4.00
5.00		0.00	0	0	12	5.00
6.00		0.00	0	0	12	6.00
	O		0	272,073		
D - MED SUPPLIES						
1.00	OPERATING ROOM	50.00	0	1,125,464	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,416,451	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	24,867	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	22,393	0	4.00
5.00	O/P REHAB SERVICES	76.02	0	28,461	0	5.00
6.00	LIFE CENTER	76.04	0	7,344	0	6.00
7.00	EMERGENCY	91.00	0	22,740	0	7.00
	O		0	2,647,720		
E - IMPLANTS EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	0	36,947	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	15,456	0	2.00
3.00	OPERATING ROOM	50.00	0	3,924,746	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	2,179,758	0	4.00
5.00	LIFE CENTER	76.04	0	2,048	0	5.00
6.00	EMERGENCY	91.00	0	5,741	0	6.00
	O		0	6,164,696		
F - PHYSICIAN RECRUITMENT EXPENSE						
1.00	OTHER A&G	5.06	168,288	9,665	0	1.00
	O		168,288	9,665		
G - SNF EXPENSES						
1.00	NURSING FACILITY	45.00	21,262	8,745	0	1.00
	O		21,262	8,745		
H - HEALTH INSURANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.01	0	1,100	0	1.00
2.00	DATA PROCESSING	5.02	0	8,500	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	1,100	0	3.00
4.00	ADMINISTRATIVE	5.04	0	5,700	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	4,900	0	5.00
6.00	OTHER A&G	5.06	0	4,400	0	6.00
7.00	OPERATION OF PLANT	7.00	0	6,600	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	2,000	0	8.00
9.00	HOUSEKEEPING	9.00	0	10,100	0	9.00
10.00	HOUSEKEEPING KLEIN	9.01	0	200	0	10.00
11.00	DIETARY	10.00	0	7,600	0	11.00
12.00	DIETARY KLEIN	10.01	0	1,300	0	12.00
13.00	NURSING ADMINISTRATION	13.00	0	6,200	0	13.00
14.00	CENTRAL SERVICE & SUPPLY	14.00	0	5,000	0	14.00
15.00	PHARMACY	15.00	0	4,300	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,500	0	16.00
17.00	SOCIAL SERVICE	17.00	0	1,100	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	31,000	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	4,400	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	1,700	0	20.00
21.00	NURSERY	43.00	0	900	0	21.00
22.00	SKILLED NURSING FACILITY	44.00	0	3,400	0	22.00
23.00	NURSING FACILITY	45.00	0	24,900	0	23.00
24.00	OPERATING ROOM	50.00	0	16,900	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,300	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,700	0	26.00
27.00	RADIOISOTOPE	56.00	0	400	0	27.00

RECLASSIFICATIONS

Provider CCN: 160057

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

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
28.00	CT SCAN	57.00	0	1,600	0			28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,300	0			29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	2,700	0			30.00
31.00	LABORATORY	60.00	0	9,600	0			31.00
32.00	RESPIRATORY THERAPY	65.00	0	3,800	0			32.00
33.00	PHYSICAL THERAPY	66.00	0	1,600	0			33.00
34.00	OCCUPATIONAL THERAPY	67.00	0	1,500	0			34.00
35.00	SPEECH PATHOLOGY	68.00	0	500	0			35.00
36.00	ELECTROCARDIOLOGY	69.00	0	900	0			36.00
37.00	EKG AND EEG	76.01	0	1,000	0			37.00
38.00	O/P REHAB SERVICES	76.02	0	4,900	0			38.00
39.00	SPORTS FITNESS	76.03	0	4,100	0			39.00
40.00	LIFE CENTER	76.04	0	5,000	0			40.00
41.00	ONCOLOGY	76.06	0	2,200	0			41.00
42.00	O/P DEPENDENCY SERVICES	76.08	0	100	0			42.00
43.00	EMERGENCY	91.00	0	13,100	0			43.00
44.00	HOME HEALTH AGENCY	101.00	0	5,300	0			44.00
45.00	HOSPICE	116.00	0	4,900	0			45.00
46.00	DAYCARE	194.01	0	2,800	0			46.00
47.00	ADVERTISING	194.02	0	200	0			47.00
48.00	OUTREACH REHAB	194.03	0	1,000	0			48.00
49.00	SWITCHBOARD	194.04	0	300	0			49.00
50.00	OTHER NONREIMBURSABLE COSTS	194.06	0	400	0			50.00
				236,000				
500.00	Grand Total: Decreases		259,084	10,769,533				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160057

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

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2016 3:29 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,946,488	0	0	0	1.00
2.00	Land Improvements	11,972,330	0	0	0	2.00
3.00	Buildings and Fixtures	126,611,319	0	0	19,489	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	59,247,279	428,193	0	428,193	5.00
6.00	Movable Equipment	108,257,370	5,573,386	0	5,573,386	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	311,034,786	6,001,579	0	6,001,579	8.00
9.00	Reconciling Items	-466,950	-4,826,603	0	-4,826,603	9.00
10.00	Total (line 8 minus line 9)	311,501,736	10,828,182	0	10,828,182	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,946,488	0			1.00
2.00	Land Improvements	11,972,330	0			2.00
3.00	Buildings and Fixtures	126,591,830	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	59,675,472	0			5.00
6.00	Movable Equipment	110,334,834	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	313,520,954	0			8.00
9.00	Reconciling Items	-2,276,506	0			9.00
10.00	Total (line 8 minus line 9)	315,797,460	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160057

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

Worksheet A-7
Part II
Date/Time Prepared:
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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	4,890,891	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	1,301,017	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	7,401	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	52,017	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	277,551	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	713,644	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	9,213,510	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,456,031	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	4,890,891				1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,301,017				1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	7,401				1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	52,017				1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0				1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0				1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	277,551				1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	713,644				1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,213,510				2.00
3.00	Total (sum of lines 1-2)	0	16,456,031				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160057

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

Worksheet A-7
Part III
Date/Time Prepared:
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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	165,574,393	0	165,574,393	0.524305	142,648	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	29,573,241	0	29,573,241	0.093646	25,479	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	2,218,680	0	2,218,680	0.007026	1,912	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1,505,464	0	1,505,464	0.004767	1,297	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	4,314,342	0	4,314,342	0.013662	3,717	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	112,611,340	0	112,611,340	0.356594	97,020	2.00
3.00	Total (sum of lines 1-2)	315,797,460	0	315,797,460	1.000000	272,073	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col s. 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	142,648	5,353,861	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	25,479	1,301,017	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	1,912	7,401	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	1,297	52,017	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	372,204	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	616,980	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	3,717	277,551	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	914,664	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	27,673	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	97,020	9,177,993	0	2.00
3.00	Total (sum of lines 1-2)	0	0	272,073	18,101,361	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other-Related Costs (see instructions)	Total (2) (sum of col s. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	142,648	0	0	5,496,509	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	25,479	0	0	1,326,496	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	1,912	0	0	9,313	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	1,297	0	0	53,314	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	372,204	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	616,980	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	3,717	0	0	281,268	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	914,664	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	27,673	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	97,020	0	0	9,275,013	2.00
3.00	Total (sum of lines 1-2)	0	272,073	0	0	18,373,434	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160057

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

Worksheet A-8

Date/Time Prepared:
11/22/2016 3:29 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				1.00	2.00			3.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - KLEIN (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT - CANCER (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-BLDG & FIXT - LAUNDRY (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-BLDG & FIXT - MERCY (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-BLDG & FIXT - EASTMAN (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-BLDG & FIXT - HHA/HOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-BLDG & FIXT - REHAB (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-BLDG & FIXT - WAPELLO (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	1.08
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-40,206	0	PURCHASING RECEIVING AND STORES	5.03	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	-835,645	0			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	29,340,511				0	12.00
13.00	Laundry and linen service			0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,076,126	0	DIETARY	10.00	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	-7,364	0	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	B	70	0	DIETARY	10.00	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 160057

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

Worksheet A-8

Date/Time Prepared:
11/22/2016 3:29 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
		1.00	2.00	3.00	4.00	5.00	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - KLEIN			0	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0 26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT - CANCER			0	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0 26.02
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT - LAUNDRY			0	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0 26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT - MERCY			0	CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0 26.04
26.05	Depreciation - CAP REL COSTS-BLDG & FIXT - EASTMAN			0	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0 26.05
26.06	Depreciation - CAP REL COSTS-BLDG & FIXT - HHA/HOSP			0	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0 26.06
26.07	Depreciation - CAP REL COSTS-BLDG & FIXT - REHAB			0	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0 26.07
26.08	Depreciation - CAP REL COSTS-BLDG & FIXT - WAPELLO			0	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0 26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant			0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest REHAB DEPRECIATION			0		0.00	0 32.00
33.00		A	201,020		CAP REL COSTS-BLDG & FIXT - REHAB	1.07	9 33.00
33.01	DIALYSIS DEPRECIATION	A	-57,427		CAP REL COSTS-BLDG & FIXT	1.00	9 33.01
33.02	GRMC - MERCY MOB	A	372,204		CAP REL COSTS-BLDG & FIXT - MERCY	1.04	9 33.02
33.03	GRMC - EASTMAN MOB	A	616,980		CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	9 33.03
33.04	REMOVE MARKUP ON HMES TRANSACTIONS	A	-142,094		CENTRAL SERVICE & SUPPLY	14.00	0 33.04
33.05	AHA/IHA DUES - LOBBYING EXPENSES	A	-31,348		OTHER A&G	5.06	0 33.05
33.06	BAD DEBTS	A	-4,747,691		OTHER A&G	5.06	0 33.06
33.07	OFFSET RENTAL COSTS - PETERSON - OTH	A	-87,535		OPERATION OF PLANT	7.00	0 33.07
33.08	HELICOPTER DEPRECIATION	A	-57,790		CAP REL COSTS-BLDG & FIXT	1.00	9 33.08
33.09	OFFSET RENTAL COSTS TO HCR	A	-294,290		OTHER A&G	5.06	0 33.09
33.10	INTEREST EXPENSE	A	-2,606,334		INTEREST EXPENSE	113.00	0 33.10
33.11	SUPERIOR AMBULANCE	B	-674,805		EMERGENCY	91.00	0 33.11
33.12	PHONE COST OFFSET	A	-27,945		ADMINISTRATIVE AND GENERAL	5.01	0 33.12
33.13	CAPITALIZED COSTS	A	63,900		CAP REL COSTS-BLDG & FIXT	1.00	9 33.13
33.14	PHYSICIAN COSTS	A	-308,875		OTHER A&G	5.06	0 33.14
33.15	ALCOHOL	A	-3,500		OTHER A&G	5.06	0 33.15
33.16	ADMINISTRATIVE COST REDUCTIONS	A	-136,735		OTHER A&G	5.06	0 33.16
33.17	TV DEPRECIATION EXPENSE	A	-35,517		CAP REL COSTS-MVBLE EQUIP	2.00	9 33.17
33.18	WAPELLO BUILDING PLANT OP OTHER	A	18,342		OPERATION OF PLANT WAPELLO	7.07	0 33.18
33.19	WAPELLO BUILDING DEPRECIATION	A	27,673		CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	9 33.19
33.20				0		0.00	0 33.20
33.21	EASTMAN PLANT OP OTHER	A	194,315		OPERATION OF PLANT EASTMAN	7.02	0 33.21
33.22	MERCY PLANT OP OTHER	A	197,122		OPERATION OF PLANT MERCY	7.03	0 33.22
33.23	CAPITALIZED INTEREST ON UNNEC BORROW	A	-92,437		CAP REL COSTS-BLDG & FIXT	1.00	9 33.23

ADJUSTMENTS TO EXPENSES

Provider CCN: 160057

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

Worksheet A-8

Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
33.24 USEFUL LIFE ADJUSTMENTS	A	658,715	CAP REL COSTS-BLDG & FIXT	1.00	9	33.24
33.25 AMORTIZATION OF BOND COSTS	A	-84,469	OTHER A&G	5.06	0	33.25
33.26		0		0.00	0	33.26
33.27		0		0.00	0	33.27
33.28 GRMC HUMAN RESOURCES REV MISC.	B	-1,286	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.28
33.29 GRMC SWITCHBOARD CNTR REV MISC.	B	-33,371	ADMINISTRATIVE AND GENERAL	5.01	0	33.29
33.30 GRMC I.S. REV MISC.	B	-1,067,453	DATA PROCESSING	5.02	0	33.30
33.31 GRMC ACCOUNTING REV MISC.	B	-102,731	OTHER A&G	5.06	0	33.31
33.32 GRMC ADMIN RENTAL INCOME	B	-4,111	OTHER A&G	5.06	0	33.32
33.33 GRMC VOLUNTEER SERVICES REV MISC.	B	-132,587	OTHER A&G	5.06	0	33.33
33.34 GRMC PLANT OPS. REV MISC.	B	-148,898	OPERATION OF PLANT	7.00	0	33.34
33.35 GRMC BIOMED ENGN. REV MISC.	B	-12,738	OPERATION OF PLANT	7.00	0	33.35
33.36 GRMC CANCER CTR RENTAL INCOME	B	-4,531	OPERATION OF PLANT CANCER	7.04	0	33.36
33.37 GRMC ENVIR SERVI REV MISC.	B	-21,282	HOUSEKEEPING	9.00	0	33.37
33.38 GRMC HOME DELIVER MEALS REV MEALS ON	B	-168,227	DIETARY	10.00	0	33.38
33.39 KLN NUTRITION SERV REV CAFETERIA	B	-88	DIETARY KLEIN	10.01	0	33.39
33.40 KLN NUTRITION SERV DISCOUNTS EARNED	B	-393	DIETARY KLEIN	10.01	0	33.40
33.41 CABLE TV	A	-964	ONCOLOGY	76.06	0	33.41
33.42 GRMC CORPORATE EDUCATION REV MISC.	B	-8,378	NURSING ADMINISTRATION	13.00	0	33.42
33.43 GRMC COMMUNITY EDUCATION REV MISC.	B	-10,361	NURSING ADMINISTRATION	13.00	0	33.43
33.44		0		0.00	0	33.44
33.45 GRMC PHARMACY REV MISC.	B	-40,963	PHARMACY	15.00	0	33.45
33.46 CABLE TV	A	-16,042	OPERATION OF PLANT KLEIN	7.01	0	33.46
33.47		0		0.00	0	33.47
33.48 GRMC WFC-PEDS & SWING KID KARE	B	-161,340	ADULTS & PEDIATRICS	30.00	0	33.48
33.49 CABLE TV	A	-18,641	OPERATION OF PLANT	7.00	0	33.49
33.50 GRMC WFC-NURSERY REV MISC.	B	-67	NURSERY	43.00	0	33.50
33.51		0		0.00	0	33.51
33.52		0		0.00	0	33.52
33.53 CABLE TV	A	-2,316	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.53
33.54		0		0.00	0	33.54
33.55		0		0.00	0	33.55
33.56 CABLE TV	A	-300	DATA PROCESSING	5.02	0	33.56
33.57		0		0.00	0	33.57
33.58 GRMC PAIN MANAGEMENT RENTAL INCOME	B	1,600	O/P REHAB SERVICES	76.02	0	33.58
33.59 GRMC HEALTH FITNESS REV MISC.	B	593	SPORTS FITNESS	76.03	0	33.59
33.60		0		0.00	0	33.60
33.61 GRMC DIABETES EDUCATION REV MISC.	B	-3,263	SPORTS FITNESS	76.03	0	33.61
33.62 GRMC WOUND & HYPERBARIC REV MISC.	B	-30,723	LIFE CENTER	76.04	0	33.62
33.63 GRMC BUSINESS HEALTH REV MISC.	B	-6,984	LIFE CENTER	76.04	0	33.63
33.64 GRMC SUPERIOR AMB REV MISC.	B	-20,404	EMERGENCY	91.00	0	33.64
33.65 GRMC MAT. MGMT. REV MISC.	B	-455,233	PURCHASING RECEIVING AND STORES	5.03	0	33.65
33.66		0		0.00	0	33.66
33.67		0		0.00	0	33.67
33.68 GRMC PHLEBOTOMY REV MISC.	B	-410	LABORATORY	60.00	0	33.68
33.69 DAYCARE DEPRECIATION	A	-51,991	CAP REL COSTS-BLDG & FIXT	1.00	9	33.69
33.70		0		0.00	0	33.70
33.71		0		0.00	0	33.71
33.72		0		0.00	0	33.72
33.73 GRMC HIGH PERFORMANCE REV MISC.	B	-2,988	SPORTS FITNESS	76.03	0	33.73
33.74		0		0.00	0	33.74
33.75		0		0.00	0	33.75
33.76 GRMC VOLUNTEER SERVICES MISC NON-OPE	B	-50	OTHER A&G	5.06	0	33.76
33.77		0		0.00	0	33.77
33.78		0		0.00	0	33.78
33.79 GRMC HOME HEALTH REV MISC.	B	-1,500	HOME HEALTH AGENCY	101.00	0	33.79
33.80		0		0.00	0	33.80

ADJUSTMENTS TO EXPENSES

Provider CCN: 160057

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

Worksheet A-8

Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.81 GRMC HOSPICE REV MI SC.	B	-613	HOSPICE	116.00	0	33.81
33.82		0		0.00	0	33.82
33.83		0		0.00	0	33.83
33.84 GRMC HEART & VASCULAR CENTER GRANTS	B	-27,365	CARDIAC CATHETERIZATION	59.00	0	33.84
33.85 ICF DEPRECIATION COST	A	419,130	NURSING FACILITY	45.00	0	33.85
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		18,205,450				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 160057

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2016 3:29 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.03	PURCHASING RECEIVING AND STO	PURCHASING	5,861	8,373 1.00
2.00	5.06	OTHER A&G	ADMIN & GENERAL	2,292,330	4,409,344 2.00
3.00	13.00	NURSING ADMINISTRATION	NURSING ADMIN	481,045	0 3.00
3.01	45.00	NURSING FACILITY	NURSING ADMIN - KLEIN	239,506	0 3.01
4.00	50.00	OPERATING ROOM	LITHOTRIPTER	19,840	24,800 4.00
4.01	73.00	DRUGS CHARGED TO PATIENTS	PHARMACY	57,459	71,824 4.01
4.02	194.05	HENRY COUNTY HEALTH CENTER	HCHC EXPENSES	30,758,811	0 4.02
5.00	0		0	33,854,852	4,514,341 5.00

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

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

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

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

6.00	C	0.00	HEALTH ENTERPRI	0.00	6.00
7.00	C	0.00	MCMS	100.00	7.00
8.00	E	0.00	HENRY COUNTY HE	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: 160057

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2016 3:29 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-2,512	0		1.00
2.00	-2,117,014	0		2.00
3.00	481,045	0		3.00
3.01	239,506	0		3.01
4.00	-4,960	0		4.00
4.01	-14,365	0		4.01
4.02	30,758,811	0		4.02
5.00	29,340,511			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	PHARMACY, SURG		6.00
7.00	HOME OFFICE		7.00
8.00	MANAGEMENT SVCS		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: 160057

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2016 3:29 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	5.06	OTHER A&G	6,750	6,750	0	0	0	1.00
2.00	55.00	RADIOLOGY-THERAPEUTIC	123,760	123,760	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	64,800	0	64,800	211,500	520	3.00
4.00	76.04	LIFE CENTER	610,722	610,722	0	0	0	4.00
5.00	76.04	LIFE CENTER	82,488	82,488	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			888,520	823,720	64,800		520	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	5.06	OTHER A&G	0	0	0	0	0	1.00
2.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	52,875	2,644	0	0	0	3.00
4.00	76.04	LIFE CENTER	0	0	0	0	0	4.00
5.00	76.04	LIFE CENTER	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			52,875	2,644	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	5.06	OTHER A&G	0	0	0	6,750	1.00
2.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	123,760	2.00
3.00	76.02	O/P REHAB SERVICES	0	52,875	11,925	11,925	3.00
4.00	76.04	LIFE CENTER	0	0	0	610,722	4.00
5.00	76.04	LIFE CENTER	0	0	0	82,488	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	52,875	11,925	835,645	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,496,509	5,496,509			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1,326,496	0	1,326,496		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	9,313	0	0	9,313	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	53,314	0	0	0	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	372,204	0	0	0	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	616,980	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	281,268	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	914,664	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	27,673	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,275,013				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,827,241	36,885	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	217,573	0	0	0	5.01
5.02	00550	DATA PROCESSING	8,600,733	92,162	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	129,822	211,299	0	0	5.03
5.04	00570	ADMINISTRATIVE	1,723,387	37,120	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,101,773	42,495	0	0	5.05
5.06	00591	OTHER A&G	7,663,231	253,945	0	0	5.06
7.00	00700	OPERATION OF PLANT	5,199,552	148,480	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	178,761	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	194,315	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	197,122	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	46,351	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	175,657	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	47,089	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	18,342	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	605,131	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,453,589	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	128,720	0	0	0	9.01
10.00	01000	DIETARY	1,721,756	237,417	0	0	10.00
10.01	01001	DIETARY KLEIN	796,792	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,386,249	73,736	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,363,586	170,702	0	0	14.00
15.00	01500	PHARMACY	2,718,428	48,642	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,702,254	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	331,139	131,818	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,818,155	598,271	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,150,499	172,130	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	671,079	258,564	0	0	41.00
43.00	04300	NURSERY	453,046	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,304,369	0	97,628	0	44.00
45.00	04500	NURSING FACILITY	7,340,453	0	1,225,792	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,507,559	1,464,633	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,160,093	361,576	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,378,018	0	0	9,313	55.00
56.00	05600	RADIOISOTOPE	951,917	21,163	0	0	56.00
57.00	05700	CT SCAN	963,162	41,857	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	658,643	35,105	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	447,663	208,477	0	0	59.00
60.00	06000	LABORATORY	7,443,687	175,791	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,460,646	61,643	0	0	65.00
66.00	06600	PHYSICAL THERAPY	765,392	0	1,568	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	644,878	0	1,298	0	67.00
68.00	06800	SPEECH PATHOLOGY	281,109	0	210	0	68.00
69.00	06900	ELECTROCARDIOLOGY	406,322	13,437	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,647,720	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,164,696	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,250,657	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	376,784	91,876	0	0	76.01
76.02	03950	O/P REHAB SERVICES	2,552,371	0	0	0	76.02
76.03	03951	SPORTS FITNESS	1,183,015	0	0	0	76.03
76.04	03952	LIFE CENTER	2,604,295	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	12,868	0	0	0	76.05
76.06	03480	ONCOLOGY	948,327	0	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	54,962	60,971	0	0	76.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY		
	0	1.00	1.01	1.02	1.03		
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	4,732,129	301,378	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	2,248,483	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	2,740,391	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	160,225,415	5,351,573	1,326,496	9,313	53,314	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,610	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950	SALES TO OUTSIDE ORGANIZATIONS	14,804	0	0	0	0	194.00
194.01 07951	DAYCARE	384,773	0	0	0	0	194.01
194.02 07952	ADVERTISING	1,482,317	73,736	0	0	0	194.02
194.03 07953	OUTREACH REHAB	539,786	0	0	0	0	194.03
194.04 07954	SWITCHBOARD	17,351	0	0	0	0	194.04
194.05 07955	HENRY COUNTY HEALTH CENTER	30,758,811	0	0	0	0	194.05
194.06 07956	OTHER NONREIMBURSABLE COSTS	278,504	37,590	0	0	0	194.06
194.07 07957	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	193,701,761	5,496,509	1,326,496	9,313	53,314	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
		MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	372,204				1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	616,980			1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	281,268		1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	914,664	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	27,673
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	5,315	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00591	OTHER A&G	39,665	21,016	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	334,886	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,315	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	384	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	384	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	384	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	384	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,181	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,457
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	142,805	76.02
76.03	03951	SPORTS FITNESS	0	0	0	224,470	76.03
76.04	03952	LIFE CENTER	472	0	0	70,151	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	ONCOLOGY	38,974	0	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	143,823	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	137,445	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	92,458	21,016	281,268	772,312	11,457	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	278,742	595,964	0	142,352	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	1,004	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	0	16,216	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
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)	372,204	616,980	281,268	914,664	27,673	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
	MVBLE EQUIP						
	2.00	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03 00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04 00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05 00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06 00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07 00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08 00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,275,013					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	68,666	1,932,792				4.00
5.01 00590	ADMINISTRATIVE AND GENERAL	0	9,019	231,907			5.01
5.02 00550	DATA PROCESSING	4,750,490	69,358	10,378	13,523,121	13,523,121	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	115,200	8,697	2,096	467,114	42,276	5.03
5.04 00570	ADMINISTRATIVE	2,445	46,781	3,493	1,813,226	164,104	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,986	39,955	4,191	2,192,400	198,421	5.05
5.06 00591	OTHER A&G	63,697	35,952	7,384	8,084,890	731,715	5.06
7.00 00700	OPERATION OF PLANT	250,787	54,281	12,074	5,665,174	512,721	7.00
7.01 00701	OPERATION OF PLANT KLEIN	147,121	0	0	325,882	29,494	7.01
7.02 00702	OPERATION OF PLANT EASTMAN	0	0	0	194,315	17,586	7.02
7.03 00703	OPERATION OF PLANT MERCY	0	0	0	197,122	17,840	7.03
7.04 00704	OPERATION OF PLANT CANCER	0	0	0	46,351	4,195	7.04
7.05 00705	OPERATION OF PLANT REHAB	65,105	0	0	575,648	52,098	7.05
7.06 00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	47,089	4,262	7.06
7.07 00707	OPERATION OF PLANT WAPELLO	0	0	0	18,342	1,660	7.07
8.00 00800	LAUNDRY & LINEN SERVICE	24,967	16,504	299	700,215	63,372	8.00
9.00 00900	HOUSEKEEPING	19,839	82,917	1,696	2,558,041	231,513	9.00
9.01 00901	HOUSEKEEPING KLEIN	0	1,718	0	130,438	11,805	9.01
10.00 01000	DIETARY	43,137	62,395	3,193	2,067,898	187,153	10.00
10.01 01001	DIETARY KLEIN	4,940	10,752	0	812,484	73,533	10.01
11.00 01100	CAFETERIA	0	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	527,974	51,045	11,675	5,055,994	457,588	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	97,517	40,707	1,696	1,674,208	151,523	14.00
15.00 01500	PHARMACY	225,511	34,817	2,195	3,029,593	274,190	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	34,779	45,385	7,883	2,790,301	252,533	16.00
17.00 01700	SOCIAL SERVICE	1,985	8,819	1,297	475,058	42,995	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	111,463	253,916	19,459	13,801,648	1,249,104	30.00
31.00 03100	INTENSIVE CARE UNIT	35,264	35,952	3,293	2,397,522	216,985	31.00
41.00 04100	SUBPROVIDER - IRF	6,140	13,896	0	949,679	85,950	41.00
43.00 04300	NURSERY	10,582	6,979	0	470,607	42,592	43.00
44.00 04400	SKILLED NURSING FACILITY	4,725	28,989	2,395	1,438,490	130,189	44.00
45.00 04500	NURSING FACILITY	31,257	202,476	9,280	8,809,258	797,273	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	742,142	138,133	15,866	17,868,717	1,617,219	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	459,467	51,382	6,686	4,039,467	365,564	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	519,277	13,666	2,195	1,922,469	173,991	55.00
56.00 05600	RADIOISOTOPE	101,019	3,497	0	1,077,596	97,527	56.00
57.00 05700	CT SCAN	103,523	13,344	0	1,121,886	101,535	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	9,556	10,997	0	714,301	64,647	58.00
59.00 05900	CARDIAC CATHETERIZATION	140,821	22,071	5,089	824,121	74,586	59.00
60.00 06000	LABORATORY	126,337	78,239	5,488	7,830,723	708,712	60.00
65.00 06500	RESPIRATORY THERAPY	25,515	30,891	1,796	1,580,491	143,041	65.00
66.00 06600	PHYSICAL THERAPY	2,635	13,467	599	795,118	71,961	66.00
67.00 06700	OCCUPATIONAL THERAPY	745	12,485	0	659,406	59,679	67.00
68.00 06800	SPEECH PATHOLOGY	0	3,896	0	285,215	25,813	68.00
69.00 06900	ELECTROCARDIOLOGY	46,030	7,454	0	473,243	42,830	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,647,720	239,629	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,164,696	557,930	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,250,657	1,018,229	73.00
76.00 03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01 03280	EKG AND EEG	5,909	8,405	1,996	484,970	43,892	76.01
76.02 03950	O/P REHAB SERVICES	25,488	40,216	12,074	2,772,954	250,963	76.02
76.03 03951	SPORTS FITNESS	17,661	33,621	0	1,458,767	132,024	76.03
76.04 03952	LIFE CENTER	75,039	41,213	1,896	2,793,066	252,784	76.04
76.05 03580	RECREATIONAL THERAPY	0	276	0	13,144	1,190	76.05
76.06 03480	ONCOLOGY	46,304	18,206	3,293	1,055,104	95,491	76.06
76.08 03953	O/P DEPENDENCY SERVICES	0	798	0	116,731	10,565	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	114,465	107,488	6,087	5,261,547	476,191	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
	MVBLE EQUIP						
	2.00		4.00	5.01	5A.01	5.02	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0		92.00
93.00 04950 WELLNESS PROGRAM	0		0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	16,378		43,330	7,783	2,459,797	222,621	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
116.00 11600 HOSPICE	41,180		40,231	0	2,959,247	267,824	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,267,068		1,894,616	174,825	158,942,998	13,161,108	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	0	33,610	3,042	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0		0	0	1,017,058	92,048	192.00
194.00 07950 SALES TO OUTSIDE ORGANIZATIONS	0		0	0	14,804	1,340	194.00
194.01 07951 DAYCARE	7,945		22,777	9,879	425,374	38,498	194.01
194.02 07952 ADVERTISING	0		1,534	0	1,558,591	141,059	194.02
194.03 07953 OUTREACH REHAB	0		7,945	0	547,731	49,572	194.03
194.04 07954 SWITCHBOARD	0		2,868	47,203	67,422	6,102	194.04
194.05 07955 HENRY COUNTY HEALTH CENTER	0		0	0	30,758,811	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COSTS	0		3,052	0	335,362	30,352	194.06
194.07 07957 MEALS ON WHEELS	0		0	0	0	0	194.07
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)	9,275,013		1,932,792	231,907	193,701,761	13,523,121	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	509,390					5.03
5.04	00570	ADMINITTING	97	1,977,427				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	299	0	2,391,120			5.05
5.06	00591	OTHER A&G	1,214	0	0	8,817,819	8,817,819	5.06
7.00	00700	OPERATION OF PLANT	602	0	0	6,178,497	294,677	7.00
7.01	00701	OPERATION OF PLANT KLEIN	5	0	0	355,381	16,950	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	211,901	10,106	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	214,962	10,252	7.03
7.04	00704	OPERATION OF PLANT CANCER	16	0	0	50,562	2,412	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	627,746	29,940	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	51,351	2,449	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	20,002	954	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	2,492	0	0	766,079	36,537	8.00
9.00	00900	HOUSEKEEPING	3,953	0	0	2,793,507	133,234	9.00
9.01	00901	HOUSEKEEPING KLEIN	825	0	0	143,068	6,823	9.01
10.00	01000	DIETARY	632	0	0	2,255,683	107,583	10.00
10.01	01001	DIETARY KLEIN	85	0	0	886,102	42,262	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	823	0	0	5,514,405	263,004	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,884	0	0	1,827,615	87,166	14.00
15.00	01500	PHARMACY	2,541	0	0	3,306,324	157,692	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	209	0	0	3,043,043	145,135	16.00
17.00	01700	SOCIAL SERVICE	23	0	0	518,076	24,709	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,821	178,104	210,928	15,457,605	737,235	30.00
31.00	03100	INTENSIVE CARE UNIT	9,351	27,178	32,187	2,683,223	127,974	31.00
41.00	04100	SUBPROVIDER - I RF	20	9,177	10,868	1,055,694	50,350	41.00
43.00	04300	NURSERY	746	7,822	9,264	531,031	25,327	43.00
44.00	04400	SKILLED NURSING FACILITY	179	10,744	12,724	1,592,326	75,944	44.00
45.00	04500	NURSING FACILITY	5,769	0	49,467	9,661,767	460,808	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	286,487	456,435	540,352	20,769,210	990,567	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,782	78,173	92,580	4,579,303	218,405	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	542	54,964	65,093	2,217,059	105,740	55.00
56.00	05600	RADIOISOTOPE	12,148	20,143	23,856	1,231,270	58,724	56.00
57.00	05700	CT SCAN	4,309	106,636	126,289	1,460,655	69,664	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,276	74,253	87,937	942,414	44,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	62,214	98,319	116,438	1,175,678	56,073	59.00
60.00	06000	LABORATORY	49,809	181,536	214,992	8,985,772	428,567	60.00
65.00	06500	RESPIRATORY THERAPY	3,628	56,453	66,857	1,850,470	88,256	65.00
66.00	06600	PHYSICAL THERAPY	911	10,503	12,438	890,931	42,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	51	7,897	9,352	736,385	35,121	67.00
68.00	06800	SPEECH PATHOLOGY	36	2,949	3,493	317,506	15,143	68.00
69.00	06900	ELECTROCARDIOLOGY	82	35,222	41,713	593,090	28,287	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,718	31,642	2,945,709	140,493	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64,647	76,561	6,863,834	327,364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	179,952	213,116	12,661,954	603,899	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	285	12,693	15,032	556,872	26,559	76.01
76.02	03950	O/P REHAB SERVICES	1,026	30,262	35,839	3,091,044	147,424	76.02
76.03	03951	SPORTS FITNESS	612	2,945	3,488	1,597,836	76,207	76.03
76.04	03952	LIFE CENTER	14,472	50,025	59,244	3,169,591	151,170	76.04
76.05	03580	RECREATIONAL THERAPY	0	76	90	14,500	692	76.05
76.06	03480	ONCOLOGY	1,971	10,984	13,008	1,176,558	56,115	76.06
76.08	03953	O/P DEPENDENCY SERVICES	12	2	2	127,312	6,072	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,996	157,561	186,598	6,094,893	290,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	
		5.03	5.04	5.05	5A.05	5.06	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	485	11,859	14,045	2,708,807	129,194	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	2,097	13,195	15,627	3,257,990	155,387	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	508,817	1,977,427	2,391,120	158,580,412	7,142,775	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	36,652	1,748	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,109,106	52,898	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	47	0	0	16,191	772	194.00
194.01	07951 DAYCARE	520	0	0	464,392	22,149	194.01
194.02	07952 ADVERTISING	0	0	0	1,699,650	81,063	194.02
194.03	07953 OUTREACH REHAB	6	0	0	597,309	28,488	194.03
194.04	07954 SWITCHBOARD	0	0	0	73,524	3,507	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	30,758,811	1,466,977	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	365,714	17,442	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	509,390	1,977,427	2,391,120	193,701,761	8,817,819	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT	6,473,174					7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	372,331				7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	222,007			7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	225,214		7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	52,974	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	103,934	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	323,519	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	100,477	0	0	3,658	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	232,609	0	0	0	0	14.00
15.00	01500	PHARMACY	66,283	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	179,623	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	815,241	0	0	264	0	30.00
31.00	03100	INTENSIVE CARE UNIT	234,554	0	0	264	0	31.00
41.00	04100	SUBPROVIDER - IRF	352,335	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	27,403	0	264	0	44.00
45.00	04500	NURSING FACILITY	0	344,065	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,995,794	0	0	264	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	492,706	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	52,974	55.00
56.00	05600	RADIOISOTOPE	28,839	0	0	0	0	56.00
57.00	05700	CT SCAN	57,036	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47,836	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	284,083	0	0	0	0	59.00
60.00	06000	LABORATORY	239,544	0	0	813	0	60.00
65.00	06500	RESPIRATORY THERAPY	83,998	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	440	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	364	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	59	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,310	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	125,196	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	325	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	26,824	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	83,083	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	410,676	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
		7.00	7.01	7.02	7.03	7.04	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,275,676	372,331	0	32,676	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	45,798	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	222,007	191,847	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	194.01
194.02	07952	ADVERTISING	100,477	0	0	691	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	51,223	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	194.07
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)	6,473,174	372,331	222,007	225,214	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

Period:
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To 06/30/2016

Worksheet B
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Cost Center Description		OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPI CE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		7.05	7.06	7.07	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04	
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05	
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06	
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07	
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00590	ADMINISTRATIVE AND GENERAL					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	00591	OTHER A&G					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT KLEIN					7.01	
7.02	00702	OPERATION OF PLANT EASTMAN					7.02	
7.03	00703	OPERATION OF PLANT MERCY					7.03	
7.04	00704	OPERATION OF PLANT CANCER					7.04	
7.05	00705	OPERATION OF PLANT REHAB	657,686				7.05	
7.06	00706	OPERATION OF PLANT HHA/HOSPI CE	0	53,800			7.06	
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	20,956		7.07	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	906,550	8.00	
9.00	00900	HOUSEKEEPING	0	0	0	0	2,926,741	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	22,817	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	5,952	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	17,857	14.00
15.00	01500	PHARMACY	0	0	0	0	205,357	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	8,929	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	4,960	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	217,084	744,201	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	33,373	119,048	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	5,967	23,810	41.00
43.00	04300	NURSERY	0	0	0	0	5,952	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	5,673	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	71,223	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	170,582	714,287	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	73,822	95,238	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,561	95,238	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,664	0	59.00
60.00	06000	LABORATORY	0	0	0	421	51,587	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,944	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,676	71	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	3,790	0	76.01
76.02	03950	O/P REHAB SERVICES	161,994	0	0	40,743	261,905	76.02
76.03	03951	SPORTS FITNESS	254,633	0	0	7,928	0	76.03
76.04	03952	LIFE CENTER	79,578	0	0	3,518	35,714	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	1,759	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	91,876	220,238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.05	7.06	7.07	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	27,510	0	0	286,707	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	26,290	0	7,305	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	496,205	53,800	8,676	759,360	2,926,741	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	161,481	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	12,280	147,190	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
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)	657,686	53,800	20,956	906,550	2,926,741	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part I Date/Time Prepared: 11/22/2016 3:29 pm
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Cost Center Description		HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
		9.01	10.00	10.01	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL					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	00591	OTHER A&G					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT KLEIN					7.01
7.02	00702	OPERATION OF PLANT EASTMAN					7.02
7.03	00703	OPERATION OF PLANT MERCY					7.03
7.04	00704	OPERATION OF PLANT CANCER					7.04
7.05	00705	OPERATION OF PLANT REHAB					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE					7.06
7.07	00707	OPERATION OF PLANT WAPELLO					7.07
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING KLEIN	149,891				9.01
10.00	01000	DIETARY	0	2,709,602			10.00
10.01	01001	DIETARY KLEIN	0	0	928,364		10.01
11.00	01100	CAFETERIA	0	1,983,182	0	1,983,182	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	67,737	5,955,233
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	54,019	259,467
15.00	01500	PHARMACY	0	0	0	46,203	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	60,227	0
17.00	01700	SOCIAL SERVICE	0	0	0	11,703	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	496,344	0	336,957	1,618,720
31.00	03100	INTENSIVE CARE UNIT	0	23,494	0	47,709	229,230
41.00	04100	SUBPROVIDER - IIRF	0	31,425	0	18,440	88,548
43.00	04300	NURSERY	0	0	0	9,261	44,464
44.00	04400	SKILLED NURSING FACILITY	10,492	0	64,985	38,468	179,282
45.00	04500	NURSING FACILITY	139,399	0	863,379	268,689	1,296,307
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	46	0	183,305	880,589
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,185	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,135	0
56.00	05600	RADIOISOTOPE	0	0	0	4,641	0
57.00	05700	CT SCAN	0	0	0	17,708	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,594	0
59.00	05900	CARDIAC CATHETERIZATION	0	1,597	0	29,289	140,686
60.00	06000	LABORATORY	0	0	0	103,824	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	40,992	0
66.00	06600	PHYSICAL THERAPY	0	0	0	17,871	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,568	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,170	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,892	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03040	AUDIOLOGY	0	0	0	0	0
76.01	03280	EKG AND EEG	0	0	0	11,154	0
76.02	03950	O/P REHAB SERVICES	0	0	0	53,367	0
76.03	03951	SPORTS FITNESS	0	0	0	44,615	0
76.04	03952	LIFE CENTER	0	0	0	54,690	0
76.05	03580	RECREATIONAL THERAPY	0	0	0	366	0
76.06	03480	ONCOLOGY	0	0	0	24,160	0
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	1,058	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	11,545	0	142,639	685,258
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0

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Cost Center Description		HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION		
		9.01	10.00	10.01	11.00	13.00		
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	57,499	276,194	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,358	0	53,388	256,488	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	149,891	2,554,991	928,364	1,932,523	5,955,233	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	30,225	0	194.01
194.02	07952	ADVERTISING	0	0	0	2,035	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	10,543	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	3,806	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	0	0	4,050	0	194.06
194.07	07957	MEALS ON WHEELS	0	154,611	0	0	0	194.07
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)	149,891	2,709,602	928,364	1,983,182	5,955,233	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL					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	00591	OTHER A&G					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT KLEIN					7.01
7.02	00702	OPERATION OF PLANT EASTMAN					7.02
7.03	00703	OPERATION OF PLANT MERCY					7.03
7.04	00704	OPERATION OF PLANT CANCER					7.04
7.05	00705	OPERATION OF PLANT REHAB					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE					7.06
7.07	00707	OPERATION OF PLANT WAPELLO					7.07
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING KLEIN					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY KLEIN					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,478,733				14.00
15.00	01500	PHARMACY	12,841	3,794,700			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,054	0	3,258,388		16.00
17.00	01700	SOCIAL SERVICE	115	0	0	739,186	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	90,056	106	287,410	163,677	20,964,900
31.00	03100	INTENSIVE CARE UNIT	47,254	4	43,858	14,245	3,604,230
41.00	04100	SUBPROVIDER - I RF	99	0	14,808	11,921	1,653,397
43.00	04300	NURSERY	3,772	6	12,622	11,487	643,922
44.00	04400	SKILLED NURSING FACILITY	0	53,501	17,337	30,751	2,096,426
45.00	04500	NURSING FACILITY	0	27,757	67,403	386,092	13,586,889
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,447,701	43,380	736,532	0	27,932,257
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,110	2,322	126,149	0	5,675,240
55.00	05500	RADIOLOGY-THERAPEUTIC	2,737	0	88,696	0	2,588,140
56.00	05600	RADIOISOTOPE	61,389	21,066	32,506	0	1,438,435
57.00	05700	CT SCAN	21,775	1,129	172,081	0	1,800,048
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,447	1	119,823	0	1,176,062
59.00	05900	CARDIAC CATHETERIZATION	314,392	3,511	158,659	0	2,180,632
60.00	06000	LABORATORY	251,707	431	292,948	0	10,355,614
65.00	06500	RESPIRATORY THERAPY	18,336	223	91,099	0	2,180,318
66.00	06600	PHYSICAL THERAPY	4,606	0	16,949	0	982,036
67.00	06700	OCCUPATIONAL THERAPY	256	0	12,744	0	801,438
68.00	06800	SPEECH PATHOLOGY	183	0	4,760	0	342,821
69.00	06900	ELECTROCARDIOLOGY	412	0	56,838	0	706,829
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	43,115	0	3,129,317
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	104,322	0	7,295,520
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,574,811	290,392	0	17,131,056
76.00	03040	AUDIOLOGY	0	0	0	0	0
76.01	03280	EKG AND EEG	1,442	0	20,483	0	745,496
76.02	03950	O/P REHAB SERVICES	5,186	383	48,835	0	3,810,881
76.03	03951	SPORTS FITNESS	3,092	0	4,753	0	1,989,064
76.04	03952	LIFE CENTER	73,132	9,927	80,726	0	3,658,371
76.05	03580	RECREATIONAL THERAPY	0	0	123	0	15,681
76.06	03480	ONCOLOGY	9,961	0	17,725	0	1,313,102
76.08	03953	O/P DEPENDENCY SERVICES	59	0	3	0	217,587
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	65,672	350	254,259	0	8,268,096
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0

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		14.00	15.00	16.00	17.00	24.00		
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,451	178	19,137	110,589	3,618,266	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,598	55,614	21,293	10,424	3,862,135	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,475,835	3,794,700	3,258,388	739,186	155,764,206	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	84,198	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,737,339	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	240	0	0	0	17,203	194.00
194.01	07951	DAYCARE	2,629	0	0	0	519,395	194.01
194.02	07952	ADVERTISING	0	0	0	0	1,883,916	194.02
194.03	07953	OUTREACH REHAB	29	0	0	0	636,369	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	80,837	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	32,225,788	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	0	0	0	597,899	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	154,611	194.07
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)	2,478,733	3,794,700	3,258,388	739,186	193,701,761	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	ADMINISTRATIVE AND GENERAL		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	00591	OTHER A&G		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT KLEIN		7.01
7.02	00702	OPERATION OF PLANT EASTMAN		7.02
7.03	00703	OPERATION OF PLANT MERCY		7.03
7.04	00704	OPERATION OF PLANT CANCER		7.04
7.05	00705	OPERATION OF PLANT REHAB		7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE		7.06
7.07	00707	OPERATION OF PLANT WAPELLO		7.07
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING KLEIN		9.01
10.00	01000	DIETARY		10.00
10.01	01001	DIETARY KLEIN		10.01
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	20,964,900	30.00
31.00	03100	INTENSIVE CARE UNIT	3,604,230	31.00
41.00	04100	SUBPROVIDER - IRF	1,653,397	41.00
43.00	04300	NURSERY	643,922	43.00
44.00	04400	SKILLED NURSING FACILITY	2,096,426	44.00
45.00	04500	NURSING FACILITY	13,586,889	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	27,932,257	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,675,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,588,140	55.00
56.00	05600	RADIOISOTOPE	1,438,435	56.00
57.00	05700	CT SCAN	1,800,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,176,062	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,180,632	59.00
60.00	06000	LABORATORY	10,355,614	60.00
65.00	06500	RESPIRATORY THERAPY	2,180,318	65.00
66.00	06600	PHYSICAL THERAPY	982,036	66.00
67.00	06700	OCCUPATIONAL THERAPY	801,438	67.00
68.00	06800	SPEECH PATHOLOGY	342,821	68.00
69.00	06900	ELECTROCARDIOLOGY	706,829	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,129,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,295,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,131,056	73.00
76.00	03040	AUDIOLOGY	0	76.00
76.01	03280	EKG AND EEG	745,496	76.01
76.02	03950	O/P REHAB SERVICES	3,810,881	76.02
76.03	03951	SPORTS FITNESS	1,989,064	76.03
76.04	03952	LIFE CENTER	3,658,371	76.04
76.05	03580	RECREATIONAL THERAPY	15,681	76.05
76.06	03480	ONCOLOGY	1,313,102	76.06
76.08	03953	O/P DEPENDENCY SERVICES	217,587	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	8,268,096	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160057

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00	04950	WELLNESS PROGRAM	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	3,618,266	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	3,862,135	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	155,764,206	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	84,198	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,737,339	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	17,203	194.00
194.01	07951	DAYCARE	0	519,395	194.01
194.02	07952	ADVERTISING	0	1,883,916	194.02
194.03	07953	OUTREACH REHAB	0	636,369	194.03
194.04	07954	SWITCHBOARD	0	80,837	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	32,225,788	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	597,899	194.06
194.07	07957	MEALS ON WHEELS	0	154,611	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	193,701,761	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	34,523	36,885	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	1,915,351	92,162	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	211,299	0	0	5.03
5.04	00570	ADMINISTRATIVE	0	37,120	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	41,805	42,495	0	0	5.05
5.06	00591	OTHER A&G	393,903	253,945	0	0	5.06
7.00	00700	OPERATION OF PLANT	604	148,480	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	53,314	8.00
9.00	00900	HOUSEKEEPING	740	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	237,417	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	63,198	73,736	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	3,500	170,702	0	0	14.00
15.00	01500	PHARMACY	6,033	48,642	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,497	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	131,818	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,944	598,271	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,300	172,130	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	90	258,564	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	97,628	0	44.00
45.00	04500	NURSING FACILITY	0	0	1,225,792	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,275	1,464,633	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,198	361,576	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,411	0	0	9,313	55.00
56.00	05600	RADIOISOTOPE	0	21,163	0	0	56.00
57.00	05700	CT SCAN	0	41,857	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,105	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,250	208,477	0	0	59.00
60.00	06000	LABORATORY	2,475	175,791	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	301	61,643	0	0	65.00
66.00	06600	PHYSICAL THERAPY	-697	0	1,568	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,298	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	210	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,437	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	360	91,876	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	449	0	0	0	76.03
76.04	03952	LIFE CENTER	22,200	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	60,971	0	0	76.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		1.00	1.01	1.02	1.03	
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	5,889	301,378	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	991	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	78,786	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,857,376	5,351,573	1,326,496	9,313	53,314	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,610	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01 07951 DAYCARE	0	0	0	0	0	194.01
194.02 07952 ADVERTISING	0	73,736	0	0	0	194.02
194.03 07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04 07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05 07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COSTS	0	37,590	0	0	0	194.06
194.07 07957 MEALS ON WHEELS	0	0	0	0	0	194.07
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)	2,857,376	5,496,509	1,326,496	9,313	53,314	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
		MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	5,315	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00591	OTHER A&G	39,665	21,016	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	334,886	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,315	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	384	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	384	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	384	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	384	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,181	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,457	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	142,805	76.02
76.03	03951	SPORTS FITNESS	0	0	0	224,470	76.03
76.04	03952	LIFE CENTER	472	0	0	70,151	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	ONCOLOGY	38,974	0	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
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Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	143,823	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	137,445	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	92,458	21,016	281,268	772,312	11,457	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	278,742	595,964	0	142,352	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	1,004	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	0	16,216	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
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)	372,204	616,980	281,268	914,664	27,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
	MVBLE EQUIP						
	2.00	2A					
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	68,666	140,074	140,074		4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	5,315	654	5,969	5.01
5.02	00550	DATA PROCESSING	4,750,490	6,758,003	5,027	267	6,763,297
5.03	00560	PURCHASING RECEIVING AND STORES	115,200	326,499	630	54	21,143
5.04	00570	ADMINISTRATIVE	2,445	39,565	3,390	90	82,074
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,986	88,286	2,896	108	99,237
5.06	00591	OTHER A&G	63,697	772,226	2,606	190	365,954
7.00	00700	OPERATION OF PLANT	250,787	399,871	3,934	311	256,428
7.01	00701	OPERATION OF PLANT KLEIN	147,121	147,121	0	0	14,751
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	8,795
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	8,923
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	2,098
7.05	00705	OPERATION OF PLANT REHAB	65,105	399,991	0	0	26,056
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	2,131
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	830
8.00	00800	LAUNDRY & LINEN SERVICE	24,967	78,281	1,196	8	31,695
9.00	00900	HOUSEKEEPING	19,839	20,579	6,009	44	115,787
9.01	00901	HOUSEKEEPING KLEIN	0	0	124	0	5,904
10.00	01000	DIETARY	43,137	280,554	4,522	82	93,601
10.01	01001	DIETARY KLEIN	4,940	4,940	779	0	36,776
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	527,974	670,223	3,699	301	228,855
14.00	01400	CENTRAL SERVICE & SUPPLY	97,517	271,719	2,950	44	75,781
15.00	01500	PHARMACY	225,511	280,186	2,523	57	137,131
16.00	01600	MEDICAL RECORDS & LIBRARY	34,779	76,276	3,289	203	126,300
17.00	01700	SOCIAL SERVICE	1,985	133,803	639	33	21,503
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	111,463	750,062	18,401	501	624,718
31.00	03100	INTENSIVE CARE UNIT	35,264	214,078	2,606	85	108,521
41.00	04100	SUBPROVIDER - IRF	6,140	264,794	1,007	0	42,986
43.00	04300	NURSERY	10,582	10,582	506	0	21,302
44.00	04400	SKILLED NURSING FACILITY	4,725	102,737	2,101	62	65,112
45.00	04500	NURSING FACILITY	31,257	1,257,049	14,674	239	398,742
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	742,142	2,213,434	10,011	408	808,771
54.00	05400	RADIOLOGY-DIAGNOSTIC	459,467	995,241	3,724	172	182,831
55.00	05500	RADIOLOGY-THERAPEUTIC	519,277	542,001	990	57	87,019
56.00	05600	RADIOLOGY-SOFT	101,019	122,182	253	0	48,776
57.00	05700	CT SCAN	103,523	145,380	967	0	50,781
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,556	44,661	797	0	32,332
59.00	05900	CARDIAC CATHETERIZATION	140,821	354,548	1,600	131	37,303
60.00	06000	LABORATORY	126,337	305,784	5,670	141	354,450
65.00	06500	RESPIRATORY THERAPY	25,515	87,459	2,239	46	71,539
66.00	06600	PHYSICAL THERAPY	2,635	14,963	976	15	35,990
67.00	06700	OCCUPATIONAL THERAPY	745	2,043	905	0	29,847
68.00	06800	SPEECH PATHOLOGY	0	210	282	0	12,910
69.00	06900	ELECTROCARDIOLOGY	46,030	59,467	540	0	21,421
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	119,846
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	279,039
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	509,250
76.00	03040	AUDIOLOGY	0	0	0	0	0
76.01	03280	EKG AND EEG	5,909	98,145	609	51	21,952
76.02	03950	O/P REHAB SERVICES	25,488	168,293	2,915	311	125,515
76.03	03951	SPORTS FITNESS	17,661	242,580	2,437	0	66,030
76.04	03952	LIFE CENTER	75,039	167,862	2,987	49	126,425
76.05	03580	RECREATIONAL THERAPY	0	0	20	0	595
76.06	03480	ONCOLOGY	46,304	85,278	1,319	85	47,758
76.08	03953	O/P DEPENDENCY SERVICES	0	60,971	58	0	5,284
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	114,465	421,732	7,790	157	238,159

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			MVBLE EQUIP						
			2.00	2A	4.00	5.01	5.02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0					92.00
93.00	04950	WELLNESS PROGRAM	0	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	16,378	161,192	3,140		200	111,340	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	41,180	257,411	2,916		0	133,947	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,267,068	20,043,651	137,307		4,502	6,582,244	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,610		0	0	1,521	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,017,058		0	0	46,036	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0		0	0	670	194.00
194.01	07951	DAYCARE	7,945	7,945	1,651		254	19,254	194.01
194.02	07952	ADVERTISING	0	74,740		111	0	70,548	194.02
194.03	07953	OUTREACH REHAB	0	0		576	0	24,792	194.03
194.04	07954	SWITCHBOARD	0	0		208	1,213	3,052	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0		0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	53,806		221	0	15,180	194.06
194.07	07957	MEALS ON WHEELS	0	0		0	0	0	194.07
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)	9,275,013	21,230,810	140,074		5,969	6,763,297	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
		5.03	5.04	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	348,326				5.03
5.04	00570	ADMINITTING	67	125,186			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	205	0	190,732		5.05
5.06	00591	OTHER A&G	830	0	0	1,141,806	5.06
7.00	00700	OPERATION OF PLANT	412	0	0	38,158	699,114
7.01	00701	OPERATION OF PLANT KLEIN	3	0	0	2,195	0
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	1,309	0
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	1,328	0
7.04	00704	OPERATION OF PLANT CANCER	11	0	0	312	0
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	3,877	0
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	317	0
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	124	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,704	0	0	4,731	11,225
9.00	00900	HOUSEKEEPING	2,703	0	0	17,253	0
9.01	00901	HOUSEKEEPING KLEIN	564	0	0	884	0
10.00	01000	DIETARY	432	0	0	13,931	34,941
10.01	01001	DIETARY KLEIN	58	0	0	5,473	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	563	0	0	34,057	10,852
14.00	01400	CENTRAL SERVICE & SUPPLY	1,288	0	0	11,287	25,122
15.00	01500	PHARMACY	1,738	0	0	20,420	7,159
16.00	01600	MEDICAL RECORDS & LIBRARY	143	0	0	18,794	0
17.00	01700	SOCIAL SERVICE	16	0	0	3,200	19,400
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,186	11,269	16,825	95,466	88,047
31.00	03100	INTENSIVE CARE UNIT	6,394	1,720	2,568	16,572	25,332
41.00	04100	SUBPROVIDER - I RF	13	581	867	6,520	38,053
43.00	04300	NURSERY	510	495	739	3,280	0
44.00	04400	SKILLED NURSING FACILITY	123	680	1,015	9,834	0
45.00	04500	NURSING FACILITY	3,945	0	3,946	59,671	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	195,901	28,945	43,098	128,271	215,549
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,586	4,946	7,385	28,282	53,213
55.00	05500	RADIOLOGY-THERAPEUTIC	370	3,478	5,192	13,693	0
56.00	05600	RADIOISOTOPE	8,307	1,275	1,903	7,604	3,115
57.00	05700	CT SCAN	2,947	6,747	10,074	9,021	6,160
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	872	4,698	7,015	5,820	5,166
59.00	05900	CARDIAC CATHETERIZATION	42,543	6,221	9,288	7,261	30,681
60.00	06000	LABORATORY	34,060	11,487	17,150	55,496	25,871
65.00	06500	RESPIRATORY THERAPY	2,481	3,572	5,333	11,429	9,072
66.00	06600	PHYSICAL THERAPY	623	665	992	5,502	0
67.00	06700	OCCUPATIONAL THERAPY	35	500	746	4,548	0
68.00	06800	SPEECH PATHOLOGY	25	187	279	1,961	0
69.00	06900	ELECTROCARDIOLOGY	56	2,229	3,327	3,663	1,978
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,691	2,524	18,193	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,090	6,107	42,391	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,386	17,000	78,200	0
76.00	03040	AUDIOLOGY	0	0	0	0	0
76.01	03280	EKG AND EEG	195	803	1,199	3,439	13,521
76.02	03950	O/P REHAB SERVICES	702	1,915	2,859	19,090	0
76.03	03951	SPORTS FITNESS	418	186	278	9,868	0
76.04	03952	LIFE CENTER	9,896	3,165	4,726	19,575	0
76.05	03580	RECREATIONAL THERAPY	0	5	7	90	0
76.06	03480	ONCOLOGY	1,348	695	1,038	7,266	0
76.08	03953	O/P DEPENDENCY SERVICES	8	0	0	786	8,973
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,887	9,970	14,885	37,642	44,354
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

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Cost Center Description		PURCHASING RECEIVING AND STORES 5.03	ADMINISTRATIVE 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER A&G 5.06	OPERATION OF PLANT 7.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	332	750	1,120	16,730	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,434	835	1,247	20,121	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	347,934	125,186	190,732	924,935	677,784	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	226	4,946	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	6,850	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	32	0	0	100	0	194.00
194.01	07951 DAYCARE	356	0	0	2,868	0	194.01
194.02	07952 ADVERTISING	0	0	0	10,497	10,852	194.02
194.03	07953 OUTREACH REHAB	4	0	0	3,689	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	454	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	189,928	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	2,259	5,532	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
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)	348,326	125,186	190,732	1,141,806	699,114	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:29 pm
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Cost Center Description			OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	164,070					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	10,104				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	10,251			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	2,421		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	429,924	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	166	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	12	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,075	0	12	0	0	44.00
45.00	04500	NURSING FACILITY	151,614	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	12	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,421	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	37	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	194	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	161	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	26	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	105,894	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	166,452	76.03
76.04	03952	LIFE CENTER	0	0	15	0	52,019	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	1,221	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
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
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		OPERATION OF	OPERATION OF	OPERATION OF	OPERATION OF	OPERATION OF	
		PLANT KLEIN	PLANT EASTMAN	PLANT MERCY	PLANT CANCER	PLANT REHAB	
		7.01	7.02	7.03	7.04	7.05	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	164,070	0	1,487	2,421	324,365	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	10,104	8,733	0	105,559	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	31	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
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)	164,070	10,104	10,251	2,421	429,924	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:29 pm		
Cost Center Description		OPERATION OF PLANT HHA/HOSPICE 7.06	OPERATION OF PLANT WAPELLO 7.07	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING KLEIN 9.01
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER				1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY				1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY				1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN				1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB				1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	ADMINISTRATIVE AND GENERAL				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	00591	OTHER A&G				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT KLEIN				7.01
7.02	00702	OPERATION OF PLANT EASTMAN				7.02
7.03	00703	OPERATION OF PLANT MERCY				7.03
7.04	00704	OPERATION OF PLANT CANCER				7.04
7.05	00705	OPERATION OF PLANT REHAB				7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	2,448			7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	954		7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	128,840	8.00
9.00	00900	HOUSEKEEPING	0	0	0	162,375
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0
10.00	01000	DIETARY	0	0	0	1,266
10.01	01001	DIETARY KLEIN	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	330
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	991
15.00	01500	PHARMACY	0	0	0	11,393
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	495
17.00	01700	SOCIAL SERVICE	0	0	0	275
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	30,853	41,290
31.00	03100	INTENSIVE CARE UNIT	0	0	4,743	6,605
41.00	04100	SUBPROVIDER - I RF	0	0	848	1,321
43.00	04300	NURSERY	0	0	0	330
44.00	04400	SKILLED NURSING FACILITY	0	0	806	0
45.00	04500	NURSING FACILITY	0	0	10,122	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	24,243	39,628
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	10,492	5,284
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,075	5,284
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,368	0
60.00	06000	LABORATORY	0	0	60	2,862
65.00	06500	RESPIRATORY THERAPY	0	0	0	385
66.00	06600	PHYSICAL THERAPY	0	395	10	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
76.00	03040	AUDIOLOGY	0	0	0	0
76.01	03280	EKG AND EEG	0	0	539	0
76.02	03950	O/P REHAB SERVICES	0	0	5,790	14,530
76.03	03951	SPORTS FITNESS	0	0	1,127	0
76.04	03952	LIFE CENTER	0	0	500	1,981
76.05	03580	RECREATIONAL THERAPY	0	0	0	0
76.06	03480	ONCOLOGY	0	0	250	0
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	13,057	12,219
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
93.00	04950	WELLNESS PROGRAM	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT WAPELLLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING KLEIN		
		HHA/HOSPICE 7.06	7.07	8.00	9.00	9.01		
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,252	0	0	15,906	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,196	0	1,038	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,448	395	107,921	162,375	7,476	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	ADVERTISING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	559	20,919	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	2,448	954	128,840	162,375	7,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet B Part II Date/Time Prepared: 11/22/2016 3:29 pm	
Cost Center	Description	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY		
		10.00	10.01	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						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	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	429,329					10.00
10.01	01001	DIETARY KLEIN	0	48,026				10.01
11.00	01100	CAFETERIA	314,230	0	314,230			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	10,733	959,779		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	8,559	41,817	439,558	14.00
15.00	01500	PHARMACY	0	0	7,321	0	2,277	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	9,543	0	187	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,854	0	20	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,644	0	53,390	260,882	15,969	30.00
31.00	03100	INTENSIVE CARE UNIT	3,723	0	7,559	36,944	8,379	31.00
41.00	04100	SUBPROVIDER - I RF	4,979	0	2,922	14,271	17	41.00
43.00	04300	NURSERY	0	0	1,467	7,166	669	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,362	6,095	28,894	0	44.00
45.00	04500	NURSING FACILITY	0	44,664	42,573	208,920	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7	0	29,044	141,921	256,732	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	10,804	0	3,389	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,873	0	485	55.00
56.00	05600	RADIOISOTOPE	0	0	735	0	10,886	56.00
57.00	05700	CT SCAN	0	0	2,806	0	3,861	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,312	0	1,143	58.00
59.00	05900	CARDIAC CATHETERIZATION	253	0	4,641	22,674	55,750	59.00
60.00	06000	LABORATORY	0	0	16,451	0	44,635	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,495	0	3,251	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,832	0	817	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,625	0	45	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	819	0	32	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,567	0	73	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	1,767	0	256	76.01
76.02	03950	O/P REHAB SERVICES	0	0	8,456	0	920	76.02
76.03	03951	SPORTS FITNESS	0	0	7,069	0	548	76.03
76.04	03952	LIFE CENTER	0	0	8,666	0	12,968	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	58	0	0	76.05
76.06	03480	ONCOLOGY	0	0	3,828	0	1,766	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	0	168	0	10	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,829	0	22,601	110,440	11,646	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	9,111	44,513	435	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,166	0	8,459	41,337	1,879	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	404,831	48,026	306,203	959,779	439,045	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	42	194.00
194.01	07951 DAYCARE	0	0	4,789	0	466	194.01
194.02	07952 ADVERTISING	0	0	322	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	1,671	0	5	194.03
194.04	07954 SWITCHBOARD	0	0	603	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	642	0	0	194.06
194.07	07957 MEALS ON WHEELS	24,498	0	0	0	0	194.07
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)	429,329	48,026	314,230	959,779	439,558	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:29 pm	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	15.00	16.00	17.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - KLEIN				1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT - CANCER				1.02
1.03 00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY				1.03
1.04 00104	CAP REL COSTS-BLDG & FIXT - MERCY				1.04
1.05 00105	CAP REL COSTS-BLDG & FIXT - EASTMAN				1.05
1.06 00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP				1.06
1.07 00107	CAP REL COSTS-BLDG & FIXT - REHAB				1.07
1.08 00108	CAP REL COSTS-BLDG & FIXT - WAPELLO				1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00590	ADMINISTRATIVE AND GENERAL				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 00591	OTHER A&G				5.06
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	OPERATION OF PLANT KLEIN				7.01
7.02 00702	OPERATION OF PLANT EASTMAN				7.02
7.03 00703	OPERATION OF PLANT MERCY				7.03
7.04 00704	OPERATION OF PLANT CANCER				7.04
7.05 00705	OPERATION OF PLANT REHAB				7.05
7.06 00706	OPERATION OF PLANT HHA/HOSPICE				7.06
7.07 00707	OPERATION OF PLANT WAPELLO				7.07
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
9.01 00901	HOUSEKEEPING KLEIN				9.01
10.00 01000	DIETARY				10.00
10.01 01001	DIETARY KLEIN				10.01
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICE & SUPPLY				14.00
15.00 01500	PHARMACY	470,205			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	235,230		16.00
17.00 01700	SOCIAL SERVICE	0	0	180,743	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	13	20,766	40,022	2,159,316
31.00 03100	INTENSIVE CARE UNIT	0	3,169	3,483	452,493
41.00 04100	SUBPROVIDER - IRF	0	1,070	2,915	383,164
43.00 04300	NURSERY	1	912	2,809	50,768
44.00 04400	SKILLED NURSING FACILITY	6,629	1,253	7,519	248,832
45.00 04500	NURSING FACILITY	3,439	4,870	94,405	2,305,826
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	5,375	53,023	0	4,194,373
54.00 05400	RADIOLOGY-DIAGNOSTIC	288	9,114	0	1,317,751
55.00 05500	RADIOLOGY-THERAPEUTIC	0	6,408	0	671,346
56.00 05600	RADIOISOTOPE	2,610	2,349	0	209,995
57.00 05700	CT SCAN	140	12,433	0	251,317
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,657	0	113,473
59.00 05900	CARDIAC CATHETERIZATION	435	11,463	0	587,160
60.00 06000	LABORATORY	53	21,166	0	895,373
65.00 06500	RESPIRATORY THERAPY	28	6,582	0	209,911
66.00 06600	PHYSICAL THERAPY	0	1,225	0	65,199
67.00 06700	OCCUPATIONAL THERAPY	0	921	0	42,376
68.00 06800	SPEECH PATHOLOGY	0	344	0	17,075
69.00 06900	ELECTROCARDIOLOGY	0	4,107	0	98,428
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,115	0	145,369
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,537	0	339,164
73.00 07300	DRUGS CHARGED TO PATIENTS	442,960	20,981	0	1,079,777
76.00 03040	AUDIOLOGY	0	0	0	0
76.01 03280	EKG AND EEG	0	1,480	0	143,956
76.02 03950	O/P REHAB SERVICES	48	3,528	0	460,766
76.03 03951	SPORTS FITNESS	0	343	0	497,336
76.04 03952	LIFE CENTER	1,230	5,833	0	417,897
76.05 03580	RECREATIONAL THERAPY	0	9	0	784
76.06 03480	ONCOLOGY	0	1,281	0	153,133
76.08 03953	O/P DEPENDENCY SERVICES	0	0	0	76,258
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	43	18,370	0	973,781

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	22	1,383	27,041	394,467	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	6,891	1,538	2,549	483,964	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	470,205	235,230	180,743	19,440,828	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	40,303	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,194,340	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	844	0	194.00
194.01	07951 DAYCARE	0	0	0	37,583	0	194.01
194.02	07952 ADVERTISING	0	0	0	167,101	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	30,737	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	5,530	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	189,928	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	99,118	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	24,498	0	194.07
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	470,205	235,230	180,743	21,230,810	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet B Part II Date/Time Prepared: 11/22/2016 3:29 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	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	00591	OTHER A&G	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT KLEIN	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	7.02
7.03	00703	OPERATION OF PLANT MERCY	7.03
7.04	00704	OPERATION OF PLANT CANCER	7.04
7.05	00705	OPERATION OF PLANT REHAB	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING KLEIN	9.01
10.00	01000	DIETARY	10.00
10.01	01001	DIETARY KLEIN	10.01
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - I RF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03040	AUDIOLOGY	76.00
76.01	03280	EKG AND EEG	76.01
76.02	03950	O/P REHAB SERVICES	76.02
76.03	03951	SPORTS FITNESS	76.03
76.04	03952	LIFE CENTER	76.04
76.05	03580	RECREATIONAL THERAPY	76.05
76.06	03480	ONCOLOGY	76.06
76.08	03953	O/P DEPENDENCY SERVICES	76.08
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04950	WELLNESS PROGRAM	93.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

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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	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		19,440,828	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	194.00
194.01	07951	DAYCARE	194.01
194.02	07952	ADVERTISING	194.02
194.03	07953	OUTREACH REHAB	194.03
194.04	07954	SWITCHBOARD	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	194.06
194.07	07957	MEALS ON WHEELS	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	327,243					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	132,829				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	10,192			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	4,541		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	63,031	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,196	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	900	5.01
5.02	00550	DATA PROCESSING	5,487	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	12,580	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	2,210	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,530	0	0	0	0	5.05
5.06	00591	OTHER A&G	15,119	0	0	0	6,717	5.06
7.00	00700	OPERATION OF PLANT	8,840	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,541	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	14,135	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,390	0	0	0	900	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	10,163	0	0	0	0	14.00
15.00	01500	PHARMACY	2,896	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,848	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,619	0	0	0	65	30.00
31.00	03100	INTENSIVE CARE UNIT	10,248	0	0	0	65	31.00
41.00	04100	SUBPROVIDER - IRF	15,394	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9,776	0	0	65	44.00
45.00	04500	NURSING FACILITY	0	122,745	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,199	0	0	0	65	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,527	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,192	0	0	55.00
56.00	05600	RADIOISOTOPE	1,260	0	0	0	0	56.00
57.00	05700	CT SCAN	2,492	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,090	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,412	0	0	0	0	59.00
60.00	06000	LABORATORY	10,466	0	0	0	200	60.00
65.00	06500	RESPIRATORY THERAPY	3,670	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	157	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	130	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	21	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	800	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	5,470	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	80	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	6,600	76.06
76.08	03953	O/P DEPENDENCY SERVICES	3,630	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,943	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	318,614	132,829	10,192	4,541	15,657	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,001	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	47,204	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	ADVERTISING	4,390	0	0	0	170	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	2,238	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	5,496,509	1,326,496	9,313	53,314	372,204	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.796414	9.986494	0.913756	11.740586	5.905094	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					MVBLE EQUIP (DOLLAR VALUE)	
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)			
		1.05	1.06	1.07	1.08	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	74,276					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	16,760				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	99,066			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	4,548		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					9,213,512	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	68,211	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	4,718,991	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	114,436	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	0	2,429	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	3,960	5.05
5.06	00591	OTHER A&G	2,530	0	0	0	63,275	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	249,124	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	146,145	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	36,271	0	64,673	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	24,801	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	19,707	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	42,851	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	4,907	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	524,473	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	96,870	14.00
15.00	01500	PHARMACY	0	0	0	0	224,016	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	34,548	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,972	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	110,724	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	35,030	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	6,099	41.00
43.00	04300	NURSERY	0	0	0	0	10,512	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	4,694	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	31,050	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	737,221	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	456,420	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	515,834	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	100,349	56.00
57.00	05700	CT SCAN	0	0	0	0	102,837	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	9,493	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	139,887	59.00
60.00	06000	LABORATORY	0	0	0	0	125,499	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	25,346	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,883	2,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	740	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	45,725	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	5,870	76.01
76.02	03950	O/P REHAB SERVICES	0	0	15,467	0	25,319	76.02
76.03	03951	SPORTS FITNESS	0	0	24,312	0	17,544	76.03
76.04	03952	LIFE CENTER	0	0	7,598	0	74,541	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	45,997	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	113,706	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		CAPITAL RELATED COSTS					MVBLE EQUIP (DOLLAR VALUE)	
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	2.00		
		1.05	1.06	1.07	1.08			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	8,570	0	0	16,269	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,190	0	0	40,907	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,530	16,760	83,648	1,883	9,205,620	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,746	0	15,418	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	7,892	194.01
194.02	07952	ADVERTISING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	0	0	2,665	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	616,980	281,268	914,664	27,673	9,275,013	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.306586	16.782100	9.232875	6.084653	1.006675	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (FTEs)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	126,014				4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	588	2,324			5.01
5.02	00550	DATA PROCESSING	4,522	104	-13,523,121	149,419,829	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	567	21	0	21,304,080	5.03
5.04	00570	ADMINISTRATIVE	3,050	35	0	4,074	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,605	42	0	12,521	5.05
5.06	00591	OTHER A&G	2,344	74	0	50,765	5.06
7.00	00700	OPERATION OF PLANT	3,539	121	0	25,180	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	209	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	650	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,076	3	0	104,213	8.00
9.00	00900	HOUSEKEEPING	5,406	17	0	165,321	9.00
9.01	00901	HOUSEKEEPING KLEIN	112	0	0	34,494	9.01
10.00	01000	DIETARY	4,068	32	0	26,415	10.00
10.01	01001	DIETARY KLEIN	701	0	0	3,557	10.01
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,328	117	0	34,411	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,654	17	0	78,803	14.00
15.00	01500	PHARMACY	2,270	22	0	106,274	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,959	79	0	8,722	16.00
17.00	01700	SOCIAL SERVICE	575	13	0	952	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,555	195	0	745,332	30.00
31.00	03100	INTENSIVE CARE UNIT	2,344	33	0	391,088	31.00
41.00	04100	SUBPROVIDER - IRF	906	0	0	816	41.00
43.00	04300	NURSERY	455	0	0	31,220	43.00
44.00	04400	SKILLED NURSING FACILITY	1,890	24	0	7,506	44.00
45.00	04500	NURSING FACILITY	13,201	93	0	241,270	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,006	159	0	11,981,581	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,350	67	0	158,157	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	891	22	0	22,649	55.00
56.00	05600	RADIOISOTOPE	228	0	0	508,073	56.00
57.00	05700	CT SCAN	870	0	0	180,215	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	717	0	0	53,356	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,439	51	0	2,602,002	59.00
60.00	06000	LABORATORY	5,101	55	0	2,083,203	60.00
65.00	06500	RESPIRATORY THERAPY	2,014	18	0	151,751	65.00
66.00	06600	PHYSICAL THERAPY	878	6	0	38,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	814	0	0	2,116	67.00
68.00	06800	SPEECH PATHOLOGY	254	0	0	1,512	68.00
69.00	06900	ELECTROCARDIOLOGY	486	0	0	3,413	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	548	20	0	11,932	76.01
76.02	03950	O/P REHAB SERVICES	2,622	121	0	42,921	76.02
76.03	03951	SPORTS FITNESS	2,192	0	0	25,587	76.03
76.04	03952	LIFE CENTER	2,687	19	0	605,261	76.04
76.05	03580	RECREATIONAL THERAPY	18	0	0	0	76.05
76.06	03480	ONCOLOGY	1,187	33	0	82,443	76.06
76.08	03953	O/P DEPENDENCY SERVICES	52	0	0	489	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	7,008	61	0	543,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
93.00	04950 WELLNESS PROGRAM	4.00	5.01	5A.02	5.02	5.03	93.00
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	2,825	78	0	2,459,797	20,289	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	2,623	0	0	2,959,247	87,715	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)						118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	33,610	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,017,058	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	14,804	1,983	194.00
194.01	07951 DAYCARE	1,485	99	0	425,374	21,758	194.01
194.02	07952 ADVERTISING	100	0	0	1,558,591	0	194.02
194.03	07953 OUTREACH REHAB	518	0	0	547,731	236	194.03
194.04	07954 SWITCHBOARD	187	473	0	67,422	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	-30,758,811	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	199	0	0	335,362	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
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)	1,932,792	231,907		13,523,121	509,390	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.337915	99.787866		0.090504	0.023910	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	140,074	5,969		6,763,297	348,326	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.111575	2.568417		0.045264	0.016350	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE	437,469,316					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	446,710,241				5.05
5.06	00591	OTHER A&G	0	0	-8,817,819	184,883,942		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	6,178,497	282,822	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	355,381	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	211,901	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	214,962	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	50,562	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	627,746	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	51,351	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	20,002	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	766,079	4,541	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,793,507	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	143,068	0	9.01
10.00	01000	DIETARY	0	0	0	2,255,683	14,135	10.00
10.01	01001	DIETARY KLEIN	0	0	0	886,102	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	5,514,405	4,390	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	1,827,615	10,163	14.00
15.00	01500	PHARMACY	0	0	0	3,306,324	2,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,043,043	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	518,076	7,848	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,403,630	39,403,630	0	15,457,605	35,619	30.00
31.00	03100	INTENSIVE CARE UNIT	6,012,916	6,012,916	0	2,683,223	10,248	31.00
41.00	04100	SUBPROVIDER - IRF	2,030,227	2,030,227	0	1,055,694	15,394	41.00
43.00	04300	NURSERY	1,730,531	1,730,531	0	531,031	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,376,924	2,376,924	0	1,592,326	0	44.00
45.00	04500	NURSING FACILITY	0	9,240,925	0	9,661,767	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100,966,591	100,966,591	0	20,769,210	87,199	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,294,912	17,294,912	0	4,579,303	21,527	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,160,074	12,160,074	0	2,217,059	0	55.00
56.00	05600	RADIOISOTOPE	4,456,496	4,456,496	0	1,231,270	1,260	56.00
57.00	05700	CT SCAN	23,592,114	23,592,114	0	1,460,655	2,492	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,427,679	16,427,679	0	942,414	2,090	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,751,931	21,751,931	0	1,175,678	12,412	59.00
60.00	06000	LABORATORY	40,162,809	40,162,809	0	8,985,772	10,466	60.00
65.00	06500	RESPIRATORY THERAPY	12,489,600	12,489,600	0	1,850,470	3,670	65.00
66.00	06600	PHYSICAL THERAPY	2,323,648	2,323,648	0	890,931	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,747,121	1,747,121	0	736,385	0	67.00
68.00	06800	SPEECH PATHOLOGY	652,526	652,526	0	317,506	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,792,490	7,792,490	0	593,090	800	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,911,076	5,911,076	0	2,945,709	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,302,383	14,302,383	0	6,863,834	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,812,443	39,812,443	0	12,661,954	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2,808,148	2,808,148	0	556,872	5,470	76.01
76.02	03950	O/P REHAB SERVICES	6,695,180	6,695,180	0	3,091,044	0	76.02
76.03	03951	SPORTS FITNESS	651,611	651,611	0	1,597,836	0	76.03
76.04	03952	LIFE CENTER	11,067,469	11,067,469	0	3,169,591	0	76.04
76.05	03580	RECREATIONAL THERAPY	16,795	16,795	0	14,500	0	76.05
76.06	03480	ONCOLOGY	2,430,041	2,430,041	0	1,176,558	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	432	432	0	127,312	3,630	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	34,858,622	34,858,622	0	6,094,893	17,943	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,623,684	2,623,684	0	2,708,807	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,919,213	2,919,213	0	3,257,990	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	437,469,316	446,710,241	-8,817,819	149,762,593	274,193	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	36,652	2,001	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,109,106	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	16,191	0	194.00
194.01	07951	DAYCARE	0	0	0	464,392	0	194.01
194.02	07952	ADVERTISING	0	0	0	1,699,650	4,390	194.02
194.03	07953	OUTREACH REHAB	0	0	0	597,309	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	73,524	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	30,758,811	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COSTS	0	0	0	365,714	2,238	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	1,977,427	2,391,120		8,817,819	6,473,174	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004520	0.005353		0.047694	22.887802	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	125,186	190,732		1,141,806	699,114	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000286	0.000427		0.006176	2.471922	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
		7.01	7.02	7.03	7.04	7.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
7.01	00701	132,829					7.01
7.02	00702	0	71,746				7.02
7.03	00703	0	0	55,414			7.03
7.04	00704	0	0	0	10,192		7.04
7.05	00705	0	0	0	0	62,795	7.05
7.06	00706	0	0	0	0	0	7.06
7.07	00707	0	0	0	0	0	7.07
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	0	0	0	0	9.00
9.01	00901	0	0	0	0	0	9.01
10.00	01000	0	0	0	0	0	10.00
10.01	01001	0	0	0	0	0	10.01
11.00	01100	0	0	0	0	0	11.00
13.00	01300	0	0	900	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	65	0	0	30.00
31.00	03100	0	0	65	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	9,776	0	65	0	0	44.00
45.00	04500	122,745	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	65	0	0	50.00
54.00	05400	0	0	0	0	0	54.00
55.00	05500	0	0	0	10,192	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	200	0	0	60.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	157	0	0	0	0	66.00
67.00	06700	130	0	0	0	0	67.00
68.00	06800	21	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03040	0	0	0	0	0	76.00
76.01	03280	0	0	0	0	0	76.01
76.02	03950	0	0	0	0	15,467	76.02
76.03	03951	0	0	0	0	24,312	76.03
76.04	03952	0	0	80	0	7,598	76.04
76.05	03580	0	0	0	0	0	76.05
76.06	03480	0	0	6,600	0	0	76.06
76.08	03953	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		OPERATION OF PLANT KLEIN (SQUARE FEET) 7.01	OPERATION OF PLANT EASTMAN (SQUARE FEET) 7.02	OPERATION OF PLANT MERCY (SQUARE FEET) 7.03	OPERATION OF PLANT CANCER (SQUARE FEET) 7.04	OPERATION OF PLANT REHAB (SQUARE FEET) 7.05	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	132,829	0	8,040	10,192	47,377	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	71,746	47,204	0	15,418	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	170	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
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)	372,331	222,007	225,214	52,974	657,686	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.803085	3.094347	4.064208	5.197606	10.473541	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	164,070	10,104	10,251	2,421	429,924	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.235197	0.140830	0.184989	0.237539	6.846469	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT HHA/HOSPICE (SQURE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.06	7.07	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL					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	00591	OTHER A&G					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT KLEIN					7.01
7.02	00702	OPERATION OF PLANT EASTMAN					7.02
7.03	00703	OPERATION OF PLANT MERCY					7.03
7.04	00704	OPERATION OF PLANT CANCER					7.04
7.05	00705	OPERATION OF PLANT REHAB					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	16,760				7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	4,548			7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,669,726		8.00
9.00	00900	HOUSEKEEPING	0	0	0	177,009	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	100
10.00	01000	DIETARY	0	0	0	1,380	0
10.01	01001	DIETARY KLEIN	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	360	0
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	1,080	0
15.00	01500	PHARMACY	0	0	0	12,420	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	540	0
17.00	01700	SOCIAL SERVICE	0	0	0	300	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	399,837	45,009	0
31.00	03100	INTENSIVE CARE UNIT	0	0	61,468	7,200	0
41.00	04100	SUBPROVIDER - IRF	0	0	10,990	1,440	0
43.00	04300	NURSERY	0	0	0	360	0
44.00	04400	SKILLED NURSING FACILITY	0	0	10,448	0	7
45.00	04500	NURSING FACILITY	0	0	131,182	0	93
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	314,186	43,200	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	135,969	5,760	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	13,927	5,760	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	30,693	0	0
60.00	06000	LABORATORY	0	0	775	3,120	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	420	0
66.00	06600	PHYSICAL THERAPY	0	1,883	130	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03040	AUDIOLOGY	0	0	0	0	0
76.01	03280	EKG AND EEG	0	0	6,980	0	0
76.02	03950	O/P REHAB SERVICES	0	0	75,043	15,840	0
76.03	03951	SPORTS FITNESS	0	0	14,602	0	0
76.04	03952	LIFE CENTER	0	0	6,480	2,160	0
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0
76.06	03480	ONCOLOGY	0	0	3,240	0	0
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	169,221	13,320	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.06	7.07	8.00	9.00	9.01	
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	8,570	0	0	17,340	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	8,190	0	13,454	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,760	1,883	1,398,625	177,009	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	2,665	271,101	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	0	0	194.07
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)	53,800	20,956	906,550	2,926,741	149,891	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.210024	4.607740	0.542933	16.534419	1,498.910000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,448	954	128,840	162,375	7,476	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.146062	0.209763	0.077162	0.917326	74.760000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
		10.00	10.01	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
7.03	00703						7.03
7.04	00704						7.04
7.05	00705						7.05
7.06	00706						7.06
7.07	00707						7.07
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
10.00	01000	354,641					10.00
10.01	01001	0	100				10.01
11.00	01100	259,565	0	97,436			11.00
13.00	01300	0	0	3,328	1,271,715		13.00
14.00	01400	0	0	2,654	55,408	20,514,691	14.00
15.00	01500	0	0	2,270	0	106,274	15.00
16.00	01600	0	0	2,959	0	8,722	16.00
17.00	01700	0	0	575	0	952	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	64,963	0	16,555	345,671	745,332	30.00
31.00	03100	3,075	0	2,344	48,951	391,088	31.00
41.00	04100	4,113	0	906	18,909	816	41.00
43.00	04300	0	0	455	9,495	31,220	43.00
44.00	04400	0	7	1,890	38,285	0	44.00
45.00	04500	0	93	13,201	276,821	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6	0	9,006	188,046	11,981,581	50.00
54.00	05400	0	0	3,350	0	158,157	54.00
55.00	05500	0	0	891	0	22,649	55.00
56.00	05600	0	0	228	0	508,073	56.00
57.00	05700	0	0	870	0	180,215	57.00
58.00	05800	0	0	717	0	53,356	58.00
59.00	05900	209	0	1,439	30,043	2,602,002	59.00
60.00	06000	0	0	5,101	0	2,083,203	60.00
65.00	06500	0	0	2,014	0	151,751	65.00
66.00	06600	0	0	878	0	38,120	66.00
67.00	06700	0	0	814	0	2,116	67.00
68.00	06800	0	0	254	0	1,512	68.00
69.00	06900	0	0	486	0	3,413	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03040	0	0	0	0	0	76.00
76.01	03280	0	0	548	0	11,932	76.01
76.02	03950	0	0	2,622	0	42,921	76.02
76.03	03951	0	0	2,192	0	25,587	76.03
76.04	03952	0	0	2,687	0	605,261	76.04
76.05	03580	0	0	18	0	0	76.05
76.06	03480	0	0	1,187	0	82,443	76.06
76.08	03953	0	0	52	0	489	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,511	0	7,008	146,334	543,525	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
		10.00	10.01	11.00	13.00	14.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	2,825	58,980	20,289	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	963	0	2,623	54,772	87,715	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	334,405	100	94,947	1,271,715	20,490,714	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	1,983	194.00
194.01	07951 DAYCARE	0	0	1,485	0	21,758	194.01
194.02	07952 ADVERTISING	0	0	100	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	518	0	236	194.03
194.04	07954 SWITCHBOARD	0	0	187	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	199	0	0	194.06
194.07	07957 MEALS ON WHEELS	20,236	0	0	0	0	194.07
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)	2,709,602	928,364	1,983,182	5,955,233	2,478,733	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.640408	9,283.640000	20.353689	4.682836	0.120827	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	429,329	48,026	314,230	959,779	439,558	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.210602	480.260000	3.224989	0.754712	0.021426	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
1.04	00104				1.04
1.05	00105				1.05
1.06	00106				1.06
1.07	00107				1.07
1.08	00108				1.08
2.00	00200				2.00
4.00	00400				4.00
5.01	00590				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591				5.06
7.00	00700				7.00
7.01	00701				7.01
7.02	00702				7.02
7.03	00703				7.03
7.04	00704				7.04
7.05	00705				7.05
7.06	00706				7.06
7.07	00707				7.07
8.00	00800				8.00
9.00	00900				9.00
9.01	00901				9.01
10.00	01000				10.00
10.01	01001				10.01
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600	11,735,850	446,710,241		16.00
17.00	01700	0	0	93,818	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	329	39,403,630	20,774	30.00
31.00	03100	12	6,012,916	1,808	31.00
41.00	04100	0	2,030,227	1,513	41.00
43.00	04300	19	1,730,531	1,458	43.00
44.00	04400	165,462	2,376,924	3,903	44.00
45.00	04500	85,845	9,240,925	49,003	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	134,160	100,966,591	0	50.00
54.00	05400	7,182	17,294,912	0	54.00
55.00	05500	0	12,160,074	0	55.00
56.00	05600	65,151	4,456,496	0	56.00
57.00	05700	3,493	23,592,114	0	57.00
58.00	05800	3	16,427,679	0	58.00
59.00	05900	10,857	21,751,931	0	59.00
60.00	06000	1,333	40,162,809	0	60.00
65.00	06500	690	12,489,600	0	65.00
66.00	06600	0	2,323,648	0	66.00
67.00	06700	0	1,747,121	0	67.00
68.00	06800	0	652,526	0	68.00
69.00	06900	0	7,792,490	0	69.00
71.00	07100	0	5,911,076	0	71.00
72.00	07200	0	14,302,383	0	72.00
73.00	07300	11,055,798	39,812,443	0	73.00
76.00	03040	0	0	0	76.00
76.01	03280	0	2,808,148	0	76.01
76.02	03950	1,186	6,695,180	0	76.02
76.03	03951	0	651,611	0	76.03
76.04	03952	30,700	11,067,469	0	76.04
76.05	03580	0	16,795	0	76.05
76.06	03480	0	2,430,041	0	76.06
76.08	03953	0	432	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	1,083	34,858,622	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet B-1

Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04950 WELLNESS PROGRAM	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY	550	2,623,684	14,036	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE	171,997	2,919,213	1,323	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	11,735,850	446,710,241	93,818	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950 SALES TO OUTSIDE ORGANIZATIONS	0	0	0	194.00
194.01	07951 DAYCARE	0	0	0	194.01
194.02	07952 ADVERTISING	0	0	0	194.02
194.03	07953 OUTREACH REHAB	0	0	0	194.03
194.04	07954 SWITCHBOARD	0	0	0	194.04
194.05	07955 HENRY COUNTY HEALTH CENTER	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COSTS	0	0	0	194.06
194.07	07957 MEALS ON WHEELS	0	0	0	194.07
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,794,700	3,258,388	739,186	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.323343	0.007294	7.878936	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	470,205	235,230	180,743	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.040066	0.000527	1.926528	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160057

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2016 3:29 pm

		Title XVIIII		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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		20,964,900	0	20,964,900	30.00
31.00	03100	INTENSIVE CARE UNIT		3,604,230	0	3,604,230	31.00
41.00	04100	SUBPROVIDER - I RF		1,653,397	0	1,653,397	41.00
43.00	04300	NURSERY		643,922	0	643,922	43.00
44.00	04400	SKILLED NURSING FACILITY		2,096,426	0	2,096,426	44.00
45.00	04500	NURSING FACILITY		13,586,889	0	13,586,889	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		27,932,257	0	27,932,257	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,675,240	0	5,675,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		2,588,140	0	2,588,140	55.00
56.00	05600	RADIOISOTOPE		1,438,435	0	1,438,435	56.00
57.00	05700	CT SCAN		1,800,048	0	1,800,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,176,062	0	1,176,062	58.00
59.00	05900	CARDIAC CATHETERIZATION		2,180,632	0	2,180,632	59.00
60.00	06000	LABORATORY		10,355,614	0	10,355,614	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,180,318	0	2,180,318	65.00
66.00	06600	PHYSICAL THERAPY	0	982,036	0	982,036	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	801,438	0	801,438	67.00
68.00	06800	SPEECH PATHOLOGY	0	342,821	0	342,821	68.00
69.00	06900	ELECTROCARDIOLOGY		706,829	0	706,829	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,129,317	0	3,129,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		7,295,520	0	7,295,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		17,131,056	0	17,131,056	73.00
76.00	03040	AUDIOLOGY		0	0	0	76.00
76.01	03280	EKG AND EEG		745,496	0	745,496	76.01
76.02	03950	O/P REHAB SERVICES		3,810,881	11,925	3,822,806	76.02
76.03	03951	SPORTS FITNESS		1,989,064	0	1,989,064	76.03
76.04	03952	LIFE CENTER		3,658,371	0	3,658,371	76.04
76.05	03580	RECREATIONAL THERAPY		15,681	0	15,681	76.05
76.06	03480	ONCOLOGY		1,313,102	0	1,313,102	76.06
76.08	03953	O/P DEPENDENCY SERVICES		217,587	0	217,587	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		8,268,096	0	8,268,096	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		1,819,278	0	1,819,278	92.00
93.00	04950	WELLNESS PROGRAM		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		3,618,266		3,618,266	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		3,862,135		3,862,135	116.00
200.00		Subtotal (see instructions)	0	157,583,484	11,925	157,595,409	200.00
201.00		Less Observation Beds		1,819,278		1,819,278	201.00
202.00		Total (see instructions)	0	155,764,206	11,925	155,776,131	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/22/2016 3:29 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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,731,290		35,731,290			30.00
31.00	03100	INTENSIVE CARE UNIT	6,012,916		6,012,916			31.00
41.00	04100	SUBPROVIDER - IRF	2,030,227		2,030,227			41.00
43.00	04300	NURSERY	1,730,531		1,730,531			43.00
44.00	04400	SKILLED NURSING FACILITY	2,376,924		2,376,924			44.00
45.00	04500	NURSING FACILITY	9,240,925		9,240,925			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,710,414	67,256,176	100,966,590	0.276649	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,032,936	14,261,976	17,294,912	0.328145	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	242,569	11,917,505	12,160,074	0.212839	0.000000	55.00
56.00	05600	RADIOISOTOPE	476,827	3,979,669	4,456,496	0.322773	0.000000	56.00
57.00	05700	CT SCAN	4,862,819	18,729,295	23,592,114	0.076299	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,642,520	14,785,159	16,427,679	0.071590	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,634,831	15,117,100	21,751,931	0.100250	0.000000	59.00
60.00	06000	LABORATORY	13,362,956	26,799,853	40,162,809	0.257841	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	8,316,561	4,173,039	12,489,600	0.174571	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,251,652	71,996	2,323,648	0.422627	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,712,456	34,665	1,747,121	0.458719	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	635,429	17,097	652,526	0.525375	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,219,709	5,572,781	7,792,490	0.090706	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,237,338	3,673,738	5,911,076	0.529399	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,168,615	4,133,768	14,302,383	0.510091	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,611,578	30,200,865	39,812,443	0.430294	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03280	EKG AND EEG	235,286	2,572,862	2,808,148	0.265476	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	6,695,180	6,695,180	0.569198	0.000000	76.02
76.03	03951	SPORTS FITNESS	160	651,451	651,611	3.052533	0.000000	76.03
76.04	03952	LIFE CENTER	256,804	10,810,665	11,067,469	0.330552	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	16,795	0	16,795	0.933671	0.000000	76.05
76.06	03480	ONCOLOGY	15,155	2,414,886	2,430,041	0.540362	0.000000	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	247,612	247,612	0.878742	0.000000	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,649,130	26,335,035	32,984,165	0.250669	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	554,420	2,870,740	3,425,160	0.531151	0.000000	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,623,684	2,623,684			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,919,213	2,919,213			116.00
200.00		Subtotal (see instructions)	165,969,773	278,866,010	444,835,783			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	165,969,773	278,866,010	444,835,783			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 3:29 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.276649	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.328145	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212839	55.00
56.00	05600	RADIOISOTOPE	0.322773	56.00
57.00	05700	CT SCAN	0.076299	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.071590	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100250	59.00
60.00	06000	LABORATORY	0.257841	60.00
65.00	06500	RESPIRATORY THERAPY	0.174571	65.00
66.00	06600	PHYSICAL THERAPY	0.422627	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.458719	67.00
68.00	06800	SPEECH PATHOLOGY	0.525375	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090706	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.529399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.510091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.430294	73.00
76.00	03040	AUDIOLOGY	0.000000	76.00
76.01	03280	EKG AND EEG	0.265476	76.01
76.02	03950	O/P REHAB SERVICES	0.570979	76.02
76.03	03951	SPORTS FITNESS	3.052533	76.03
76.04	03952	LIFE CENTER	0.330552	76.04
76.05	03580	RECREATIONAL THERAPY	0.933671	76.05
76.06	03480	ONCOLOGY	0.540362	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0.878742	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.250669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.531151	92.00
93.00	04950	WELLNESS PROGRAM	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 3:29 pm
			Title XIX	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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		20,964,900	0	20,964,900
31.00	03100 INTENSIVE CARE UNIT		3,604,230	0	3,604,230
41.00	04100 SUBPROVIDER - I RF		1,653,397	0	1,653,397
43.00	04300 NURSERY		643,922	0	643,922
44.00	04400 SKILLED NURSING FACILITY		2,096,426	0	2,096,426
45.00	04500 NURSING FACILITY		13,586,889	0	13,586,889
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		27,932,257	0	27,932,257
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,675,240	0	5,675,240
55.00	05500 RADIOLOGY-THERAPEUTIC		2,588,140	0	2,588,140
56.00	05600 RADIOISOTOPE		1,438,435	0	1,438,435
57.00	05700 CT SCAN		1,800,048	0	1,800,048
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,176,062	0	1,176,062
59.00	05900 CARDIAC CATHETERIZATION		2,180,632	0	2,180,632
60.00	06000 LABORATORY		10,355,614	0	10,355,614
65.00	06500 RESPIRATORY THERAPY	0	2,180,318	0	2,180,318
66.00	06600 PHYSICAL THERAPY	0	982,036	0	982,036
67.00	06700 OCCUPATIONAL THERAPY	0	801,438	0	801,438
68.00	06800 SPEECH PATHOLOGY	0	342,821	0	342,821
69.00	06900 ELECTROCARDIOLOGY		706,829	0	706,829
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,129,317	0	3,129,317
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,295,520	0	7,295,520
73.00	07300 DRUGS CHARGED TO PATIENTS		17,131,056	0	17,131,056
76.00	03040 AUDIOLOGY		0	0	0
76.01	03280 EKG AND EEG		745,496	0	745,496
76.02	03950 O/P REHAB SERVICES		3,810,881	11,925	3,822,806
76.03	03951 SPORTS FITNESS		1,989,064	0	1,989,064
76.04	03952 LIFE CENTER		3,658,371	0	3,658,371
76.05	03580 RECREATIONAL THERAPY		15,681	0	15,681
76.06	03480 ONCOLOGY		1,313,102	0	1,313,102
76.08	03953 O/P DEPENDENCY SERVICES		217,587	0	217,587
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY		8,268,096	0	8,268,096
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,819,278	0	1,819,278
93.00	04950 WELLNESS PROGRAM		0	0	0
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY		3,618,266		3,618,266
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
116.00	11600 HOSPICE		3,862,135		3,862,135
200.00	Subtotal (see instructions)	0	157,583,484	11,925	157,595,409
201.00	Less Observation Beds		1,819,278		1,819,278
202.00	Total (see instructions)	0	155,764,206	11,925	155,776,131

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet C Part I Date/Time Prepared: 11/22/2016 3:29 pm	
			Title XIX		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							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,731,290		35,731,290			30.00
31.00	03100	INTENSIVE CARE UNIT	6,012,916		6,012,916			31.00
41.00	04100	SUBPROVIDER - IRF	2,030,227		2,030,227			41.00
43.00	04300	NURSERY	1,730,531		1,730,531			43.00
44.00	04400	SKILLED NURSING FACILITY	2,376,924		2,376,924			44.00
45.00	04500	NURSING FACILITY	9,240,925		9,240,925			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,710,414	67,256,176	100,966,590	0.276649	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,032,936	14,261,976	17,294,912	0.328145	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	242,569	11,917,505	12,160,074	0.212839	0.000000	55.00
56.00	05600	RADIOISOTOPE	476,827	3,979,669	4,456,496	0.322773	0.000000	56.00
57.00	05700	CT SCAN	4,862,819	18,729,295	23,592,114	0.076299	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,642,520	14,785,159	16,427,679	0.071590	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,634,831	15,117,100	21,751,931	0.100250	0.000000	59.00
60.00	06000	LABORATORY	13,362,956	26,799,853	40,162,809	0.257841	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	8,316,561	4,173,039	12,489,600	0.174571	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,251,652	71,996	2,323,648	0.422627	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,712,456	34,665	1,747,121	0.458719	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	635,429	17,097	652,526	0.525375	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,219,709	5,572,781	7,792,490	0.090706	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,237,338	3,673,738	5,911,076	0.529399	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,168,615	4,133,768	14,302,383	0.510091	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,611,578	30,200,865	39,812,443	0.430294	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03280	EKG AND EEG	235,286	2,572,862	2,808,148	0.265476	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	0	6,695,180	6,695,180	0.569198	0.000000	76.02
76.03	03951	SPORTS FITNESS	160	651,451	651,611	3.052533	0.000000	76.03
76.04	03952	LIFE CENTER	256,804	10,810,665	11,067,469	0.330552	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	16,795	0	16,795	0.933671	0.000000	76.05
76.06	03480	ONCOLOGY	15,155	2,414,886	2,430,041	0.540362	0.000000	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	247,612	247,612	0.878742	0.000000	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,649,130	26,335,035	32,984,165	0.250669	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	554,420	2,870,740	3,425,160	0.531151	0.000000	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,623,684	2,623,684			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,919,213	2,919,213			116.00
200.00		Subtotal (see instructions)	165,969,773	278,866,010	444,835,783			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	165,969,773	278,866,010	444,835,783			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part I Date/Time Prepared: 11/22/2016 3:29 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.276649	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.328145	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212839	55.00
56.00	05600	RADIOISOTOPE	0.322773	56.00
57.00	05700	CT SCAN	0.076299	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.071590	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100250	59.00
60.00	06000	LABORATORY	0.257841	60.00
65.00	06500	RESPIRATORY THERAPY	0.174571	65.00
66.00	06600	PHYSICAL THERAPY	0.422627	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.458719	67.00
68.00	06800	SPEECH PATHOLOGY	0.525375	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090706	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.529399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.510091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.430294	73.00
76.00	03040	AUDIOLOGY	0.000000	76.00
76.01	03280	EKG AND EEG	0.265476	76.01
76.02	03950	O/P REHAB SERVICES	0.570979	76.02
76.03	03951	SPORTS FITNESS	3.052533	76.03
76.04	03952	LIFE CENTER	0.330552	76.04
76.05	03580	RECREATIONAL THERAPY	0.933671	76.05
76.06	03480	ONCOLOGY	0.540362	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0.878742	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.250669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.531151	92.00
93.00	04950	WELLNESS PROGRAM	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 160057

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

Worksheet C Part II Date/Time Prepared: 11/22/2016 3:29 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,932,257	4,194,373	23,737,884	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,675,240	1,317,751	4,357,489	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,588,140	671,346	1,916,794	0	0	55.00
56.00	05600	RADIOISOTOPE	1,438,435	209,995	1,228,440	0	0	56.00
57.00	05700	CT SCAN	1,800,048	251,317	1,548,731	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,176,062	113,473	1,062,589	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,180,632	587,160	1,593,472	0	0	59.00
60.00	06000	LABORATORY	10,355,614	895,373	9,460,241	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,180,318	209,911	1,970,407	0	0	65.00
66.00	06600	PHYSICAL THERAPY	982,036	65,199	916,837	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	801,438	42,376	759,062	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	342,821	17,075	325,746	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	706,829	98,428	608,401	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,129,317	145,369	2,983,948	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,295,520	339,164	6,956,356	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,131,056	1,079,777	16,051,279	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	745,496	143,956	601,540	0	0	76.01
76.02	03950	O/P REHAB SERVICES	3,810,881	460,766	3,350,115	0	0	76.02
76.03	03951	SPORTS FITNESS	1,989,064	497,336	1,491,728	0	0	76.03
76.04	03952	LIFE CENTER	3,658,371	417,897	3,240,474	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	15,681	784	14,897	0	0	76.05
76.06	03480	ONCOLOGY	1,313,102	153,133	1,159,969	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	217,587	76,258	141,329	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,268,096	973,781	7,294,315	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,819,278	187,380	1,631,898	0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,618,266	394,467	3,223,799	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,862,135	483,964	3,378,171	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	115,033,720	14,027,809	101,005,911	0	0	200.00
201.00		Less Observation Beds	1,819,278	187,380	1,631,898	0	0	201.00
202.00		Total (line 200 minus line 201)	113,214,442	13,840,429	99,374,013	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet C Part II Date/Time Prepared: 11/22/2016 3:29 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	27,932,257	100,966,590	0.276649	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,675,240	17,294,912	0.328145	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,588,140	12,160,074	0.212839	55.00
56.00 05600 RADIOISOTOPE	1,438,435	4,456,496	0.322773	56.00
57.00 05700 CT SCAN	1,800,048	23,592,114	0.076299	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,176,062	16,427,679	0.071590	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,180,632	21,751,931	0.100250	59.00
60.00 06000 LABORATORY	10,355,614	40,162,809	0.257841	60.00
65.00 06500 RESPIRATORY THERAPY	2,180,318	12,489,600	0.174571	65.00
66.00 06600 PHYSICAL THERAPY	982,036	2,323,648	0.422627	66.00
67.00 06700 OCCUPATIONAL THERAPY	801,438	1,747,121	0.458719	67.00
68.00 06800 SPEECH PATHOLOGY	342,821	652,526	0.525375	68.00
69.00 06900 ELECTROCARDIOLOGY	706,829	7,792,490	0.090706	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,129,317	5,911,076	0.529399	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,295,520	14,302,383	0.510091	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	17,131,056	39,812,443	0.430294	73.00
76.00 03040 AUDIOLOGY	0	0	0.000000	76.00
76.01 03280 EKG AND EEG	745,496	2,808,148	0.265476	76.01
76.02 03950 O/P REHAB SERVICES	3,810,881	6,695,180	0.569198	76.02
76.03 03951 SPORTS FITNESS	1,989,064	651,611	3.052533	76.03
76.04 03952 LIFE CENTER	3,658,371	11,067,469	0.330552	76.04
76.05 03580 RECREATIONAL THERAPY	15,681	16,795	0.933671	76.05
76.06 03480 ONCOLOGY	1,313,102	2,430,041	0.540362	76.06
76.08 03953 O/P DEPENDENCY SERVICES	217,587	247,612	0.878742	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	8,268,096	32,984,165	0.250669	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,819,278	3,425,160	0.531151	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS				
101.00 10100 HOME HEALTH AGENCY	3,618,266	2,623,684	1.379078	101.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
116.00 11600 HOSPICE	3,862,135	2,919,213	1.323006	116.00
200.00	Subtotal (sum of lines 50 thru 199)	115,033,720	387,712,970	200.00
201.00	Less Observation Beds	1,819,278	0	201.00
202.00	Total (line 200 minus line 201)	113,214,442	387,712,970	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,159,316	0	2,159,316	22,748	94.92	30.00
31.00	INTENSIVE CARE UNIT	452,493	0	452,493	1,808	250.27	31.00
41.00	SUBPROVIDER - IRF	383,164	0	383,164	1,513	253.25	41.00
43.00	NURSERY	50,768		50,768	1,458	34.82	43.00
44.00	SKILLED NURSING FACILITY	248,832		248,832	3,903	63.75	44.00
45.00	NURSING FACILITY	2,305,826		2,305,826	49,003	47.05	45.00
200.00	Total (lines 30-199)	5,600,399		5,600,399	80,433		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,082	1,051,903				
31.00	INTENSIVE CARE UNIT	1,079	270,041				
41.00	SUBPROVIDER - IRF	819	207,412				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	3,347	213,371				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	16,327	1,742,727				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/22/2016 3:29 pm
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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)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,194,373	100,966,590	0.041542	16,014,261	665,264	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,317,751	17,294,912	0.076193	1,716,135	130,757	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	671,346	12,160,074	0.055209	122,585	6,768	55.00
56.00	05600	RADIOISOTOPE	209,995	4,456,496	0.047121	315,281	14,856	56.00
57.00	05700	CT SCAN	251,317	23,592,114	0.010653	2,901,057	30,905	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	113,473	16,427,679	0.006907	1,001,598	6,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	587,160	21,751,931	0.026993	5,700,115	153,863	59.00
60.00	06000	LABORATORY	895,373	40,162,809	0.022294	7,576,450	168,909	60.00
65.00	06500	RESPIRATORY THERAPY	209,911	12,489,600	0.016807	5,253,127	88,289	65.00
66.00	06600	PHYSICAL THERAPY	65,199	2,323,648	0.028059	917,246	25,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,376	1,747,121	0.024255	654,880	15,884	67.00
68.00	06800	SPEECH PATHOLOGY	17,075	652,526	0.026168	165,512	4,331	68.00
69.00	06900	ELECTROCARDIOLOGY	98,428	7,792,490	0.012631	1,072,921	13,552	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	145,369	5,911,076	0.024593	966,231	23,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	339,164	14,302,383	0.023714	4,300,520	101,983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,079,777	39,812,443	0.027122	5,278,334	143,159	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	143,956	2,808,148	0.051264	124,157	6,365	76.01
76.02	03950	O/P REHAB SERVICES	460,766	6,695,180	0.068821	-13,029	-897	76.02
76.03	03951	SPORTS FITNESS	497,336	651,611	0.763241	147	112	76.03
76.04	03952	LIFE CENTER	417,897	11,067,469	0.037759	197,017	7,439	76.04
76.05	03580	RECREATIONAL THERAPY	784	16,795	0.046681	0	0	76.05
76.06	03480	ONCOLOGY	153,133	2,430,041	0.063017	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	76,258	247,612	0.307974	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	973,781	32,984,165	0.029523	3,610,868	106,604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	187,380	3,425,160	0.054707	430,438	23,548	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0.000000	0	0	93.00
200.00		Total (lines 50-199)	13,149,378	382,170,073		58,305,851	1,738,109	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/22/2016 3:29 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	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,748	0.00	11,082	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,808	0.00	1,079	0		31.00
41.00	04100	SUBPROVIDER - IRF	1,513	0.00	819	0		41.00
43.00	04300	NURSERY	1,458	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	3,903	0.00	3,347	0		44.00
45.00	04500	NURSING FACILITY	49,003	0.00	0	0		45.00
200.00		Total (lines 30-199)	80,433		16,327	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160057

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0	0	93.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	100,966,590	0.000000	0.000000	16,014,261	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,294,912	0.000000	0.000000	1,716,135	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,160,074	0.000000	0.000000	122,585	55.00
56.00	05600 RADIOISOTOPE	0	4,456,496	0.000000	0.000000	315,281	56.00
57.00	05700 CT SCAN	0	23,592,114	0.000000	0.000000	2,901,057	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	16,427,679	0.000000	0.000000	1,001,598	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,751,931	0.000000	0.000000	5,700,115	59.00
60.00	06000 LABORATORY	0	40,162,809	0.000000	0.000000	7,576,450	60.00
65.00	06500 RESPIRATORY THERAPY	0	12,489,600	0.000000	0.000000	5,253,127	65.00
66.00	06600 PHYSICAL THERAPY	0	2,323,648	0.000000	0.000000	917,246	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,747,121	0.000000	0.000000	654,880	67.00
68.00	06800 SPEECH PATHOLOGY	0	652,526	0.000000	0.000000	165,512	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,792,490	0.000000	0.000000	1,072,921	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,911,076	0.000000	0.000000	966,231	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,302,383	0.000000	0.000000	4,300,520	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,812,443	0.000000	0.000000	5,278,334	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280 EKG AND EEG	0	2,808,148	0.000000	0.000000	124,157	76.01
76.02	03950 O/P REHAB SERVICES	0	6,695,180	0.000000	0.000000	-13,029	76.02
76.03	03951 SPORTS FITNESS	0	651,611	0.000000	0.000000	147	76.03
76.04	03952 LIFE CENTER	0	11,067,469	0.000000	0.000000	197,017	76.04
76.05	03580 RECREATIONAL THERAPY	0	16,795	0.000000	0.000000	0	76.05
76.06	03480 ONCOLOGY	0	2,430,041	0.000000	0.000000	0	76.06
76.08	03953 O/P DEPENDENCY SERVICES	0	247,612	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	32,984,165	0.000000	0.000000	3,610,868	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,425,160	0.000000	0.000000	430,438	92.00
93.00	04950 WELLNESS PROGRAM	0	0	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	0	382,170,073			58,305,851	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	30,068,074	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,554,003	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,401,219	0	55.00
56.00	05600 RADIOISOTOPE	0	1,929,097	0	56.00
57.00	05700 CT SCAN	0	7,312,691	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,597,591	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,385,789	0	59.00
60.00	06000 LABORATORY	0	6,087,336	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,819,853	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,798	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,966	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	178	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,592,376	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,087,669	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,105,783	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,486,199	0	73.00
76.00	03040 AUDIOLOGY	0	0	0	76.00
76.01	03280 EKG AND EEG	0	853,046	0	76.01
76.02	03950 O/P REHAB SERVICES	0	91,959	0	76.02
76.03	03951 SPORTS FITNESS	0	1,934	0	76.03
76.04	03952 LIFE CENTER	0	5,099,570	0	76.04
76.05	03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06	03480 ONCOLOGY	0	0	0	76.06
76.08	03953 O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	7,009,703	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,310,814	0	92.00
93.00	04950 WELLNESS PROGRAM	0	0	0	93.00
200.00	Total (lines 50-199)	0	106,801,648	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.276649	30,068,074	0	0	8,318,303	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.328145	4,554,003	0	0	1,494,373	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.212839	6,401,219	0	0	1,362,429	55.00
56.00	05600 RADIOISOTOPE	0.322773	1,929,097	0	0	622,660	56.00
57.00	05700 CT SCAN	0.076299	7,312,691	0	0	557,951	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071590	4,597,591	0	0	329,142	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.100250	7,385,789	0	0	740,425	59.00
60.00	06000 LABORATORY	0.257841	6,087,336	4,883	0	1,569,565	60.00
65.00	06500 RESPIRATORY THERAPY	0.174571	1,819,853	0	0	317,694	65.00
66.00	06600 PHYSICAL THERAPY	0.422627	1,798	0	0	760	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.458719	4,966	0	0	2,278	67.00
68.00	06800 SPEECH PATHOLOGY	0.525375	178	0	0	94	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090706	3,592,376	0	0	325,850	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.529399	2,087,669	0	0	1,105,210	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.510091	2,105,783	0	0	1,074,141	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.430294	14,486,199	0	27,304	6,233,325	73.00
76.00	03040 AUDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03280 EKG AND EEG	0.265476	853,046	0	0	226,463	76.01
76.02	03950 O/P REHAB SERVICES	0.569198	91,959	0	0	52,343	76.02
76.03	03951 SPORTS FITNESS	3.052533	1,934	0	0	5,904	76.03
76.04	03952 LIFE CENTER	0.330552	5,099,570	0	0	1,685,673	76.04
76.05	03580 RECREATIONAL THERAPY	0.933671	0	0	0	0	76.05
76.06	03480 ONCOLOGY	0.540362	0	0	0	0	76.06
76.08	03953 O/P DEPENDENCY SERVICES	0.878742	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.250669	7,009,703	0	0	1,757,115	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.531151	1,310,814	0	0	696,240	92.00
93.00	04950 WELLNESS PROGRAM	0.000000	0	0	0	0	93.00
200.00	Subtotal (see instructions)		106,801,648	4,883	27,304	28,477,938	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		106,801,648	4,883	27,304	28,477,938	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part V Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	1,259	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,749		73.00
76.00 03040 AUDIOLOGY	0	0		76.00
76.01 03280 EKG AND EEG	0	0		76.01
76.02 03950 O/P REHAB SERVICES	0	0		76.02
76.03 03951 SPORTS FITNESS	0	0		76.03
76.04 03952 LIFE CENTER	0	0		76.04
76.05 03580 RECREATIONAL THERAPY	0	0		76.05
76.06 03480 ONCOLOGY	0	0		76.06
76.08 03953 O/P DEPENDENCY SERVICES	0	0		76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04950 WELLNESS PROGRAM	0	0		93.00
200.00 Subtotal (see instructions)	1,259	11,749		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,259	11,749		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160057 Component CCN: 16T057		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/22/2016 3:29 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,194,373	100,966,590	0.041542	8,138	338	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,317,751	17,294,912	0.076193	22,472	1,712	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	671,346	12,160,074	0.055209	0	0	55.00
56.00	05600	RADIOISOTOPE	209,995	4,456,496	0.047121	0	0	56.00
57.00	05700	CT SCAN	251,317	23,592,114	0.010653	20,523	219	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	113,473	16,427,679	0.006907	18,665	129	58.00
59.00	05900	CARDIAC CATHETERIZATION	587,160	21,751,931	0.026993	4,231	114	59.00
60.00	06000	LABORATORY	895,373	40,162,809	0.022294	84,002	1,873	60.00
65.00	06500	RESPIRATORY THERAPY	209,911	12,489,600	0.016807	47,261	794	65.00
66.00	06600	PHYSICAL THERAPY	65,199	2,323,648	0.028059	256,922	7,209	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,376	1,747,121	0.024255	234,950	5,699	67.00
68.00	06800	SPEECH PATHOLOGY	17,075	652,526	0.026168	209,372	5,479	68.00
69.00	06900	ELECTROCARDIOLOGY	98,428	7,792,490	0.012631	3,628	46	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	145,369	5,911,076	0.024593	3,000	74	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	339,164	14,302,383	0.023714	1,230	29	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,079,777	39,812,443	0.027122	83,788	2,272	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	143,956	2,808,148	0.051264	3,120	160	76.01
76.02	03950	O/P REHAB SERVICES	460,766	6,695,180	0.068821	0	0	76.02
76.03	03951	SPORTS FITNESS	497,336	651,611	0.763241	0	0	76.03
76.04	03952	LIFE CENTER	417,897	11,067,469	0.037759	29,701	1,121	76.04
76.05	03580	RECREATIONAL THERAPY	784	16,795	0.046681	9,048	422	76.05
76.06	03480	ONCOLOGY	153,133	2,430,041	0.063017	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	76,258	247,612	0.307974	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	973,781	32,984,165	0.029523	1,555	46	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,425,160	0.000000	1,456	0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0.000000	0	0	93.00
200.00		Total (lines 50-199)	12,961,998	382,170,073		1,043,062	27,736	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00 03040 AUDIOLOGY	0	0	0	0	0	76.00
76.01 03280 EKG AND EEG	0	0	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06 03480 ONCOLOGY	0	0	0	0	0	76.06
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
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
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	100,966,590	0.000000	0.000000	8,138	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,294,912	0.000000	0.000000	22,472	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,160,074	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	4,456,496	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	23,592,114	0.000000	0.000000	20,523	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	16,427,679	0.000000	0.000000	18,665	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,751,931	0.000000	0.000000	4,231	59.00
60.00	06000 LABORATORY	0	40,162,809	0.000000	0.000000	84,002	60.00
65.00	06500 RESPIRATORY THERAPY	0	12,489,600	0.000000	0.000000	47,261	65.00
66.00	06600 PHYSICAL THERAPY	0	2,323,648	0.000000	0.000000	256,922	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,747,121	0.000000	0.000000	234,950	67.00
68.00	06800 SPEECH PATHOLOGY	0	652,526	0.000000	0.000000	209,372	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,792,490	0.000000	0.000000	3,628	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,911,076	0.000000	0.000000	3,000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,302,383	0.000000	0.000000	1,230	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,812,443	0.000000	0.000000	83,788	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280 EKG AND EEG	0	2,808,148	0.000000	0.000000	3,120	76.01
76.02	03950 O/P REHAB SERVICES	0	6,695,180	0.000000	0.000000	0	76.02
76.03	03951 SPORTS FITNESS	0	651,611	0.000000	0.000000	0	76.03
76.04	03952 LIFE CENTER	0	11,067,469	0.000000	0.000000	29,701	76.04
76.05	03580 RECREATIONAL THERAPY	0	16,795	0.000000	0.000000	9,048	76.05
76.06	03480 ONCOLOGY	0	2,430,041	0.000000	0.000000	0	76.06
76.08	03953 O/P DEPENDENCY SERVICES	0	247,612	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	32,984,165	0.000000	0.000000	1,555	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,425,160	0.000000	0.000000	1,456	92.00
93.00	04950 WELLNESS PROGRAM	0	0	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	0	382,170,073			1,043,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03040 AUDIOLOGY	0	0	0	76.00
76.01	03280 EKG AND EEG	0	0	0	76.01
76.02	03950 O/P REHAB SERVICES	0	0	0	76.02
76.03	03951 SPORTS FITNESS	0	0	0	76.03
76.04	03952 LIFE CENTER	0	0	0	76.04
76.05	03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06	03480 ONCOLOGY	0	0	0	76.06
76.08	03953 O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950 WELLNESS PROGRAM	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00 03040 AUDIOLOGY	0	0	0	0	0	76.00
76.01 03280 EKG AND EEG	0	0	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06 03480 ONCOLOGY	0	0	0	0	0	76.06
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
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
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	100,966,590	0.000000	0.000000	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,294,912	0.000000	0.000000	10,092	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,160,074	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,456,496	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	23,592,114	0.000000	0.000000	1,831	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,427,679	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,751,931	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	40,162,809	0.000000	0.000000	86,367	60.00
65.00	06500	RESPIRATORY THERAPY	0	12,489,600	0.000000	0.000000	214	65.00
66.00	06600	PHYSICAL THERAPY	0	2,323,648	0.000000	0.000000	377,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,747,121	0.000000	0.000000	312,989	67.00
68.00	06800	SPEECH PATHOLOGY	0	652,526	0.000000	0.000000	42,798	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,792,490	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,911,076	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,302,383	0.000000	0.000000	26	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,812,443	0.000000	0.000000	0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280	EKG AND EEG	0	2,808,148	0.000000	0.000000	0	76.01
76.02	03950	O/P REHAB SERVICES	0	6,695,180	0.000000	0.000000	0	76.02
76.03	03951	SPORTS FITNESS	0	651,611	0.000000	0.000000	0	76.03
76.04	03952	LIFE CENTER	0	11,067,469	0.000000	0.000000	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	16,795	0.000000	0.000000	0	76.05
76.06	03480	ONCOLOGY	0	2,430,041	0.000000	0.000000	8	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	247,612	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	32,984,165	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,425,160	0.000000	0.000000	257	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	0	382,170,073			832,536	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03040 AUDIOLOGY	0	0	0	76.00
76.01	03280 EKG AND EEG	0	0	0	76.01
76.02	03950 O/P REHAB SERVICES	0	0	0	76.02
76.03	03951 SPORTS FITNESS	0	0	0	76.03
76.04	03952 LIFE CENTER	0	0	0	76.04
76.05	03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06	03480 ONCOLOGY	0	0	0	76.06
76.08	03953 O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950 WELLNESS PROGRAM	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part I Date/Time Prepared: 11/22/2016 3:29 pm
		Title XIX	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,159,316	0	2,159,316	22,748	94.92	30.00
31.00 INTENSIVE CARE UNIT	452,493		452,493	1,808	250.27	31.00
41.00 SUBPROVIDER - IRF	383,164	0	383,164	1,513	253.25	41.00
43.00 NURSERY	50,768		50,768	1,458	34.82	43.00
44.00 SKILLED NURSING FACILITY	248,832		248,832	3,903	63.75	44.00
45.00 NURSING FACILITY	2,305,826		2,305,826	49,003	47.05	45.00
200.00 Total (lines 30-199)	5,600,399		5,600,399	80,433		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	2,755	261,505	30.00
31.00 INTENSIVE CARE UNIT	260	65,070	31.00
41.00 SUBPROVIDER - IRF	173	43,812	41.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	15	956	44.00
45.00 NURSING FACILITY	27,715	1,303,991	45.00
200.00 Total (lines 30-199)	30,918	1,675,334	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part II Date/Time Prepared: 11/22/2016 3:29 pm
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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)	Hospital		Capital Costs (column 3 x column 4)
					Inpatient Program Charges	PPS	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,194,373	100,966,590	0.041542	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,317,751	17,294,912	0.076193	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	671,346	12,160,074	0.055209	0	0	55.00
56.00	05600 RADIOISOTOPE	209,995	4,456,496	0.047121	0	0	56.00
57.00	05700 CT SCAN	251,317	23,592,114	0.010653	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	113,473	16,427,679	0.006907	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	587,160	21,751,931	0.026993	0	0	59.00
60.00	06000 LABORATORY	895,373	40,162,809	0.022294	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	209,911	12,489,600	0.016807	0	0	65.00
66.00	06600 PHYSICAL THERAPY	65,199	2,323,648	0.028059	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	42,376	1,747,121	0.024255	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	17,075	652,526	0.026168	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	98,428	7,792,490	0.012631	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	145,369	5,911,076	0.024593	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	339,164	14,302,383	0.023714	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,079,777	39,812,443	0.027122	0	0	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280 EKG AND EEG	143,956	2,808,148	0.051264	0	0	76.01
76.02	03950 O/P REHAB SERVICES	460,766	6,695,180	0.068821	0	0	76.02
76.03	03951 SPORTS FITNESS	497,336	651,611	0.763241	0	0	76.03
76.04	03952 LIFE CENTER	417,897	11,067,469	0.037759	0	0	76.04
76.05	03580 RECREATIONAL THERAPY	784	16,795	0.046681	0	0	76.05
76.06	03480 ONCOLOGY	153,133	2,430,041	0.063017	0	0	76.06
76.08	03953 O/P DEPENDENCY SERVICES	76,258	247,612	0.307974	0	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	973,781	32,984,165	0.029523	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	187,380	3,425,160	0.054707	0	0	92.00
93.00	04950 WELLNESS PROGRAM	0	0	0.000000	0	0	93.00
200.00	Total (lines 50-199)	13,149,378	382,170,073		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part III Date/Time Prepared: 11/22/2016 3:29 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	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,748	0.00	2,755	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,808	0.00	260	0		31.00
41.00	04100	SUBPROVIDER - IRF	1,513	0.00	173	0		41.00
43.00	04300	NURSERY	1,458	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	3,903	0.00	15	0		44.00
45.00	04500	NURSING FACILITY	49,003	0.00	27,715	0		45.00
200.00		Total (lines 30-199)	80,433		30,918	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160057

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS								
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
93.00	04950	WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160057

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges		
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS			
		6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	100,966,590	0.000000	0.000000		0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,294,912	0.000000	0.000000		0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,160,074	0.000000	0.000000		0	55.00
56.00	05600	RADIOISOTOPE	0	4,456,496	0.000000	0.000000		0	56.00
57.00	05700	CT SCAN	0	23,592,114	0.000000	0.000000		0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,427,679	0.000000	0.000000		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,751,931	0.000000	0.000000		0	59.00
60.00	06000	LABORATORY	0	40,162,809	0.000000	0.000000		0	60.00
65.00	06500	RESPIRATORY THERAPY	0	12,489,600	0.000000	0.000000		0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,323,648	0.000000	0.000000		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,747,121	0.000000	0.000000		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	652,526	0.000000	0.000000		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,792,490	0.000000	0.000000		0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,911,076	0.000000	0.000000		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,302,383	0.000000	0.000000		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,812,443	0.000000	0.000000		0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0.000000		0	76.00
76.01	03280	EKG AND EEG	0	2,808,148	0.000000	0.000000		0	76.01
76.02	03950	O/P REHAB SERVICES	0	6,695,180	0.000000	0.000000		0	76.02
76.03	03951	SPORTS FITNESS	0	651,611	0.000000	0.000000		0	76.03
76.04	03952	LIFE CENTER	0	11,067,469	0.000000	0.000000		0	76.04
76.05	03580	RECREATIONAL THERAPY	0	16,795	0.000000	0.000000		0	76.05
76.06	03480	ONCOLOGY	0	2,430,041	0.000000	0.000000		0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0	247,612	0.000000	0.000000		0	76.08
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	32,984,165	0.000000	0.000000		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,425,160	0.000000	0.000000		0	92.00
93.00	04950	WELLNESS PROGRAM	0	0	0.000000	0.000000		0	93.00
200.00		Total (lines 50-199)	0	382,170,073				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
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Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03040 AUDIOLOGY	0	0	0		76.00
76.01	03280 EKG AND EEG	0	0	0		76.01
76.02	03950 O/P REHAB SERVICES	0	0	0		76.02
76.03	03951 SPORTS FITNESS	0	0	0		76.03
76.04	03952 LIFE CENTER	0	0	0		76.04
76.05	03580 RECREATIONAL THERAPY	0	0	0		76.05
76.06	03480 ONCOLOGY	0	0	0		76.06
76.08	03953 O/P DEPENDENCY SERVICES	0	0	0		76.08
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04950 WELLNESS PROGRAM	0	0	0		93.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160057 Component CCN: 16T057		Period: From 07/01/2015 To 06/30/2016		Worksheet D Part II Date/Time Prepared: 11/22/2016 3:29 pm	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,194,373	100,966,590	0.041542	0	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,317,751	17,294,912	0.076193	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	671,346	12,160,074	0.055209	0	0 55.00
56.00	05600	RADIOISOTOPE	209,995	4,456,496	0.047121	0	0 56.00
57.00	05700	CT SCAN	251,317	23,592,114	0.010653	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	113,473	16,427,679	0.006907	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	587,160	21,751,931	0.026993	0	0 59.00
60.00	06000	LABORATORY	895,373	40,162,809	0.022294	0	0 60.00
65.00	06500	RESPIRATORY THERAPY	209,911	12,489,600	0.016807	0	0 65.00
66.00	06600	PHYSICAL THERAPY	65,199	2,323,648	0.028059	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	42,376	1,747,121	0.024255	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	17,075	652,526	0.026168	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	98,428	7,792,490	0.012631	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	145,369	5,911,076	0.024593	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	339,164	14,302,383	0.023714	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,079,777	39,812,443	0.027122	0	0 73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0 76.00
76.01	03280	EKG AND EEG	143,956	2,808,148	0.051264	0	0 76.01
76.02	03950	O/P REHAB SERVICES	460,766	6,695,180	0.068821	0	0 76.02
76.03	03951	SPORTS FITNESS	497,336	651,611	0.763241	0	0 76.03
76.04	03952	LIFE CENTER	417,897	11,067,469	0.037759	0	0 76.04
76.05	03580	RECREATIONAL THERAPY	784	16,795	0.046681	0	0 76.05
76.06	03480	ONCOLOGY	153,133	2,430,041	0.063017	0	0 76.06
76.08	03953	O/P DEPENDENCY SERVICES	76,258	247,612	0.307974	0	0 76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	973,781	32,984,165	0.029523	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,425,160	0.000000	0	0 92.00
93.00	04950	WELLNESS PROGRAM	0	0	0.000000	0	0 93.00
200.00		Total (lines 50-199)	12,961,998	382,170,073		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00 03040 AUDIOLOGY	0	0	0	0	0	76.00
76.01 03280 EKG AND EEG	0	0	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06 03480 ONCOLOGY	0	0	0	0	0	76.06
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
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
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	100,966,590	0.000000	0.000000	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,294,912	0.000000	0.000000	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,160,074	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	4,456,496	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	23,592,114	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	16,427,679	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,751,931	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	40,162,809	0.000000	0.000000	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	12,489,600	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,323,648	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,747,121	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	652,526	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,792,490	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,911,076	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,302,383	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,812,443	0.000000	0.000000	0	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280 EKG AND EEG	0	2,808,148	0.000000	0.000000	0	76.01
76.02	03950 O/P REHAB SERVICES	0	6,695,180	0.000000	0.000000	0	76.02
76.03	03951 SPORTS FITNESS	0	651,611	0.000000	0.000000	0	76.03
76.04	03952 LIFE CENTER	0	11,067,469	0.000000	0.000000	0	76.04
76.05	03580 RECREATIONAL THERAPY	0	16,795	0.000000	0.000000	0	76.05
76.06	03480 ONCOLOGY	0	2,430,041	0.000000	0.000000	0	76.06
76.08	03953 O/P DEPENDENCY SERVICES	0	247,612	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	32,984,165	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,425,160	0.000000	0.000000	0	92.00
93.00	04950 WELLNESS PROGRAM	0	0	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	0	382,170,073			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
	Component CCN: 16T057	Title XIX	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	76.00
76.01 03280 EKG AND EEG	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06 03480 ONCOLOGY	0	0	0	76.06
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00 03040 AUDIOLOGY	0	0	0	0	0	76.00
76.01 03280 EKG AND EEG	0	0	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06 03480 ONCOLOGY	0	0	0	0	0	76.06
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS						
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
93.00 04950 WELLNESS PROGRAM	0	0	0	0	0	93.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
Title XIX		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	100,966,590	0.000000	0.000000	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,294,912	0.000000	0.000000	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,160,074	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	4,456,496	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	23,592,114	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	16,427,679	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,751,931	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	40,162,809	0.000000	0.000000	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	12,489,600	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,323,648	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,747,121	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	652,526	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,792,490	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,911,076	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,302,383	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,812,443	0.000000	0.000000	0	73.00
76.00	03040 AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280 EKG AND EEG	0	2,808,148	0.000000	0.000000	0	76.01
76.02	03950 O/P REHAB SERVICES	0	6,695,180	0.000000	0.000000	0	76.02
76.03	03951 SPORTS FITNESS	0	651,611	0.000000	0.000000	0	76.03
76.04	03952 LIFE CENTER	0	11,067,469	0.000000	0.000000	0	76.04
76.05	03580 RECREATIONAL THERAPY	0	16,795	0.000000	0.000000	0	76.05
76.06	03480 ONCOLOGY	0	2,430,041	0.000000	0.000000	0	76.06
76.08	03953 O/P DEPENDENCY SERVICES	0	247,612	0.000000	0.000000	0	76.08
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	32,984,165	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,425,160	0.000000	0.000000	0	92.00
93.00	04950 WELLNESS PROGRAM	0	0	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	0	382,170,073			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D Part IV Date/Time Prepared: 11/22/2016 3:29 pm
	Component CCN: 165110	Title XIX	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03040 AUDIOLOGY	0	0	0	76.00
76.01 03280 EKG AND EEG	0	0	0	76.01
76.02 03950 O/P REHAB SERVICES	0	0	0	76.02
76.03 03951 SPORTS FITNESS	0	0	0	76.03
76.04 03952 LIFE CENTER	0	0	0	76.04
76.05 03580 RECREATIONAL THERAPY	0	0	0	76.05
76.06 03480 ONCOLOGY	0	0	0	76.06
76.08 03953 O/P DEPENDENCY SERVICES	0	0	0	76.08
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 04950 WELLNESS PROGRAM	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/22/2016 3:29 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,748	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,748	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)		20,774	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,082	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		20,964,900	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		20,964,900	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,964,900	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		921.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,213,393	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,213,393	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/22/2016 3:29 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	3,604,230	1,808	1,993.49	1,079	2,150,976		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)					15,929,982		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,294,351		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,321,944		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,738,109		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,060,053		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,234,298		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)					1,974		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					921.62		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,819,278		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 3:29 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	2,159,316	20,964,900	0.102997	1,819,278	187,380	90.00
91.00	Nursing School cost	0	20,964,900	0.000000	1,819,278	0	91.00
92.00	Allied health cost	0	20,964,900	0.000000	1,819,278	0	92.00
93.00	All other Medical Education	0	20,964,900	0.000000	1,819,278	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,513	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,513	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)		1,513	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)		819	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,653,397	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)		1,653,397	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,653,397	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,092.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		894,995	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)		894,995	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 16T057				Date/Time Prepared: 11/22/2016 3:29 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							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)					428,071		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,323,066		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)					207,412		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,736		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					235,148		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,087,918		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 16T057		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 3:29 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	383,164	1,653,397	0.231743	0	0	90.00
91.00	Nursing School cost	0	1,653,397	0.000000	0	0	91.00
92.00	Allied health cost	0	1,653,397	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,653,397	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1
		Component CCN: 165110		Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,903	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,903	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,903	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,347	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,096,426	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)		2,096,426	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,096,426	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1	
		Component CCN: 165110		Date/Time Prepared: 11/22/2016 3:29 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				2,096,426 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				537.13 71.00
72.00	Program routine service cost (line 9 x line 71)				1,797,774 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,797,774 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,797,774 83.00
84.00	Program inpatient ancillary services (see instructions)				351,705 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				2,149,479 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 165110		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 3:29 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 3:29 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,748	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,748	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)		20,774	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)		2,755	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)		1,458	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		20,964,900	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		20,964,900	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,964,900	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		921.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,539,063	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)		2,539,063	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Title XIX		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)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	643,922	1,458	441.65	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,604,230	1,808	1,993.49	260	518,307	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)					3,057,370	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)					326,575	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)					326,575	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,730,795	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)					1,974	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					921.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,819,278	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 160057

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

Worksheet D-1

Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Title XIX Hospital PPS		
				Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,159,316	20,964,900	0.102997	1,819,278	187,380	90.00
91.00 Nursing School cost	0	20,964,900	0.000000	1,819,278	0	91.00
92.00 Allied health cost	0	20,964,900	0.000000	1,819,278	0	92.00
93.00 All other Medical Education	0	20,964,900	0.000000	1,819,278	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 3:29 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,513	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,513	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)		1,513	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)		173	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,458	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,653,397	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)		1,653,397	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,653,397	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,092.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		189,053	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)		189,053	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1	
		Component CCN: 16T057				Date/Time Prepared: 11/22/2016 3:29 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
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
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					189,053		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)					43,812		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)					43,812		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					145,241		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 16T057		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 3:29 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	383,164	1,653,397	0.231743	0	0	90.00
91.00	Nursing School cost	0	1,653,397	0.000000	0	0	91.00
92.00	Allied health cost	0	1,653,397	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,653,397	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1 Date/Time Prepared: 11/22/2016 3:29 pm
		Title XIX	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,903	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,903	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,903	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15	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)		1,458	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,096,426	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)		2,096,426	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,096,426	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D-1	
		Component CCN: 165110		Date/Time Prepared: 11/22/2016 3:29 pm	
		Title XIX	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				2,096,426 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				537.13 71.00
72.00	Program routine service cost (line 9 x line 71)				8,057 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				8,057 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				248,832 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				63.75 76.00
77.00	Program capital-related costs (line 9 x line 76)				956 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				7,101 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				7,101 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				956 83.00
84.00	Program inpatient ancillary services (see instructions)				0 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				956 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160057 Component CCN: 165110		Period: From 07/01/2015 To 06/30/2016		Worksheet D-1 Date/Time Prepared: 11/22/2016 3:29 pm	
		Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 3:29 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,472,074	30.00
31.00	03100	INTENSIVE CARE UNIT		3,525,347	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.276649	16,014,261	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.328145	1,716,135	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.212839	122,585	55.00
56.00	05600	RADIOISOTOPE	0.322773	315,281	56.00
57.00	05700	CT SCAN	0.076299	2,901,057	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.071590	1,001,598	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100250	5,700,115	59.00
60.00	06000	LABORATORY	0.257841	7,576,450	60.00
65.00	06500	RESPIRATORY THERAPY	0.174571	5,253,127	65.00
66.00	06600	PHYSICAL THERAPY	0.422627	917,246	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.458719	654,880	67.00
68.00	06800	SPEECH PATHOLOGY	0.525375	165,512	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090706	1,072,921	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.529399	966,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.510091	4,300,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.430294	5,278,334	73.00
76.00	03040	AUDIOLOGY	0.000000	0	76.00
76.01	03280	EKG AND EEG	0.265476	124,157	76.01
76.02	03950	O/P REHAB SERVICES	0.570979	-13,029	76.02
76.03	03951	SPORTS FITNESS	3.052533	147	76.03
76.04	03952	LIFE CENTER	0.330552	197,017	76.04
76.05	03580	RECREATIONAL THERAPY	0.933671	0	76.05
76.06	03480	ONCOLOGY	0.540362	0	76.06
76.08	03953	O/P DEPENDENCY SERVICES	0.878742	0	76.08
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.250669	3,610,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.531151	430,438	92.00
93.00	04950	WELLNESS PROGRAM	0.000000	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		58,305,851	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)		58,305,851	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		1,091,460	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.276649	8,138	2,251 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.328145	22,472	7,374 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.212839	0	0 55.00
56.00	05600 RADIOISOTOPE	0.322773	0	0 56.00
57.00	05700 CT SCAN	0.076299	20,523	1,566 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071590	18,665	1,336 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.100250	4,231	424 59.00
60.00	06000 LABORATORY	0.257841	84,002	21,659 60.00
65.00	06500 RESPIRATORY THERAPY	0.174571	47,261	8,250 65.00
66.00	06600 PHYSICAL THERAPY	0.422627	256,922	108,582 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.458719	234,950	107,776 67.00
68.00	06800 SPEECH PATHOLOGY	0.525375	209,372	109,999 68.00
69.00	06900 ELECTROCARDIOLOGY	0.090706	3,628	329 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.529399	3,000	1,588 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.510091	1,230	627 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.430294	83,788	36,053 73.00
76.00	03040 AUDIOLOGY	0.000000	0	0 76.00
76.01	03280 EKG AND EEG	0.265476	3,120	828 76.01
76.02	03950 O/P REHAB SERVICES	0.570979	0	0 76.02
76.03	03951 SPORTS FITNESS	3.052533	0	0 76.03
76.04	03952 LIFE CENTER	0.330552	29,701	9,818 76.04
76.05	03580 RECREATIONAL THERAPY	0.933671	9,048	8,448 76.05
76.06	03480 ONCOLOGY	0.540362	0	0 76.06
76.08	03953 O/P DEPENDENCY SERVICES	0.878742	0	0 76.08
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.250669	1,555	390 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.531151	1,456	773 92.00
93.00	04950 WELLNESS PROGRAM	0.000000	0	0 93.00
200.00	Total (sum of lines 50-94 and 96-98)		1,043,062	428,071 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		1,043,062	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160057 Component CCN: 165110	Period: From 07/01/2015 To 06/30/2016	Worksheet D-3 Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.276649	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.328145	10,092	3,312 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.212839	0	0 55.00
56.00	05600 RADIOISOTOPE	0.322773	0	0 56.00
57.00	05700 CT SCAN	0.076299	1,831	140 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071590	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.100250	0	0 59.00
60.00	06000 LABORATORY	0.257841	86,367	22,269 60.00
65.00	06500 RESPIRATORY THERAPY	0.174571	214	37 65.00
66.00	06600 PHYSICAL THERAPY	0.422627	377,954	159,734 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.458719	312,989	143,574 67.00
68.00	06800 SPEECH PATHOLOGY	0.525375	42,798	22,485 68.00
69.00	06900 ELECTROCARDIOLOGY	0.090706	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.529399	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.510091	26	13 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.430294	0	0 73.00
76.00	03040 AUDIOLOGY	0.000000	0	0 76.00
76.01	03280 EKG AND EEG	0.265476	0	0 76.01
76.02	03950 O/P REHAB SERVICES	0.569198	0	0 76.02
76.03	03951 SPORTS FITNESS	3.052533	0	0 76.03
76.04	03952 LIFE CENTER	0.330552	0	0 76.04
76.05	03580 RECREATIONAL THERAPY	0.933671	0	0 76.05
76.06	03480 ONCOLOGY	0.540362	8	4 76.06
76.08	03953 O/P DEPENDENCY SERVICES	0.878742	0	0 76.08
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.250669	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.531151	257	137 92.00
93.00	04950 WELLNESS PROGRAM	0.000000	0	0 93.00
200.00	Total (sum of lines 50-94 and 96-98)		832,536	351,705 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		832,536	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,812,832	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,438,496	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)		441,178	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		2,346,692	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		132.61	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.95	31.00
32.00	Sum of lines 30 and 31		25.77	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.48	33.00
34.00	Disproportionate share adjustment (see instructions)		609,185	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000162534	0.000162015	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,243,004	1,037,893	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	313,305	777,002	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,090,307		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	25,391,998		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		25,391,998	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,917,598	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		8,563	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,318,159	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,318,159	61.00
62.00	Deductibles billed to program beneficiaries		2,532,852	62.00
63.00	Coinurance billed to program beneficiaries		34,986	63.00
64.00	Allowable bad debts (see instructions)		0	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		0	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,750,321	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		88,679	70.93
70.94	HRR adjustment amount (see instructions)		-233,432	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part A Date/Time Prepared: 11/22/2016 3:29 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)			24,605,568	71.00
71.01	Sequestration adjustment (see instructions)			492,111	71.01
72.00	Interim payments			23,949,241	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)			164,216	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet E Part B Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,008	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,477,938	2.00
3.00	PPS payments		24,558,698	3.00
4.00	Outlier payment (see instructions)		50,870	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.878	5.00
6.00	Line 2 times line 5		25,003,630	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		98.42	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)		13,008	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		32,187	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)		32,187	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		32,187	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,179	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)		13,008	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		24,609,568	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,995,423	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)		19,627,153	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)		19,627,153	30.00
31.00	Primary payer payments		34,472	31.00
32.00	Subtotal (line 30 minus line 31)		19,592,681	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		19,592,681	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)		19,592,681	40.00
40.01	Sequestration adjustment (see instructions)		391,854	40.01
41.00	Interim payments		19,191,402	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		9,425	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160057

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2016 3:29 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		23,949,241		19,191,402	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		23,949,241		19,191,402	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		164,216		9,425	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		24,113,457		19,200,827	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: 160057
Component CCN: 16T057

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2016 3:29 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		1,321,273		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,321,273		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		5,300		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,326,573		0	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: 160057
Component CCN: 165110

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2016 3:29 pm
PPS

Title XVIII

Skilled Nursing Facility

		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		1,018,225		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,018,225		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,018,225		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 160057

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

Worksheet E-1
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			6,903 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			12,161 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,332 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			22,582 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			444,835,783 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			24,891,597 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)			498,535 8.00
9.00	Sequestration adjustment amount (see instructions)			9,971 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			488,564 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			488,564 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160057 Component CCN: 16T057	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part III Date/Time Prepared: 11/22/2016 3:29 pm
		Title VIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,304,510 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			45,658 3.00
4.00	Outlier Payments			39,276 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)			4.133880 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)			1,389,444 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,389,444 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,389,444 19.00
20.00	Deductibles			12,684 20.00
21.00	Subtotal (line 19 minus line 20)			1,376,760 21.00
22.00	Coinsurance			23,114 22.00
23.00	Subtotal (line 21 minus line 22)			1,353,646 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)			1,353,646 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)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,353,646 32.00
32.01	Sequestration adjustment (see instructions)			27,073 32.01
33.00	Interim payments			1,321,273 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)			5,300 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			39,276 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: 160057 Component CCN: 165110	Period: From 07/01/2015 To 06/30/2016	Worksheet E-3 Part VI Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,141,237	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,141,237	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		102,232	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,039,005	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,039,005	15.00
15.01	Sequestration adjustment (see instructions)		20,780	15.01
16.00	Interim payments		1,018,225	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 160057

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

Worksheet G

Date/Time Prepared:
11/22/2016 3:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	9,684,978	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	18,503,389	0	0	0	4.00
5.00	Other receivable	173,997	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,525,045	0	0	0	7.00
8.00	Prepaid expenses	3,680,360	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,567,769	0	0	0	11.00
FIXED ASSETS						
12.00	Land	151,123,757	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	151,123,757	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,412,088	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	145,354,165	0	0	0	33.00
34.00	Other assets	5,475,652	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	155,241,905	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	341,933,431	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,574,964	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,348,422	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,895,175	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,818,561	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	63,104,211	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	6,048,429	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	69,152,640	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	92,971,201	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	248,962,230				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)	248,962,230	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	341,933,431	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160057

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

Worksheet G-1

Date/Time Prepared:
11/22/2016 3:29 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		263,045,753		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		15,896,498			2.00
3.00	Total (sum of line 1 and line 2)		278,942,251		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)		278,942,251		0	11.00
12.00	EQUITY TRANSFERS	29,200,000		0		12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION	721,962		0		13.00
14.00	CHANGE IN BENEFICIAL INTEREST	58,058		0		14.00
15.00	ROUNDING	1		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		29,980,021		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		248,962,230		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	EQUITY TRANSFERS		0			12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION		0			13.00
14.00	CHANGE IN BENEFICIAL INTEREST		0			14.00
15.00	ROUNDING		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: 160057

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	37,709,001		37,709,001	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	2,030,227		2,030,227	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	2,376,924		2,376,924	7.00
8.00	NURSING FACILITY	9,240,925		9,240,925	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	51,357,077		51,357,077	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,012,916		6,012,916	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)	6,012,916		6,012,916	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	57,369,993		57,369,993	17.00
18.00	Ancillary services	101,643,411	243,870,159	345,513,570	18.00
19.00	Outpatient services	7,203,550	29,205,773	36,409,323	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		2,623,684	2,623,684	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,919,213	2,919,213	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	166,216,954	278,618,829	444,835,783	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		175,496,311		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		175,496,311		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160057

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

Worksheet G-3

Date/Time Prepared:
11/22/2016 3:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	444,835,783	1.00
2.00	Less contractual allowances and discounts on patients' accounts	266,699,055	2.00
3.00	Net patient revenues (line 1 minus line 2)	178,136,728	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,496,311	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,640,417	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	13,256,081	24.00
25.00	Total other income (sum of lines 6-24)	13,256,081	25.00
26.00	Total (line 5 plus line 25)	15,896,498	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,896,498	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet H

HHA CCN: 167136

To 06/30/2016

Date/Time Prepared: 11/22/2016 3:29 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	342,028	102,922	0	0	120,935	565,885	5.00
HHA REIMBURSABLE SERVICES							
6.00	760,338	227,879	0	0	0	988,217	6.00
7.00	291,599	77,826	0	0	16,838	386,263	7.00
8.00	85,862	22,960	0	0	0	108,822	8.00
9.00	6,737	1,801	0	0	0	8,538	9.00
10.00	1,381	390	0	0	0	1,771	10.00
11.00	127,095	38,091	0	0	0	165,186	11.00
12.00	0	0	0	0	13,739	13,739	12.00
13.00	0	0	0	0	550	550	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	12,126	4,018	0	0	316	16,460	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,627,166	475,887	0	0	152,378	2,255,431	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			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-5,448	560,437	-1,500	558,937			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	988,217	0	988,217			6.00
7.00	0	386,263	0	386,263			7.00
8.00	0	108,822	0	108,822			8.00
9.00	0	8,538	0	8,538			9.00
10.00	0	1,771	0	1,771			10.00
11.00	0	165,186	0	165,186			11.00
12.00	0	13,739	0	13,739			12.00
13.00	0	550	0	550			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	16,460	0	16,460			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-5,448	2,249,983	-1,500	2,248,483			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: 160057	Period: From 07/01/2015	Worksheet H-1
		HHA CCN: 167136	To 06/30/2016	Part I
				Date/Time Prepared: 11/22/2016 3:29 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	558,937	0	0	0	558,937	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	988,217	0	0	0	988,217	6.00
7.00	Physical Therapy	386,263	0	0	0	386,263	7.00
8.00	Occupational Therapy	108,822	0	0	0	108,822	8.00
9.00	Speech Pathology	8,538	0	0	0	8,538	9.00
10.00	Medical Social Services	1,771	0	0	0	1,771	10.00
11.00	Home Health Aide	165,186	0	0	0	165,186	11.00
12.00	Supplies (see instructions)	13,739	0	0	0	13,739	12.00
13.00	Drugs	550	0	0	0	550	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	16,460	0	0	0	16,460	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)	2,248,483	0	0	0	2,248,483	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	558,937					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	326,922	1,315,139				6.00
7.00	Physical Therapy	127,784	514,047				7.00
8.00	Occupational Therapy	36,001	144,823				8.00
9.00	Speech Pathology	2,825	11,363				9.00
10.00	Medical Social Services	586	2,357				10.00
11.00	Home Health Aide	54,647	219,833				11.00
12.00	Supplies (see instructions)	4,545	18,284				12.00
13.00	Drugs	182	732				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	5,445	21,905				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)		2,248,483				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet H-1

HHA CCN: 167136

To 06/30/2016

Part II
Date/Time Prepared:
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-558,937	1,689,546
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	988,217
7.00	Physical Therapy	0	0	0	0	0	386,263
8.00	Occupational Therapy	0	0	0	0	0	108,822
9.00	Speech Pathology	0	0	0	0	0	8,538
10.00	Medical Social Services	0	0	0	0	0	1,771
11.00	Home Health Aide	0	0	0	0	0	165,186
12.00	Supplies (see instructions)	0	0	0	0	0	13,739
13.00	Drugs	0	0	0	0	0	550
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	16,460
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-558,937	1,689,546
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		558,937
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.330821

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet H-2

HHA CCN: 167136

To 06/30/2016

Part I Date/Time Prepared: 11/22/2016 3:29 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS				BLDG & FIXT - LAUNDRY	BLDG & FIXT - MERCY	
		BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY			
	0	1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	1,315,139	0	0	0	0	0	0	2.00
3.00 Physical Therapy	514,047	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	144,823	0	0	0	0	0	0	4.00
5.00 Speech Pathology	11,363	0	0	0	0	0	0	5.00
6.00 Medical Social Services	2,357	0	0	0	0	0	0	6.00
7.00 Home Health Aide	219,833	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	18,284	0	0	0	0	0	0	8.00
9.00 Drugs	732	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	21,905	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,248,483	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
CAPITAL RELATED COSTS								
Cost Center Description	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	1.05	1.06	1.07	1.08	2.00	4.00		
1.00 Administrative and General	0	143,823	0	0	16,378	7,930	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	20,246	2.00	
3.00 Physical Therapy	0	0	0	0	0	7,761	3.00	
4.00 Occupational Therapy	0	0	0	0	0	2,285	4.00	
5.00 Speech Pathology	0	0	0	0	0	184	5.00	
6.00 Medical Social Services	0	0	0	0	0	1,212	6.00	
7.00 Home Health Aide	0	0	0	0	0	3,390	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	322	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	143,823	0	0	16,378	43,330	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: 160057

Period: From 07/01/2015

Worksheet H-2

HHA CCN: 167136

To 06/30/2016

Part I Date/Time Prepared: 11/22/2016 3:29 pm

Home Health Agency I

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Cost Center Description		ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	7,783	175,914	15,921	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,335,385	120,856	0	11,859	14,045	2.00
3.00	Physical Therapy	0	521,808	47,226	0	0	0	3.00
4.00	Occupational Therapy	0	147,108	13,314	0	0	0	4.00
5.00	Speech Pathology	0	11,547	1,045	0	0	0	5.00
6.00	Medical Social Services	0	3,569	323	0	0	0	6.00
7.00	Home Health Aide	0	223,223	20,203	0	0	0	7.00
8.00	Supplies (see instructions)	0	18,284	1,655	485	0	0	8.00
9.00	Drugs	0	732	66	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	22,227	2,012	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)	7,783	2,459,797	222,621	485	11,859	14,045	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00
Cost Center Description		Subtotal	OTHER A&G	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		5A.05	5.06	7.00	7.01	7.02	7.03	
1.00	Administrative and General	191,835	9,149	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,482,145	70,689	0	0	0	0	2.00
3.00	Physical Therapy	569,034	27,140	0	0	0	0	3.00
4.00	Occupational Therapy	160,422	7,651	0	0	0	0	4.00
5.00	Speech Pathology	12,592	601	0	0	0	0	5.00
6.00	Medical Social Services	3,892	186	0	0	0	0	6.00
7.00	Home Health Aide	243,426	11,610	0	0	0	0	7.00
8.00	Supplies (see instructions)	20,424	974	0	0	0	0	8.00
9.00	Drugs	798	38	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	24,239	1,156	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)	2,708,807	129,194	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet H-2

HHA CCN: 167136

To 06/30/2016

Part I Date/Time Prepared: 11/22/2016 3:29 pm

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.04	7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	0	27,510	0	0	286,707	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	27,510	0	0	286,707	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	10,523	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	26,867	276,194	0	2.00
3.00	Physical Therapy	0	0	0	10,299	0	0	3.00
4.00	Occupational Therapy	0	0	0	3,033	0	0	4.00
5.00	Speech Pathology	0	0	0	244	0	0	5.00
6.00	Medical Social Services	0	0	0	1,608	0	0	6.00
7.00	Home Health Aide	0	0	0	4,498	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	2,451	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	427	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	57,499	276,194	2,451	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: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet H-2 Part I Date/Time Prepared: 11/22/2016 3:29 pm
		HHA CCN: 167136	Home Health Agency I	PPS

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
	15.00	16.00	17.00	24.00	25.00	26.00	
1.00 Administrative and General	0	0	0	525,724	0	525,724	1.00
2.00 Skilled Nursing Care	0	19,137	0	1,875,032	0	1,875,032	2.00
3.00 Physical Therapy	0	0	0	606,473	0	606,473	3.00
4.00 Occupational Therapy	0	0	0	171,106	0	171,106	4.00
5.00 Speech Pathology	0	0	0	13,437	0	13,437	5.00
6.00 Medical Social Services	0	0	110,589	116,275	0	116,275	6.00
7.00 Home Health Aide	0	0	0	259,534	0	259,534	7.00
8.00 Supplies (see instructions)	0	0	0	23,849	0	23,849	8.00
9.00 Drugs	178	0	0	1,014	0	1,014	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	25,822	0	25,822	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)	178	19,137	110,589	3,618,266	0	3,618,266	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	Allocated HHA A&G (see Part II)	Total HHA Costs					
	27.00	28.00					
1.00 Administrative and General							1.00
2.00 Skilled Nursing Care	318,751	2,193,783					2.00
3.00 Physical Therapy	103,099	709,572					3.00
4.00 Occupational Therapy	29,088	200,194					4.00
5.00 Speech Pathology	2,284	15,721					5.00
6.00 Medical Social Services	19,766	136,041					6.00
7.00 Home Health Aide	44,120	303,654					7.00
8.00 Supplies (see instructions)	4,054	27,903					8.00
9.00 Drugs	172	1,186					9.00
10.00 DME	0	0					10.00
11.00 Home Dialysis Aide Services	0	0					11.00
12.00 Respiratory Therapy	0	0					12.00
13.00 Private Duty Nursing	4,390	30,212					13.00
14.00 Clinic	0	0					14.00
15.00 Health Promotion Activities	0	0					15.00
16.00 Day Care Program	0	0					16.00
17.00 Home Delivered Meals Program	0	0					17.00
18.00 Homemaker Service	0	0					18.00
19.00 All Others (specify)	0	0					19.00
20.00 Total (sum of lines 1-19) (2)	525,724	3,618,266					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.	0.169997						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: 160057
HHA CCN: 167136

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

Worksheet H-2
Part II
Date/Time Prepared:
11/22/2016 3:29 pm
PPS

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	BLDG & FIXT - EASTMAN (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
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)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	
		BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.06	1.07	1.08	2.00			
1.00	Administrative and General	8,570	0	0	16,269	517	78	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,320	0	2.00
3.00	Physical Therapy	0	0	0	0	506	0	3.00
4.00	Occupational Therapy	0	0	0	0	149	0	4.00
5.00	Speech Pathology	0	0	0	0	12	0	5.00
6.00	Medical Social Services	0	0	0	0	79	0	6.00
7.00	Home Health Aide	0	0	0	0	221	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	21	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)	8,570	0	0	16,269	2,825	78	20.00
21.00	Total cost to be allocated	143,823	0	0	16,378	43,330	7,783	21.00
22.00	Unit cost multiplier	16.782147	0.000000	0.000000	1.006700	15.338053	99.782051	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160057

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

Worksheet H-2 Part II Date/Time Prepared: 11/22/2016 3:29 pm

HHA CCN: 167136

Home Health Agency I

PPS

Cost Center Description		Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	175,914	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,335,385	0	2,623,684	2,623,684	0	2.00
3.00	Physical Therapy	0	521,808	0	0	0	0	3.00
4.00	Occupational Therapy	0	147,108	0	0	0	0	4.00
5.00	Speech Pathology	0	11,547	0	0	0	0	5.00
6.00	Medical Social Services	0	3,569	0	0	0	0	6.00
7.00	Home Health Aide	0	223,223	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	18,284	20,289	0	0	0	8.00
9.00	Drugs	0	732	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	22,227	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)		2,459,797	20,289	2,623,684	2,623,684		20.00
21.00	Total cost to be allocated		222,621	485	11,859	14,045		21.00
22.00	Unit cost multiplier		0.090504	0.023905	0.004520	0.005353		22.00
Cost Center Description		OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		5.06	7.00	7.01	7.02	7.03	7.04	
1.00	Administrative and General	191,835	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,482,145	0	0	0	0	0	2.00
3.00	Physical Therapy	569,034	0	0	0	0	0	3.00
4.00	Occupational Therapy	160,422	0	0	0	0	0	4.00
5.00	Speech Pathology	12,592	0	0	0	0	0	5.00
6.00	Medical Social Services	3,892	0	0	0	0	0	6.00
7.00	Home Health Aide	243,426	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	20,424	0	0	0	0	0	8.00
9.00	Drugs	798	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	24,239	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)	2,708,807	0	0	0	0	0	20.00
21.00	Total cost to be allocated	129,194	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.047694	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	9.01	
1.00	Administrative and General	0	8,570	0	0	17,340	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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-2 Part II
Date/Time Prepared: 11/22/2016 3:29 pm
PPS

Cost Center Description		OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	9.01	
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	8,570	0	0	17,340	0	20.00
21.00	Total cost to be allocated	0	27,510	0	0	286,707	0	21.00
22.00	Unit cost multiplier	0.000000	3.210035	0.000000	0.000000	16.534429	0.000000	22.00
Cost Center Description		DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	
		10.00	10.01	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	517	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	1,320	58,980	0	0	2.00
3.00	Physical Therapy	0	0	506	0	0	0	3.00
4.00	Occupational Therapy	0	0	149	0	0	0	4.00
5.00	Speech Pathology	0	0	12	0	0	0	5.00
6.00	Medical Social Services	0	0	79	0	0	0	6.00
7.00	Home Health Aide	0	0	221	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	20,289	0	8.00
9.00	Drugs	0	0	0	0	0	550	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	21	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	2,825	58,980	20,289	550	20.00
21.00	Total cost to be allocated	0	0	57,499	276,194	2,451	178	21.00
22.00	Unit cost multiplier	0.000000	0.000000	20.353628	4.682842	0.120804	0.323636	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)					
		16.00	17.00					
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	2,623,684	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	14,036					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19)	2,623,684	14,036					20.00
21.00	Total cost to be allocated	19,137	110,589					21.00
22.00	Unit cost multiplier	0.007294	7.878954					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part I Date/Time Prepared: 11/22/2016 3:29 pm
		HHA CCN: 167136	Title XVIII	Home Health Agency I PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,193,783		2,193,783	5,203	421.64	1.00
2.00	Physical Therapy	3.00	709,572	0	709,572	2,964	239.40	2.00
3.00	Occupational Therapy	4.00	200,194	0	200,194	1,083	184.85	3.00
4.00	Speech Pathology	5.00	15,721	0	15,721	62	253.56	4.00
5.00	Medical Social Services	6.00	136,041		136,041	54	2,519.28	5.00
6.00	Home Health Aide	7.00	303,654		303,654	4,670	65.02	6.00
7.00	Total (sum of lines 1-6)		3,558,965	0	3,558,965	14,036		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		99916	0	2,503		8.00
9.00	Physical Therapy		99916	0	2,007		9.00
10.00	Occupational Therapy		99916	0	820		10.00
11.00	Speech Pathology		99916	0	31		11.00
12.00	Medical Social Services		99916	0	24		12.00
13.00	Home Health Aide		99916	0	1,164		13.00
14.00	Total (sum of lines 8-13)			0	6,549		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	27,903	3,180	31,083	6,007	5.174463	15.00
16.00	Cost of Drugs	9.00	1,186	0	1,186	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,503		0	1,055,365	1.00
2.00	Physical Therapy	0	2,007		0	480,476	2.00
3.00	Occupational Therapy	0	820		0	151,577	3.00
4.00	Speech Pathology	0	31		0	7,860	4.00
5.00	Medical Social Services	0	24		0	60,463	5.00
6.00	Home Health Aide	0	1,164		0	75,683	6.00
7.00	Total (sum of lines 1-6)	0	6,549		0	1,831,424	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2015 To 06/30/2016	Worksheet H-3 Part I Date/Time Prepared: 11/22/2016 3:29 pm PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	Program Covered Charges			Cost of Services						
	Part A	Part B						Part A	Part B	
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance						Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00				
Supplies and Drugs Cost Computations										
15.00	Cost of Medical Supplies	0	6,250	0	0	32,340	0			
16.00	Cost of Drugs		0	0		0	0			
Cost Center Description										
	Total Program Cost (sum of col.s. 9-10)									
	12.00									
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care	1,055,365					1.00			
2.00	Physical Therapy	480,476					2.00			
3.00	Occupational Therapy	151,577					3.00			
4.00	Speech Pathology	7,860					4.00			
5.00	Medical Social Services	60,463					5.00			
6.00	Home Health Aide	75,683					6.00			
7.00	Total (sum of lines 1-6)	1,831,424					7.00			
Cost Center Description										
	12.00									
Limitation Cost Computation										
8.00	Skilled Nursing Care						8.00			
9.00	Physical Therapy						9.00			
10.00	Occupational Therapy						10.00			
11.00	Speech Pathology						11.00			
12.00	Medical Social Services						12.00			
13.00	Home Health Aide						13.00			
14.00	Total (sum of lines 8-13)						14.00			

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 160057

Period:

Worksheet H-3

HHA CCN: 167136

From 07/01/2015

Part II

To 06/30/2016

Date/Time Prepared:

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.422627	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.458719	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.525375	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.529399	6,007	3,180	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.430294	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2015 To 06/30/2016	Worksheet H-4 Part I-11 Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,020,081
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	42,867
13.00	Total PPS Reimbursement - LUPA Episodes		0	12,867
14.00	Total PPS Reimbursement - PEP Episodes		0	12,901
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,088,716
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,088,716
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,088,716
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	1,088,716
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,088,716
31.01	Sequestration adjustment (see instructions)		0	21,259
32.00	Interim payments (see instructions)		0	1,067,457
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	0
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: 160057
HHA CCN: 167136

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

Worksheet H-5
Date/Time Prepared:
11/22/2016 3:29 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		1,067,457	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,067,457	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,067,457	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: 160057

Period: From 07/01/2015

Worksheet K

Hospice CCN: 161567

To 06/30/2016

Date/Time Prepared: 11/22/2016 3:29 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	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	2,826	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	976,905	249,736	0	-83,149	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	59,722	0	9.00
10.00	Nursing Care	394,085	119,867	0	44,932	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	122,113	32,272	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	191,892	50,713	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	4,273	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	4,241	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	2,339	0	29.00
30.00	Medical Supplies	0	0	0	77,121	71,068	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	344,393	34.00
HOSPICE NONREIMBURSABLE SERVICE							
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	59,479	8,439	0	0	11,302	37.00
38.00	Other Program Costs	0	0	0	0	30,213	38.00
39.00	Total (sum of lines 1 thru 38)	1,744,474	461,027	0	105,206	464,075	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K

Hospice CCN: 161567

To 06/30/2016

Date/Time Prepared: 11/22/2016 3:29 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	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	2,826	0	2,826	0	2,826	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	1,143,492	-4,900	1,138,592	-613	1,137,979	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	59,722	0	59,722	0	59,722	9.00
10.00	Nursing Care	558,884	0	558,884	0	558,884	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	154,385	0	154,385	0	154,385	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	242,605	0	242,605	0	242,605	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	4,273	0	4,273	0	4,273	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	4,241	0	4,241	0	4,241	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	2,339	0	2,339	0	2,339	29.00
30.00	Medical Supplies	148,189	0	148,189	0	148,189	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	344,393	-28,878	315,515	0	315,515	34.00
HOSPICE NONREIMBURSABLE SERVICE							
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	79,220	0	79,220	0	79,220	37.00
38.00	Other Program Costs	30,213	0	30,213	0	30,213	38.00
39.00	Total (sum of lines 1 thru 38)	2,774,782	-33,778	2,741,004	-613	2,740,391	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-1

Hospice CCN: 161567

To 06/30/2016

Date/Time Prepared: 11/22/2016 3:29 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
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	976,905	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	394,085	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	122,113	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	191,892	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
OTHER HOSPICE SERVICE COSTS							
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
HOSPICE NONREIMBURSABLE SERVICE							
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	59,479	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,744,474	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-1

Hospice CCN: 161567

To 06/30/2016

Date/Time Prepared: 11/22/2016 3:29 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
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	976,905	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	394,085	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	122,113	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	191,892	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
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
HOSPICE NONREIMBURSABLE SERVICE						
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	59,479	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	1,744,474	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-2

Hospice CCN: 161567

To 06/30/2016

Date/Time Prepared: 11/22/2016 3:29 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
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	249,736	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	119,867	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	32,272	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	50,713	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
OTHER HOSPICE SERVICE COSTS							
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
HOSPICE NONREIMBURSABLE SERVICE							
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	8,439	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)	461,027	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-2

Hospice CCN: 161567

To 06/30/2016

Date/Time Prepared: 11/22/2016 3:29 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
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	249,736	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	119,867	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	32,272	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	50,713	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
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
HOSPICE NONREIMBURSABLE SERVICE						
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	8,439	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	461,027	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 160057		Period: From 07/01/2015 To 06/30/2016		Worksheet K-3	
		Hospice CCN: 161567				Date/Time Prepared: 11/22/2016 3:29 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
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	-83,149	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	59,722	0	0	0	0	9.00
10.00	Nursing Care	44,932	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
OTHER HOSPICE SERVICE COSTS							
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	4,241	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	2,339	0	0	0	0	29.00
30.00	Medical Supplies	77,121	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
HOSPICE NONREIMBURSABLE SERVICE							
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)	105,206	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 160057 Hospice CCN: 161567	Period: From 07/01/2015 To 06/30/2016	Worksheet K-3 Date/Time Prepared: 11/22/2016 3:29 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
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	-83,149	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	59,722	9.00
10.00	Nursing Care		0	0	44,932	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
OTHER HOSPICE SERVICE COSTS						
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	4,241	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	2,339	29.00
30.00	Medical Supplies		0	0	77,121	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
HOSPICE NONREIMBURSABLE SERVICE						
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	105,206	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 160057
 Hospice CCN: 161567

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 11/22/2016 3:29 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	2,826	0	0	2,826		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	1,137,979	0	0	2,826	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	59,722	0	0	0	0	9.00
10.00	Nursing Care	558,884	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	154,385	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	242,605	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	4,273	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	4,241	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	2,339	0	0	0	0	29.00
30.00	Medical Supplies	148,189	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	315,515	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
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	79,220	0	0	0	0	37.00
38.00	Other Program Costs	30,213	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,740,391	0	0	2,826	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-4

Hospice CCN: 161567

To 06/30/2016

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
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	1,140,805	1,140,805		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	59,722	42,593	102,315	9.00
10.00	Nursing Care	0	558,884	398,587	957,471	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	154,385	110,106	264,491	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	242,605	173,023	415,628	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	4,273	3,047	7,320	21.00
OTHER HOSPICE SERVICE COSTS						
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	4,241	3,025	7,266	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	2,339	1,668	4,007	29.00
30.00	Medical Supplies	0	148,189	105,687	253,876	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	315,515	225,022	540,537	34.00
HOSPICE NONREIMBURSABLE SERVICE						
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	79,220	56,499	135,719	37.00
38.00	Other Program Costs	0	30,213	21,548	51,761	38.00
39.00	Total (sum of lines 1 thru 38)	0	2,740,391		2,740,391	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-4

Hospice CCN: 161567

To 06/30/2016

Part II
Date/Time Prepared:
11/22/2016 3:29 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	8,190			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	8,190	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
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
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	2,826	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.345055	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057
 Hospice CCN: 161567

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 11/22/2016 3:29 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
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	-1,140,805	1,599,586	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	59,722	9.00
10.00	Nursing Care	0	558,884	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	154,385	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	242,605	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	4,273	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	4,241	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	2,339	29.00
30.00	Medical Supplies	0	148,189	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	315,515	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	79,220	37.00
38.00	Other Program Costs	0	30,213	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,140,805	39.00
40.00	Unit Cost Multiplier		0.713188	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 161567

To 06/30/2016

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		1.00	1.01	1.02	1.03	
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	102,315	0	0	0	0	4.00
5.00 Nursing Care	957,471	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	264,491	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	415,628	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	7,320	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	7,266	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	4,007	0	0	0	0	24.00
25.00 Medical Supplies	253,876	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	540,537	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	135,719	0	0	0	0	32.00
33.00 Other Program Costs	51,761	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	2,740,391	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: 160057

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 161567

To 06/30/2016

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Hospice I

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	BLDG & FIXT -	
		MERCY	EASTMAN	HHA/HOSP	REHAB	WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
1.00	Administrative and General	0	0	137,445	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	137,445	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 161567

To 06/30/2016

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
		MVBLE	EQUIP					
		2.00		4.00	5.01	5A.01	5.02	
1.00	Administrative and General	41,180		40,231	0	218,856	19,807	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	102,315	9,260	4.00
5.00	Nursing Care	0		0	0	957,471	86,655	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	264,491	23,937	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	415,628	37,616	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		0	0	0	0	15.00
16.00	Other	0		0	0	7,320	662	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	7,266	658	22.00
23.00	Imaging Services	0		0	0	0	0	23.00
24.00	Labs and Diagnostics	0		0	0	4,007	363	24.00
25.00	Medical Supplies	0		0	0	253,876	22,977	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	540,537	48,921	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	135,719	12,283	32.00
33.00	Other Program Costs	0		0	0	51,761	4,685	33.00
34.00	Total (sum of lines 1 thru 33) (2)	41,180		40,231	0	2,959,247	267,824	34.00
35.00	Unit Cost Multiplier (see instructions)					0		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 161567

To 06/30/2016

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Hospice I				OTHER A&G	
		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal		
		5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	2,097	13,195	15,627	269,582	12,857	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	111,575	5,321	4.00
5.00	Nursing Care	0	0	0	1,044,126	49,800	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	288,428	13,756	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	453,244	21,617	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	7,982	381	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	7,924	378	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	4,370	208	24.00
25.00	Medical Supplies	0	0	0	276,853	13,204	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	589,458	28,114	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	148,002	7,059	32.00
33.00	Other Program Costs	0	0	0	56,446	2,692	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,097	13,195	15,627	3,257,990	155,387	34.00
35.00	Unit Cost Multiplier (see instructions)				0		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period:

Worksheet K-5

Hospice CCN: 161567

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

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT 7.00	OPERATION OF PLANT KLEIN 7.01	OPERATION OF PLANT EASTMAN 7.02	OPERATION OF PLANT MERCY 7.03	OPERATION OF PLANT CANCER 7.04	
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	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 161567

To 06/30/2016

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	26,290	0	7,305	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	26,290	0	7,305	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period:

Worksheet K-5

Hospice CCN: 161567

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

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Hospice I					
		HOUSEKEEPING KLEIN 9.01	DIETARY 10.00	DIETARY KLEIN 10.01	CAFETERIA 11.00	NURSING ADMINISTRATION 13.00	
1.00	Administrative and General	0	7,358	0	53,388	256,488	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	7,358	0	53,388	256,488	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 161567

To 06/30/2016

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00	24.00	
1.00	Administrative and General	10,598	55,614	21,293	0	720,773	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	116,896	4.00
5.00	Nursing Care	0	0	0	0	1,093,926	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	10,424	312,608	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	474,861	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	8,363	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	8,302	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	4,578	24.00
25.00	Medical Supplies	0	0	0	0	290,057	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	617,572	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	155,061	32.00
33.00	Other Program Costs	0	0	0	0	59,138	33.00
34.00	Total (sum of lines 1 thru 33) (2)	10,598	55,614	21,293	10,424	3,862,135	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 161567

To 06/30/2016

Part I
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	116,896	26,821	143,717		4.00
5.00	Nursing Care	0	1,093,926	250,998	1,344,924		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	312,608	71,727	384,335		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	474,861	108,955	583,816		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	8,363	1,919	10,282		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	8,302	1,905	10,207		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	4,578	1,050	5,628		24.00
25.00	Medical Supplies	0	290,057	66,552	356,609		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	617,572	141,699	759,271		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	155,061	35,578	190,639		32.00
33.00	Other Program Costs	0	59,138	13,569	72,707		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	3,862,135		3,862,135		34.00
35.00	Unit Cost Multiplier (see instructions)			0.229446			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
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: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP (DOLLAR VALUE)	
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
1.00	Administrative and General	0	8,190	0	0	40,907	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	8,190	0	0	40,907	34.00
35.00	Total cost to be allocated	0	137,445	0	0	41,180	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	16.782051	0.000000	0.000000	1.006674	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Hospice I				PURCHASING RECEIVING AND STORES (PURCHASES)	
		EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)		
		4.00	5.01	5A.02	5.02	5.03	
1.00	Administrative and General	2,623	0	0	218,856	87,715	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	102,315	0	4.00
5.00	Nursing Care	0	0	0	957,471	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	264,491	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	415,628	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	7,320	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	7,266	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	4,007	0	24.00
25.00	Medical Supplies	0	0	0	253,876	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	540,537	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	135,719	0	32.00
33.00	Other Program Costs	0	0	0	51,761	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,623	0	0	2,959,247	87,715	34.00
35.00	Total cost to be allocated	40,231	0	0	267,824	2,097	35.00
36.00	Unit Cost Multiplier (see instructions)	15.337781	0.000000	0	0.090504	0.023907	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description	Hospice I					
	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	7.00	
1.00 Administrative and General	2,919,213	2,919,213	0	269,582	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	111,575	0	4.00
5.00 Nursing Care	0	0	0	1,044,126	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	288,428	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	453,244	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	7,982	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	7,924	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	4,370	0	24.00
25.00 Medical Supplies	0	0	0	276,853	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	589,458	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	148,002	0	32.00
33.00 Other Program Costs	0	0	0	56,446	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	2,919,213	2,919,213		3,257,990	0	34.00
35.00 Total cost to be allocated	13,195	15,627		155,387	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.004520	0.005353		0.047694	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description	Hospice I					
	OPERATION OF PLANT KLEIN (SQUARE FEET) 7.01	OPERATION OF PLANT EASTMAN (SQUARE FEET) 7.02	OPERATION OF PLANT MERCY (SQUARE FEET) 7.03	OPERATION OF PLANT CANCER (SQUARE FEET) 7.04	OPERATION OF PLANT REHAB (SQUARE FEET) 7.05	
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: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description	Hospice I						
	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET) 7.06	OPERATION OF PLANT WAPELLO (SQUARE FEET) 7.07	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8.00	HOUSEKEEPING (HOURS OF SERVICE) 9.00	HOUSEKEEPING KLEIN (HOURS OF SERVICE) 9.01		
1.00 Administrative and General	8,190	0	13,454	0	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)	8,190	0	13,454	0	0	0	34.00
35.00 Total cost to be allocated	26,290	0	7,305	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	3.210012	0.000000	0.542961	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description	Hospice I						
	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)		
	10.00	10.01	11.00	13.00	14.00		
1.00 Administrative and General	963	0	2,623	54,772	87,715	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)	963	0	2,623	54,772	87,715	34.00	
35.00 Total cost to be allocated	7,358	0	53,388	256,488	10,598	35.00	
36.00 Unit Cost Multiplier (see instructions)	7.640706	0.000000	20.353793	4.682831	0.120823	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	Hospice I	
		15.00	16.00	17.00		
1.00	Administrative and General	171,997	2,919,213	0		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	0	0	0		4.00
5.00	Nursing Care	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	0	0	1,323		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	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		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	0	0	0		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	0	0	0		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	0	0	0		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)	171,997	2,919,213	1,323		34.00
35.00	Total cost to be allocated	55,614	21,293	10,424		35.00
36.00	Unit Cost Multiplier (see instructions)	0.323343	0.007294	7.879063		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-5

Hospice CCN: 161567

To 06/30/2016

Part III
Date/Time Prepared:
11/22/2016 3:29 pm

Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Hospice I	
				Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (col. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.422627	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.458719	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.525375	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.430294	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.257841	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.529399	0	0 7.00
8.00	WELLNESS PROGRAM	93.00	0.000000	0	0 8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.212839	0	0 9.00
10.00	AUDIOLOGY	76.00	0.000000	0	0 10.00
10.01	EKG AND EEG	76.01	0.265476	0	0 10.01
10.02	O/P REHAB SERVICES	76.02	0.570979	0	0 10.02
10.03	SPORTS FITNESS	76.03	3.052533	0	0 10.03
10.04	LIFE CENTER	76.04	0.330552	0	0 10.04
10.05	RECREATIONAL THERAPY	76.05	0.933671	0	0 10.05
10.06	ONCOLOGY	76.06	0.540362	0	0 10.06
10.07	CARDIOLOGY	76.07			10.07
10.08	O/P DEPENDENCY SERVICES	76.08	0.878742	0	0 10.08
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 160057

Period: From 07/01/2015

Worksheet K-6

Hospice CCN: 161567

To 06/30/2016

Date/Time Prepared: 11/22/2016 3:29 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				3,789,428	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				11,865	2.00
3.00	Average cost per diem (line 1 divided by line 2)				319.38	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	10,918				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	3,486,991				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			947		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			302,453		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160057	Period: From 07/01/2015 To 06/30/2016	Worksheet L Parts I-III Date/Time Prepared: 11/22/2016 3:29 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,854,784	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		62,814	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)		62.11	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)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,917,598	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00