This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/22/2017 11:55 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/22/2017 Time: 11:55 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE FINLEY HOSPITAL (16-0117) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	185,399	20,270	-482	0	1.00
2.00	Subprovider - IPF	0	0	145		0	2.00
3.00	Subprovider - IRF	0	14,375	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-2		0	9.00
200.00	Total	0	199,774	20,413	-482	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: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 11:50 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 350 NORTH GRANDVIEW AVENUE	PO Box:			1.00
2.00	City: DUBUQUE	State: IA	Zip Code: 52001	County: DUBUQUE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	THE FINLEY HOSPITAL	160117	20220	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	THE FINLEY HOSPITAL - MHU	16S117	20220	4	12/23/1998	N	P	P	4.00
5.00	Subprovider - IRF	THE FINLEY HOSPITAL - REHAB	16T117	20220	5	01/01/2004	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	FINLEY HOSPITAL HOME CARE	167002	20220		07/01/1966	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	389	791	3	55	1,822	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	21	0	0	0	175		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 11:50 am

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

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.				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	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 11:50 am

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

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

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

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 11:50 am

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

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

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

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

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	308,941	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 11:50 am

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	H00185	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: FINLEY TRI-STATES	Contractor's Name: WPS	Contractor's Number: 05001	141.00
142.00	Street: 350 NORTH GRANDVIEW AVE	PO Box:		142.00
143.00	City: DUBUQUE	State: IA	Zip Code: 52001	143.00

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

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 11:50 am

		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)	10/31/2016	12/31/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 11:50 am

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

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

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

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	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	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/09/2017	Y	03/09/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 11:50 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JODI		CHARLEY		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-241-3200		JODI.CHARLEY@UNITYPOINT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 11:50 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2017 11:50 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	88	32,208	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)		88	32,208	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	10	3,660	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01	BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
10.02	NURSING ADMINISTRATION	33.02	0	0	0.00	0	10.02
10.03	GEROPSYCH REVENUE	33.03	0	0	0.00	0	10.03
10.04	BURN INTENSIVE CARE UNIT	33.04	0	0	0.00	0	10.04
10.05	BURN INTENSIVE CARE UNIT	33.05	0	0	0.00	0	10.05
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		98	35,868	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	9	3,294		0	16.00
17.00	SUBPROVIDER - IRF	41.00	10	3,660		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		117				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: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2017 11:50 am

	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)	5,887	1,838	12,191			1.00
2.00	HMO and other (see instructions)	2,278	0				2.00
3.00	HMO IPF Subprovider	261	0				3.00
4.00	HMO IRF Subprovider	132	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)	5,887	1,838	12,191			7.00
8.00	INTENSIVE CARE UNIT	875	186	1,866			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
10.02	NURSING ADMINISTRATION	0	0	0			10.02
10.03	GEROPSYCH REVENUE	0	0	0			10.03
10.04	BURN INTENSIVE CARE UNIT	0	0	0			10.04
10.05	BURN INTENSIVE CARE UNIT	0	0	0			10.05
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		947	1,822			13.00
14.00	Total (see instructions)	6,762	2,971	15,879	0.00	577.23	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,131	0	2,728	0.00	12.94	16.00
17.00	SUBPROVIDER - IRF	1,389	196	2,138	0.00	11.80	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	10,624	0	22,412	0.00	23.04	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	625.01	27.00
28.00	Observation Bed Days		0	1,888			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			193			30.00
31.00	Employee discount days - IRF			6			31.00
32.00	Labor & delivery days (see instructions)	0	89	198			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: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/22/2017 11:50 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,701	809	5,157	1.00
2.00	HMO and other (see instructions)			602	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
10.01	BURN INTENSIVE CARE UNIT						10.01
10.02	NURSING ADMINISTRATION						10.02
10.03	GEROPSYCH REVENUE						10.03
10.04	BURN INTENSIVE CARE UNIT						10.04
10.05	BURN INTENSIVE CARE UNIT						10.05
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	1,701	809	5,157	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	103	0	145	16.00
17.00	SUBPROVIDER - IRF	0.00	0	124	0	173	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/22/2017 11:50 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	36,607,232	667,402	37,274,634	1,300,015.00	28.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		699,942	0	699,942	4,020.00	174.11	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		2,231,440	0	2,231,440	17,091.00	130.56	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,083,670	250,304	5,333,974	196,261.00	27.18	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,397,511	0	2,397,511	36,878.00	65.01	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		60,302	0	60,302	317.00	190.23	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		7,016,208	0	7,016,208	199,672.00	35.14	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,360,625	0	8,360,625			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,874,211	0	1,874,211			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		41,487	0	41,487			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		132,261	0	132,261			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		1,786,469	0	1,786,469			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,736,314	363,154	3,099,468	107,137.00	28.93	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

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

Worksheet S-3 Part II Date/Time Prepared: 5/22/2017 11:50 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		401,094	0	401,094	2,172.00	184.67	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	963,726	0	963,726	41,323.00	23.32	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	828,096	0	828,096	59,215.00	13.98	32.00
33.00	Housekeeping under contract (see instructions)		111,207	0	111,207	2,080.00	53.46	33.00
34.00	Dietary	10.00	1,004,220	0	1,004,220	64,674.00	15.53	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,337,160	0	2,337,160	61,468.00	38.02	38.00
39.00	Central Services and Supply	14.00	269,842	0	269,842	18,531.00	14.56	39.00
40.00	Pharmacy	15.00	1,228,007	0	1,228,007	26,909.00	45.64	40.00
41.00	Medical Records & Medical Records Library	16.00	470,362	0	470,362	19,475.00	24.15	41.00
42.00	Social Service	17.00	499,552	0	499,552	17,615.00	28.36	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2017 11:50 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		34,888,093	667,402	35,555,495	1,287,176.00	27.62	1.00
2.00	Excluded area salaries (see instructions)		5,083,670	250,304	5,333,974	196,261.00	27.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)		29,804,423	417,098	30,221,521	1,090,915.00	27.70	3.00
4.00	Subtotal other wages & related costs (see inst.)		9,474,021	0	9,474,021	236,867.00	40.00	4.00
5.00	Subtotal wage-related costs (see inst.)		10,188,581	0	10,188,581	0.00	33.71	5.00
6.00	Total (sum of lines 3 thru 5)		49,467,025	417,098	49,884,123	1,327,782.00	37.57	6.00
7.00	Total overhead cost (see instructions)		10,849,580	363,154	11,212,734	420,599.00	26.66	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2017 11:50 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	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	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	7,324,102	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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	0	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	2,983,402	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	10,214	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	90,867	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,408,585	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: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part V Date/Time Prepared: 5/22/2017 11:50 am

	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	2,397,511	10,408,585	1.00
2.00	Hospital	2,397,511	10,028,842	2.00
3.00	Subprovider - IPF	0	199,690	3.00
4.00	Subprovider - IRF	0	180,053	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 16-0117 Component CCN: 16-7002	Period: From 01/01/2016 To 12/31/2016	Worksheet S-4 Date/Time Prepared: 5/22/2017 11:50 am
		Home Health Agency I	PPS

					1.00		
0.00	County						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	964	1,988	261	3,213	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	523.00	161.00	466.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			14.21	0.00	14.21	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.23	0.00	5.23	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.60	0.00	1.60	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.38	0.00	0.38	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.07	0.00	0.07	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.54	0.00	1.54	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.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			20220			20.00
20.01				99914			20.01
20.02				99916			20.02
20.03				99952			20.03
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	5,722	204	145	45	6,116	21.00
22.00	Skilled Nursing Visit Charges	1,011,715	36,224	25,026	8,002	1,080,967	22.00
23.00	Physical Therapy Visits	2,429	32	19	25	2,505	23.00
24.00	Physical Therapy Visit Charges	451,700	5,957	3,534	4,670	465,861	24.00
25.00	Occupational Therapy Visits	680	14	4	6	704	25.00
26.00	Occupational Therapy Visit Charges	126,004	2,604	744	1,111	130,463	26.00
27.00	Speech Pathology Visits	146	0	1	0	147	27.00
28.00	Speech Pathology Visit Charges	26,991	0	186	0	27,177	28.00
29.00	Medical Social Service Visits	198	17	3	1	219	29.00
30.00	Medical Social Service Visit Charges	47,916	4,114	726	242	52,998	30.00
31.00	Home Health Aide Visits	825	104	4	0	933	31.00
32.00	Home Health Aide Visit Charges	69,300	8,736	336	0	78,372	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,000	371	176	77	10,624	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,733,626	57,635	30,552	14,025	1,835,838	35.00
36.00	Total Number of Episodes (standard/non outlier)	662		65	9	736	36.00
37.00	Total Number of Outlier Episodes		9		0	9	37.00
38.00	Total Non-Routine Medical Supply Charges	30,456	1,172	12,786	1,539	45,953	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/22/2017 11:50 am

		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)	0.342005	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	8,578,225	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		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	31,872,187	6.00
7.00	Medicaid cost (line 1 times line 6)	10,900,447	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)	2,322,222	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	118,235	9.00
10.00	Stand-alone CHIP charges	463,989	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	158,687	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	40,452	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,362,674	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	275,578	378,564	654,142	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	94,249	129,471	223,720	21.00
22.00	Partial payment by patients approved for charity care	1,508	15,876	17,384	22.00
23.00	Cost of charity care (line 21 minus line 22)	92,741	113,595	206,336	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	31,289	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	-31,289	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	-10,701	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	195,635	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,558,309	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,494,754	2,494,754	-102,025	2,392,729	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	1,229,248	1,202,205	2,431,453	474,134	2,905,587	5.01
5.02	00591	REHAB ADMINISTRATION	256,241	73,137	329,378	0	329,378	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	332,809	115,268	448,077	-2,679	445,398	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	213,912	61,905	275,817	-766	275,051	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	704,104	301,944	1,006,048	-1,148	1,004,900	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	1,841,313	1,841,313	-28	1,841,285	6.01
7.00	00700	OPERATION OF PLANT	963,726	2,550,467	3,514,193	-2,297	3,511,896	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	365,765	365,765	8.00
9.00	00900	HOUSEKEEPING	828,096	691,482	1,519,578	-766	1,518,812	9.00
10.00	01000	DIETARY	1,004,220	1,193,126	2,197,346	-7,668	2,189,678	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,337,160	928,906	3,266,066	-15,131	3,250,935	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	269,842	317,447	587,289	-20,018	567,271	14.00
15.00	01500	PHARMACY	1,228,007	4,097,766	5,325,773	-3,377,975	1,947,798	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	470,362	446,511	916,873	-6,124	910,749	16.00
17.00	01700	SOCIAL SERVICE	499,552	144,228	643,780	-1,531	642,249	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,172,199	2,548,445	8,720,644	-2,146,422	6,574,222	30.00
31.00	03100	INTENSIVE CARE UNIT	1,403,715	908,861	2,312,576	-781,089	1,531,487	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	714,303	788,020	1,502,323	-122,379	1,379,944	40.00
41.00	04100	SUBPROVIDER - IRF	719,652	841,209	1,560,861	-14,605	1,546,256	41.00
43.00	04300	NURSERY	187,185	498,794	685,979	594,728	1,280,707	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,375,512	10,695,483	13,070,995	-5,900,359	7,170,636	50.00
51.00	05100	RECOVERY ROOM	1,184,411	459,964	1,644,375	389,514	2,033,889	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	178,901	105,942	284,843	956,912	1,241,755	52.00
53.00	05300	ANESTHESIOLOGY	39,725	662,122	701,847	-55,303	646,544	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	712,098	565,349	1,277,447	-34,811	1,242,636	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	139,104	451,284	590,388	-221,461	368,927	54.01
54.02	03630	ULTRA SOUND	237,270	139,281	376,551	-14,788	361,763	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,073,844	1,154,795	2,228,639	-28,099	2,200,540	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	227,356	116,764	344,120	-47,998	296,122	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	232,264	177,689	409,953	-29,886	380,067	58.00
60.00	06000	LABORATORY	0	4,989,340	4,989,340	-168,178	4,821,162	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	232,614	232,614	63.00
64.00	06400	INTRAVENOUS THERAPY	374,548	235,091	609,639	823,321	1,432,960	64.00
65.00	06500	RESPIRATORY THERAPY	555,687	364,349	920,036	-284,965	635,071	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	213,229	213,229	65.01
66.00	06600	PHYSICAL THERAPY	2,164,785	755,281	2,920,066	-435,221	2,484,845	66.00
67.00	06700	OCCUPATIONAL THERAPY	265,183	81,876	347,059	245,835	592,894	67.00
68.00	06800	SPEECH PATHOLOGY	210,863	57,102	267,965	151,470	419,435	68.00
69.00	06900	ELECTROCARDIOLOGY	211,166	81,821	292,987	-135,312	157,675	69.00
69.01	03140	CARDIOLOGY	798,171	2,200,233	2,998,404	-1,017,797	1,980,607	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	53,030	246,542	299,572	-1,348	298,224	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	1,691,727	1,691,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,830,092	5,830,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,579,292	3,579,292	73.00
74.00	07400	RENAL DIALYSIS	0	220,127	220,127	-872	219,255	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	213,101	54,605	267,706	-22,475	245,231	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,740	194,577	225,317	-2,215	223,102	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	356,445	1,043,893	1,400,338	661,628	2,061,966	90.00
91.00	09100	EMERGENCY	1,788,980	4,839,748	6,628,728	-966,907	5,661,821	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	26,374	26,374	-232	26,142	95.00
101.00	10100	HOME HEALTH AGENCY	1,609,613	1,985,376	3,594,989	-14,589	3,580,400	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		422,566	422,566	-290,714	131,852	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,567,130	54,373,362	88,940,492	-65,920	88,874,572	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	268	268	0	268	190.00
194.00	07950	MARKETING	264,083	426,329	690,412	-2,297	688,115	194.00
194.01	07951	BUSINESS HEALTH	249,256	701,580	950,836	-5,050	945,786	194.01
194.02	07952	VITACARE	413,757	1,571,361	1,985,118	-10,280	1,974,838	194.02
194.03	07953	CASCADE CLINIC	345,905	1,640,342	1,986,247	-9,097	1,977,150	194.03
194.04	07954	ORTHOPEDIC CLINIC	319	2,423,579	2,423,898	-766	2,423,132	194.04
194.05	07955	ENT CLINIC	0	261	261	0	261	194.05
194.06	07956	RSVP	32,152	24,006	56,158	0	56,158	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	208,052	208,052	102,025	310,077	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	39,453	39,453	0	39,453	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	80,956	80,956	0	80,956	194.11
194.12	07962	LIFESTYLES	85,450	44,477	129,927	-2,381	127,546	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	3,814	-15,796	-11,982	0	-11,982	194.13
194.14	07964	FOUNDATION	0	4	4	0	4	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	-1,128	-568	-1,696	0	-1,696	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	1,746,323	1,746,323	-4,335	1,741,988	194.19
194.20	07970	RETAIL PHARMACIES	319,941	155,139	475,080	-766	474,314	194.20
194.22	07972	PHYSICIAN CLINICS	326,553	956,985	1,283,538	-1,133	1,282,405	194.22
200.00		TOTAL (SUM OF LINES 118-199)	36,607,232	64,376,113	100,983,345	0	100,983,345	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/22/2017 11:50 am

		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	0	2,392,729	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-991,573	-991,573	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	19,220,111	22,125,698	5.01
5.02	00591	REHAB ADMINISTRATION	0	329,378	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	445,398	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	275,051	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	1,004,900	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	1,841,285	6.01
7.00	00700	OPERATION OF PLANT	-3,033	3,508,863	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	365,765	8.00
9.00	00900	HOUSEKEEPING	0	1,518,812	9.00
10.00	01000	DIETARY	-589,814	1,599,864	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-7,160	3,243,775	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	567,271	14.00
15.00	01500	PHARMACY	0	1,947,798	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-49,012	861,737	16.00
17.00	01700	SOCIAL SERVICE	-465	641,784	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-728	6,573,494	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,531,487	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-4,415	1,375,529	40.00
41.00	04100	SUBPROVIDER - IRF	-175,070	1,371,186	41.00
43.00	04300	NURSERY	-287	1,280,420	43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	-3,483	7,167,153	50.00
51.00	05100	RECOVERY ROOM	0	2,033,889	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,175	1,239,580	52.00
53.00	05300	ANESTHESIOLOGY	-281,700	364,844	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,920	1,239,716	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	368,927	54.01
54.02	03630	ULTRA SOUND	0	361,763	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-32,820	2,167,720	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-880	295,242	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	380,067	58.00
60.00	06000	LABORATORY	244,394	5,065,556	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	232,614	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,432,960	64.00
65.00	06500	RESPIRATORY THERAPY	0	635,071	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	213,229	65.01
66.00	06600	PHYSICAL THERAPY	-134,955	2,349,890	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	592,894	67.00
68.00	06800	SPEECH PATHOLOGY	0	419,435	68.00
69.00	06900	ELECTROCARDIOLOGY	0	157,675	69.00
69.01	03140	CARDIOLOGY	0	1,980,607	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-27,399	270,825	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	1,691,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,830,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,579,292	73.00
74.00	07400	RENAL DIALYSIS	0	219,255	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-4,019	241,212	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	223,102	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	-227,486	1,834,480	90.00
91.00	09100	EMERGENCY	-3,232,713	2,429,108	91.00
92.00	09200	OBSERVATION BEDS			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	26,142	95.00
101.00	10100	HOME HEALTH AGENCY	478	3,580,878	101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	-131,852	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,561,024	102,435,596	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	268	190.00
194.00	07950	MARKETING	0	688,115	194.00
194.01	07951	BUSINESS HEALTH	0	945,786	194.01
194.02	07952	VITACARE	0	1,974,838	194.02
194.03	07953	CASCADE CLINIC	0	1,977,150	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	2,423,132	194.04
194.05	07955	ENT CLINIC	0	261	194.05
194.06	07956	RSVP	-87	56,071	194.06
194.07	07957	CONTRACT CLEANING	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	310,077	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	39,453	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	80,956	194.11
194.12	07962	LIFESTYLES	11,608	139,154	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	193,010	181,028	194.13
194.14	07964	FOUNDATION	0	4	194.14
194.15	07965	PHYSICIAN BILLING	121,249	121,249	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	21,220	19,524	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	1,741,988	194.19
194.20	07970	RETAIL PHARMACIES	0	474,314	194.20
194.22	07972	PHYSICIAN CLINICS	0	1,282,405	194.22
200.00		TOTAL (SUM OF LINES 118-199)	13,908,024	114,891,369	200.00

RECLASSIFICATIONS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/22/2017 11:50 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SAME DAY ICU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	127,239	82,383		1.00
	0		127,239	82,383		
	B - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,579,292		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
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	0		0	3,579,292		
	C - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	365,765		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
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	365,765		
	D - CHAPLAIN RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.01	34,948	0		1.00
	0		34,948	0		

RECLASSIFICATIONS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/22/2017 11:50 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	E - PROPERTY FOR FUTURE RECLASS					
1.00	RENTAL PROPERTY	194.09	0	102,025		1.00
	0		0	102,025		
	F - PHYSICIAN BILLING					
1.00	PHYSICIAN BILLING	194.15	121,249	0		1.00
	0		121,249	0		
	G - CONTRA ACCOUNTS RECLASS					
1.00	LIFESTYLES	194.12	11,608	0		1.00
2.00	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	156,032	0		2.00
3.00	CONTRACTED ULTRASOUND	194.18	15,359	0		3.00
	0		182,999	0		
	H - MEDICAL SUPPLIES CHRGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0	1,691,727		1.00
2.00		0.00	0	0		2.00
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
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	0		0	1,691,727		
	I - IMPLANTABLE SUPPLIES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,830,092		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
	0		0	5,830,092		
	J - CC MAPPING RECLASS					
1.00		0.00	0	0		1.00
3.00	CLINIC	90.00	294	579		3.00
5.00	CLINIC	90.00	342,996	215,287		5.00
6.00	CARDIOLOGY	69.01	192,055	73,993		6.00
7.00	RECOVERY ROOM	51.00	62,999	46,967		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	713,224	248,054		8.00
10.00	NURSERY	43.00	470,484	163,631		10.00
11.00	PULMONARY FUNCTION TESTING	65.01	128,787	84,442		11.00
12.00	INTRAVENOUS THERAPY	64.00	389,278	371,434		12.00
13.00	OCCUPATIONAL THERAPY	67.00	159,307	51,287		13.00
14.00	OPERATING ROOM	50.00	20,754	27,544		14.00
15.00	ADULTS & PEDIATRICS	30.00	284,228	142,704		15.00
16.00	ELECTROCARDIOLOGY	69.00	10,181	7,591		16.00
17.00	ADULTS & PEDIATRICS	30.00	152,220	98,557		17.00
18.00	INTRAVENOUS THERAPY	64.00	238,709	119,850		18.00
19.00	RECOVERY ROOM	51.00	172,609	65,465		19.00
20.00	SPEECH PATHOLOGY	68.00	65,878	21,209		20.00
21.00	OPERATING ROOM	50.00	19,044	11,179		21.00
22.00	ADULTS & PEDIATRICS	30.00	159,843	60,623		22.00
23.00	RESPIRATORY THERAPY	65.00	16,244	4,162		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	14,175	6,838		24.00
25.00	CLINIC	90.00	53,944	59,511		25.00
26.00	INTRAVENOUS THERAPY	64.00	148,372	56,273		26.00
27.00	SPEECH PATHOLOGY	68.00	44,726	21,188		27.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
28.00	ADULTS & PEDIATRICS	30.00	86,147	55,778	28.00
29.00	CLINIC	90.00	8,170	4,838	29.00
30.00	INTRAVENOUS THERAPY	64.00	62,826	40,678	30.00
31.00	OCCUPATIONAL THERAPY	67.00	24,952	11,820	31.00
32.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	190,125	32.00
33.00	CLINIC	90.00	6,592	3,180	33.00
34.00	ELECTROCARDIOLOGY	69.00	58,637	55,949	34.00
35.00	CLINIC	90.00	51,340	17,856	35.00
36.00	RECOVERY ROOM	51.00	46,109	16,036	36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	16,584	49,790	37.00
38.00	LABORATORY	60.00	12,229	8,018	38.00
39.00	RECOVERY ROOM	51.00	25,130	16,271	39.00
40.00	OPERATING ROOM	50.00	10,551	7,381	40.00
41.00	ANESTHESIOLOGY	53.00	6,107	3,833	41.00
42.00	ULTRA SOUND	54.02	11,511	5,291	42.00
43.00	INTRAVENOUS THERAPY	64.00	1,351	1,007	43.00
44.00	INTRAVENOUS THERAPY	64.00	24,239	8,430	44.00
45.00	BLOOD STORING, PROCESSING & TRANS.	63.00	25,602	9,710	45.00
46.00	BLOOD STORING, PROCESSING & TRANS.	63.00	4,409	2,768	46.00
47.00	LABORATORY	60.00	2,117	1,021	47.00
48.00	CLINIC	90.00	6,166	4,043	48.00
49.00	RESPIRATORY THERAPY	65.00	31	7	49.00
	0		4,351,151	2,472,198	
	K - IT CHARGES				
1.00	ADMINISTRATIVE & GENERAL	5.01	0	192,990	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
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
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
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
51.00		0.00	0	0	51.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
52.00		0.00	0	0	52.00
	0		0	192,990	
	L - RECLASS OF MISC DEPT EXP				
1.00	ADMINISTRATIVE & GENERAL	5.01	328,206	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.01	0	-47,062	2.00
	0		328,206	-47,062	
500.00	Grand Total: Increases		5,145,792	14,269,410	500.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - SAME DAY ICU RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	127,239	82,383	0	1.00
	0		127,239	82,383		
	B - DRUGS RECLASS					
1.00	PHARMACY	15.00	0	3,374,274	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	17,619	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,605	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0	371	0	4.00
5.00	NURSERY	43.00	0	2,025	0	5.00
6.00	OPERATING ROOM	50.00	0	60,727	0	6.00
7.00	RECOVERY ROOM	51.00	0	6,452	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	646	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	64,415	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	965	0	10.00
11.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	408	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,940	0	12.00
13.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	393	0	13.00
15.00	INTRAVENOUS THERAPY	64.00	0	4,505	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	854	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	76	0	17.00
18.00	CARDIOLOGY	69.01	0	1,020	0	18.00
19.00	EMERGENCY	91.00	0	15,159	0	19.00
20.00	CLINIC	90.00	0	15,961	0	20.00
21.00	ULTRA SOUND	54.02	0	601	0	21.00
22.00	RENAL DIALYSIS	74.00	0	86	0	22.00
23.00	HOME HEALTH AGENCY	101.00	0	43	0	23.00
24.00	SUBPROVIDER - IPF	40.00	0	91	0	24.00
25.00	DIETARY	10.00	0	3,840	0	25.00
26.00	NURSING ADMINISTRATION	13.00	0	19	0	26.00
27.00	CENTRAL SERVICES & SUPPLY	14.00	0	292	0	27.00
28.00	LABORATORY	60.00	0	37	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	725	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	115	0	30.00
31.00	MAINTENANCE & REPAIRS	6.01	0	28	0	31.00
	0		0	3,579,292		
	C - LAUNDRY RECLASS					
1.00	NURSING ADMINISTRATION	13.00	0	949	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,737	0	2.00
3.00	PHARMACY	15.00	0	530	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	93,987	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	19,063	0	5.00
6.00	SUBPROVIDER - IPF	40.00	0	5,758	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	9,070	0	7.00
8.00	NURSERY	43.00	0	3,198	0	8.00
9.00	OPERATING ROOM	50.00	0	37,286	0	9.00
10.00	RECOVERY ROOM	51.00	0	29,247	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,725	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,396	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	10,081	0	13.00
14.00	LABORATORY	60.00	0	253	0	14.00
15.00	INTRAVENOUS THERAPY	64.00	0	3,747	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	562	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	22,135	0	17.00
18.00	CARDIOLOGY	69.01	0	7,627	0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	850	0	19.00
20.00	RENAL DIALYSIS	74.00	0	403	0	20.00
21.00	CARDIAC REHABILITATION	76.97	0	80	0	21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,215	0	22.00
23.00	EMERGENCY	91.00	0	49,379	0	23.00
24.00	AMBULANCE SERVICES	95.00	0	232	0	24.00
25.00	BUSINESS HEALTH	194.01	0	2,371	0	25.00
26.00	VITACARE	194.02	0	4,921	0	26.00
27.00	CASCADE CLINIC	194.03	0	6,800	0	27.00
28.00	LIFESTYLES	194.12	0	1,615	0	28.00
29.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	124	0	29.00
30.00	CLINIC	90.00	0	31	0	30.00
31.00	PHYSICIAN CLINICS	194.22	0	1,133	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	260	0	32.00
	0		0	365,765		

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	D - CHAPLAIN RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.01	0	34,948	0	1.00
	0		0	34,948		
	E - PROPERTY FOR FUTURE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	102,025	9	1.00
	0		0	102,025		
	F - PHYSICIAN BILLING					
1.00	PHYSICIAN BILLING	194.15	0	121,249	0	1.00
	0		0	121,249		
	G - CONTRA ACCOUNTS RECLASS					
1.00	LIFESTYLES	194.12	0	11,608	0	1.00
2.00	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	0	156,032	0	2.00
3.00	CONTRACTED ULTRASOUND	194.18	0	15,359	0	3.00
	0		0	182,999		
	H - MEDICAL SUPPLIES CHRGED TO PATIENTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5	0	1.00
2.00	PHARMACY	15.00	0	109	0	2.00
4.00	ADULTS & PEDIATRICS	30.00	0	11,991	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	6,046	0	5.00
6.00	SUBPROVIDER - IPF	40.00	0	13	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	254	0	7.00
8.00	NURSERY	43.00	0	241	0	8.00
9.00	OPERATING ROOM	50.00	0	1,142,827	0	9.00
10.00	RECOVERY ROOM	51.00	0	4,212	0	10.00
12.00	ANESTHESIOLOGY	53.00	0	445	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,798	0	13.00
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	220,670	0	14.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,891	0	16.00
17.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	47,222	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	29,503	0	18.00
20.00	INTRAVENOUS THERAPY	64.00	0	39,665	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	58,011	0	21.00
25.00	ELECTROCARDIOLOGY	69.00	0	30	0	25.00
26.00	CARDIOLOGY	69.01	0	95,851	0	26.00
30.00	CLINIC	90.00	0	59	0	30.00
31.00	EMERGENCY	91.00	0	21,884	0	31.00
	0		0	1,691,727		
	I - IMPLANTABLE SUPPLIES RECLASS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	218	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	829	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	318	0	3.00
4.00	OPERATING ROOM	50.00	0	4,748,316	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	54	0	5.00
6.00	INTRAVENOUS THERAPY	64.00	0	10,450	0	6.00
7.00	CARDIOLOGY	69.01	0	979,815	0	7.00
8.00	CARDIAC REHABILITATION	76.97	0	75	0	8.00
9.00	CLINIC	90.00	0	89,806	0	9.00
10.00	EMERGENCY	91.00	0	211	0	10.00
	0		0	5,830,092		
	J - CC MAPPING RECLASS					
1.00		0.00	0	0	0	1.00
3.00	ELECTROCARDIOLOGY	69.00	294	579	0	3.00
5.00	INTRAVENOUS THERAPY	64.00	342,996	215,287	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	192,055	73,993	0	6.00
7.00	CARDIOLOGY	69.01	62,999	46,967	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	713,224	248,054	0	8.00
10.00	ADULTS & PEDIATRICS	30.00	470,484	163,631	0	10.00
11.00	RESPIRATORY THERAPY	65.00	128,787	84,442	0	11.00
12.00	EMERGENCY	91.00	389,278	371,434	0	12.00
13.00	PHYSICAL THERAPY	66.00	159,307	51,287	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	20,754	27,544	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	284,228	142,704	0	15.00
16.00	CARDIOLOGY	69.01	10,181	7,591	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	152,220	98,557	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	238,709	119,850	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	172,609	65,465	0	19.00
20.00	PHYSICAL THERAPY	66.00	65,878	21,209	0	20.00
21.00	ULTRA SOUND	54.02	19,044	11,179	0	21.00
22.00	ADULTS & PEDIATRICS	30.00	159,843	60,623	0	22.00
23.00	CARDIAC REHABILITATION	76.97	16,244	4,162	0	23.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
24.00	NURSERY	43.00	14,175	6,838	0		24.00
25.00	SUBPROVIDER - IPF	40.00	53,944	59,511	0		25.00
26.00	ADULTS & PEDIATRICS	30.00	148,372	56,273	0		26.00
27.00	PHYSICAL THERAPY	66.00	44,726	21,188	0		27.00
28.00	INTENSIVE CARE UNIT	31.00	86,147	55,778	0		28.00
29.00	DELIVERY ROOM & LABOR ROOM	52.00	8,170	4,838	0		29.00
30.00	INTENSIVE CARE UNIT	31.00	62,826	40,678	0		30.00
31.00	PHYSICAL THERAPY	66.00	24,952	11,820	0		31.00
32.00	LABORATORY	60.00	0	190,125	0		32.00
33.00	NURSERY	43.00	6,592	3,180	0		33.00
34.00	EMERGENCY	91.00	58,637	55,949	0		34.00
35.00	ADULTS & PEDIATRICS	30.00	51,340	17,856	0		35.00
36.00	ADULTS & PEDIATRICS	30.00	46,109	16,036	0		36.00
37.00	CARDIOLOGY	69.01	16,584	49,790	0		37.00
38.00	RESPIRATORY THERAPY	65.00	12,229	8,018	0		38.00
39.00	INTENSIVE CARE UNIT	31.00	25,130	16,271	0		39.00
40.00	RADIOLOGY-DIAGNOSTIC	54.00	10,551	7,381	0		40.00
41.00	INTRAVENOUS THERAPY	64.00	6,107	3,833	0		41.00
42.00	RECOVERY ROOM	51.00	11,511	5,291	0		42.00
43.00	CARDIOLOGY	69.01	1,351	1,007	0		43.00
44.00	ADULTS & PEDIATRICS	30.00	24,239	8,430	0		44.00
45.00	ADULTS & PEDIATRICS	30.00	25,602	9,710	0		45.00
46.00	INTRAVENOUS THERAPY	64.00	4,409	2,768	0		46.00
47.00	NURSERY	43.00	2,117	1,021	0		47.00
48.00	RESPIRATORY THERAPY	65.00	6,166	4,043	0		48.00
49.00	CLINIC	90.00	31	7	0		49.00
	0		4,351,151	2,472,198			
	K - IT CHARGES						
1.00		0.00	0	0	0		1.00
2.00	RADIOLOGY ADMINISTRATION	5.03	0	2,679	0		2.00
3.00	OCCUPATIONAL HEALTH ADMINISTRATION	5.04	0	766	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.05	0	1,148	0		4.00
7.00	OPERATION OF PLANT	7.00	0	2,297	0		7.00
8.00	HOUSEKEEPING	9.00	0	766	0		8.00
9.00	DIETARY	10.00	0	3,828	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	14,163	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	766	0		11.00
12.00	PHARMACY	15.00	0	3,062	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,124	0		13.00
14.00	SOCIAL SERVICE	17.00	0	1,531	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	28,327	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	3,828	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	3,062	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	4,910	0		18.00
20.00	OPERATING ROOM	50.00	0	7,656	0		20.00
21.00	RECOVERY ROOM	51.00	0	5,359	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	383	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,742	0		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	383	0		24.00
25.00	ULTRA SOUND	54.02	0	766	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,187	0		26.00
27.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	383	0		27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	383	0		28.00
29.00	LABORATORY	60.00	0	1,148	0		29.00
30.00	INTRAVENOUS THERAPY	64.00	0	5,359	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	2,297	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	11,994	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	1,531	0		33.00
34.00	SPEECH PATHOLOGY	68.00	0	1,531	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	383	0		35.00
36.00	CARDIOLOGY	69.01	0	3,062	0		36.00
37.00	RENAL DIALYSIS	74.00	0	383	0		37.00
38.00	CARDIAC REHABILITATION	76.97	0	1,914	0		38.00
40.00	CLINIC	90.00	0	7,273	0		40.00
41.00	EMERGENCY	91.00	0	4,976	0		41.00
42.00	HOME HEALTH AGENCY	101.00	0	14,546	0		42.00
43.00	INTEREST EXPENSE	113.00	0	9,570	0		43.00
44.00	MARKETING	194.00	0	2,297	0		44.00
45.00	BUSINESS HEALTH	194.01	0	2,679	0		45.00

RECLASSIFICATIONS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/22/2017 11:50 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
46.00	VITACARE	194.02	0	5,359	0	46.00
47.00	CASCADE CLINIC	194.03	0	2,297	0	47.00
48.00	ORTHOPEDIC CLINIC	194.04	0	766	0	48.00
49.00	LIFESTYLES	194.12	0	766	0	49.00
50.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	4,211	0	50.00
51.00	RETAIL PHARMACIES	194.20	0	766	0	51.00
52.00	ELECTROENCEPHALOGRAPHY	70.00	0	383	0	52.00
	0		0	192,990		
	L - RECLASS OF MISC DEPT EXP					
1.00	INTEREST EXPENSE	113.00	0	281,144	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	281,144		
500.00	Grand Total: Decreases		4,478,390	14,936,812		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I Date/Time Prepared: 5/22/2017 11:50 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,592,243	2,548,060	0	2,548,060	0	1.00
2.00	Land Improvements	6,768,426	390,298	0	390,298	0	2.00
3.00	Buildings and Fixtures	67,310,750	25,516,781	0	25,516,781	1,314	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	79,852,906	42,029,905	0	42,029,905	54,001,405	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	157,524,325	70,485,044	0	70,485,044	54,002,719	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	157,524,325	70,485,044	0	70,485,044	54,002,719	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	6,140,303	0	1.00
2.00	Land Improvements	7,158,724	0	2.00
3.00	Buildings and Fixtures	92,826,217	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	67,881,406	0	5.00
6.00	Movable Equipment	0	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	174,006,650	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	174,006,650	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/22/2017 11:50 am

	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	2,494,754	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,494,754	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	2,494,754	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	2,494,754	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/22/2017 11:50 am

	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	174,006,650	0	174,006,650	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	174,006,650	0	174,006,650	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,392,729	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,392,729	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,392,729	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,392,729	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/22/2017 11:50 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-210,766	INTEREST EXPENSE	113.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,974,265			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	17,555,475			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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	-49,012	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	-589,814	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
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NURSING ADMINISTRATION REVENUE	B	-7,160	NURSING ADMINISTRATION	13.00	0	33.00
33.01	OR REVENUE	B	-3,483	OPERATING ROOM	50.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/22/2017 11:50 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.02	DEL & LABOR REVENUE	B	-2,175	DELIVERY ROOM & LABOR ROOM	52.00	0	33.02
33.03	RAD - THERAPEUTIC REVENUE	B	-2,500	RADIOLOGY-DIAGNOSTIC	54.00	0	33.03
33.04	PHYSICAL THERAPY	B	-134,955	PHYSICAL THERAPY	66.00	0	33.04
33.05	CARD REHAB REVENUE	B	-4,019	CARDIAC REHABILITATION	76.97	0	33.05
33.06	CLINIC REVENUE	B	-4,801	CLINIC	90.00	0	33.06
33.07			0		0.00	0	33.07
33.08	REAHB REVENUE	B	-4,415	SUBPROVIDER - IPF	40.00	0	33.08
33.09	A&G REVENUE	B	-1,873	ADMINISTRATIVE & GENERAL	5.01	0	33.09
33.10	PLANT OP REV	B	-3,033	OPERATION OF PLANT	7.00	0	33.10
33.11	BLDG/EQUIP REVENUE	B	-150	ADULTS & PEDIATRICS	30.00	11	33.11
33.12	NURSERY REVENUE	B	-287	NURSERY	43.00	0	33.12
34.00	SOCIAL SERVICE REVENUE	B	-465	SOCIAL SERVICE	17.00	0	34.00
35.00			0		0.00	0	35.00
35.01			0		0.00	0	35.01
35.02	REMOVE CONTRA EXPENSE ACCOUNT	A	1,429,745	LABORATORY	60.00	0	35.02
35.03	REMOVE CONTRA EXPENSE ACCOUNT	A	478	HOME HEALTH AGENCY	101.00	0	35.03
35.04			0		0.00	0	35.04
35.05			0		0.00	0	35.05
35.06			0		0.00	0	35.06
35.07	REMOVE CONTRA EXPENSE ACCOUNT	A	11,608	LIFESTYLES	194.12	0	35.07
35.08	REMOVE CONTRA EXPENSE ACCOUNT	A	193,010	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	0	35.08
35.09			0		0.00	0	35.09
35.10	REMOVE CONTRA EXPENSE ACCOUNT	A	21,220	CONTRACTED ULTRASOUND	194.18	0	35.10
36.00	INTEREST ADJUSTEMENT	A	149,872	INTEREST EXPENSE	113.00	0	36.00
38.00			0		0.00	0	38.00
39.00	PHYSICIAN BILLING	A	121,249	PHYSICIAN BILLING	194.15	0	39.00
40.00	CHAPLAIN	A	-34,948	ADMINISTRATIVE & GENERAL	5.01	0	40.00
41.00			0		0.00	0	41.00
41.01			0		0.00	0	41.01
41.02			0		0.00	0	41.02
41.03			0		0.00	0	41.03
41.04			0		0.00	0	41.04
41.05			0		0.00	0	41.05
41.06			0		0.00	0	41.06
41.07			0		0.00	0	41.07
41.08			0		0.00	0	41.08
41.09			0		0.00	0	41.09
41.10			0		0.00	0	41.10
41.11			0		0.00	0	41.11
41.12			0		0.00	0	41.12
41.13			0		0.00	0	41.13
41.14			0		0.00	0	41.14
41.15			0		0.00	0	41.15
41.16			0		0.00	0	41.16
41.17			0		0.00	0	41.17
41.18			0		0.00	0	41.18
41.19			0		0.00	0	41.19
41.20			0		0.00	0	41.20
41.21			0		0.00	0	41.21
41.22			0		0.00	0	41.22
41.23			0		0.00	0	41.23
41.24			0		0.00	0	41.24
41.25			0		0.00	0	41.25
41.26			0		0.00	0	41.26
41.27			0		0.00	0	41.27
41.28			0		0.00	0	41.28
41.29			0		0.00	0	41.29
41.30			0		0.00	0	41.30
41.31			0		0.00	0	41.31
41.32			0		0.00	0	41.32
41.33			0		0.00	0	41.33
41.34			0		0.00	0	41.34
41.35			0		0.00	0	41.35
41.36			0		0.00	0	41.36
41.37			0		0.00	0	41.37
41.38			0		0.00	0	41.38
41.39			0		0.00	0	41.39
41.40			0		0.00	0	41.40

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/22/2017 11:50 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
41.41			0		0.00	0	41.41
41.42			0		0.00	0	41.42
41.43			0		0.00	0	41.43
41.44	SELF INSURANCE ADJUSTMENT	A	-87	RSVP	194.06	0	41.44
41.45			0		0.00	0	41.45
41.46			0		0.00	0	41.46
41.47			0		0.00	0	41.47
41.48			0		0.00	0	41.48
41.49			0		0.00	0	41.49
41.50			0		0.00	0	41.50
41.51			0		0.00	0	41.51
41.52			0		0.00	0	41.52
41.53			0		0.00	0	41.53
41.54			0		0.00	0	41.54
41.55			0		0.00	0	41.55
42.00	OFFSET PROVIDER TAX ASSESSMENT	A	-546,425	ADMINISTRATIVE & GENERAL	5.01	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		13,908,024				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: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/22/2017 11:50 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FINLEY TRI-STATES ALLOCATION	-991,573	0	1.00
2.00	5.01	ADMINISTRATIVE & GENERAL	FINLEY TRI-STATES ALLOCATION	19,333,124	-470,233	2.00
3.00	113.00	INTEREST EXPENSE	FINLEY TRI-STATES ALLOCATION	978,599	1,049,557	3.00
4.00	0.00			0	0	4.00
4.01	60.00	LABORATORY	PURCHASED LAB	4,871,159	6,056,510	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,191,309	6,635,834	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B	IOWA HEALTH SYS	100.00	HOME OFFICE	100.00	6.00
7.00	C		0.00	UNITED CLINICAL	100.00	7.00
8.00	B	FINLEY TRISTATE	100.00	HOME OFFICE	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/22/2017 11:50 am

	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	-991,573	0		1.00
2.00	19,803,357	0		2.00
3.00	-70,958	0		3.00
4.00	0	0		4.00
4.01	-1,185,351	0		4.01
5.00	17,555,475			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	HEALTHCARE		6.00
7.00	LAB SERVICE		7.00
8.00	HEALTHCARE		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: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/22/2017 11:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	578	578	0	211,500	0	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	175,070	175,070	0	211,500	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	281,700	281,700	0	239,400	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	420	420	0	271,900	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	52,343	9,335	43,008	211,500	192	5.00
6.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	880	880	0	271,900	0	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	37,364	23,714	13,650	211,500	98	7.00
8.00	90.00	AGGREGATE-CLINIC	415,780	75,623	340,157	211,500	1,899	8.00
9.00	91.00	AGGREGATE-EMERGENCY	3,409,173	3,232,713	176,460	211,500	2,148	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,373,308	3,800,033	573,275		4,337	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	19,523	976	0	0	0	5.00
6.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	0	0	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	9,965	498	0	0	0	7.00
8.00	90.00	AGGREGATE-CLINIC	193,095	9,655	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	218,414	10,921	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			440,997	22,050	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	578		1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	175,070		2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	281,700		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	420		4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	19,523	23,485	32,820		5.00
6.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	880		6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	9,965	3,685	27,399		7.00
8.00	90.00	AGGREGATE-CLINIC	0	193,095	147,062	222,685		8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	218,414	0	3,232,713		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	440,997	174,232	3,974,265		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,392,729	2,392,729				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-991,573	14,900	0	-976,673		4.00
5.01	00590	ADMINISTRATIVE & GENERAL	22,125,698	181,397	0	0	22,307,095	5.01
5.02	00591	REHAB ADMINISTRATION	329,378	0	0	0	329,378	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	445,398	0	0	0	445,398	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	275,051	0	0	0	275,051	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	1,004,900	0	0	0	1,004,900	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	1,841,285	5,063	0	0	1,846,348	6.01
7.00	00700	OPERATION OF PLANT	3,508,863	0	0	0	3,508,863	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	365,765	0	0	0	365,765	8.00
9.00	00900	HOUSEKEEPING	1,518,812	16,478	0	0	1,535,290	9.00
10.00	01000	DIETARY	1,599,864	52,545	0	0	1,652,409	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,243,775	50,161	0	0	3,293,936	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	567,271	26,952	0	0	594,223	14.00
15.00	01500	PHARMACY	1,947,798	26,894	0	0	1,974,692	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	861,737	19,447	0	0	881,184	16.00
17.00	01700	SOCIAL SERVICE	641,784	3,846	0	0	645,630	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,573,494	346,723	0	0	6,920,217	30.00
31.00	03100	INTENSIVE CARE UNIT	1,531,487	32,878	0	0	1,564,365	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,375,529	44,950	0	0	1,420,479	40.00
41.00	04100	SUBPROVIDER - IRF	1,371,186	75,928	0	0	1,447,114	41.00
43.00	04300	NURSERY	1,280,420	14,410	0	0	1,294,830	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,167,153	165,551	0	0	7,332,704	50.00
51.00	05100	RECOVERY ROOM	2,033,889	99,665	0	0	2,133,554	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,239,580	14,951	0	0	1,254,531	52.00
53.00	05300	ANESTHESIOLOGY	364,844	2,171	0	0	367,015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,239,716	101,179	0	0	1,340,895	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	368,927	4,393	0	0	373,320	54.01
54.02	03630	ULTRA SOUND	361,763	0	0	0	361,763	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,167,720	92,335	0	0	2,260,055	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	295,242	4,954	0	0	300,196	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	380,067	6,699	0	0	386,766	58.00
60.00	06000	LABORATORY	5,065,556	29,516	0	0	5,095,072	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	232,614	3,015	0	0	235,629	63.00
64.00	06400	INTRAVENOUS THERAPY	1,432,960	74,053	0	0	1,507,013	64.00
65.00	06500	RESPIRATORY THERAPY	635,071	17,483	0	0	652,554	65.00
65.01	03560	PULMONARY FUNCTION TESTING	213,229	2,190	0	0	215,419	65.01
66.00	06600	PHYSICAL THERAPY	2,349,890	102,023	0	0	2,451,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	592,894	10,732	0	0	603,626	67.00
68.00	06800	SPEECH PATHOLOGY	419,435	7,273	0	0	426,708	68.00
69.00	06900	ELECTROCARDIOLOGY	157,675	11,730	0	0	169,405	69.00
69.01	03140	CARDIOLOGY	1,980,607	85,236	0	0	2,065,843	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	270,825	6,255	0	0	277,080	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,691,727	0	0	0	1,691,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,830,092	0	0	0	5,830,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,579,292	0	0	0	3,579,292	73.00
74.00	07400	RENAL DIALYSIS	219,255	7,092	0	0	226,347	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
76.97	07697	CARDIAC REHABILITATION	241,212	14,906	0	0	256,118	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	223,102	4,380	0	0	227,482	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,834,480	34,862	0	0	1,869,342	90.00
91.00	09100	EMERGENCY	2,429,108	68,346	0	0	2,497,454	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	26,142	0	0	0	26,142	95.00
101.00	10100	HOME HEALTH AGENCY	3,580,878	50,129	0	0	3,631,007	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	102,435,596	1,933,691	0	0	102,953,231	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	268	4,960	0	0	5,228	190.00
194.00	07950	MARKETING	688,115	22,114	0	0	710,229	194.00
194.01	07951	BUSINESS HEALTH	945,786	27,931	0	0	973,717	194.01
194.02	07952	VITACARE	1,974,838	34,643	0	0	2,009,481	194.02
194.03	07953	CASCADE CLINIC	1,977,150	82,389	0	0	2,059,539	194.03
194.04	07954	ORTHOPEDIC CLINIC	2,423,132	89,990	0	0	2,513,122	194.04
194.05	07955	ENT CLINIC	261	30,868	0	0	31,129	194.05
194.06	07956	RSVP	56,071	0	0	0	56,071	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	310,077	8,258	0	0	318,335	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	39,453	56,300	0	0	95,753	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	80,956	0	0	0	80,956	194.11
194.12	07962	LIFESTYLES	139,154	4,741	0	0	143,895	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	181,028	0	0	0	181,028	194.13
194.14	07964	FOUNDATION	4	0	0	0	4	194.14
194.15	07965	PHYSICIAN BILLING	121,249	0	0	0	121,249	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	10,049	0	0	10,049	194.17
194.18	07968	CONTRACTED ULTRASOUND	19,524	0	0	0	19,524	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	1,741,988	0	0	0	1,741,988	194.19
194.20	07970	RETAIL PHARMACIES	474,314	9,843	0	0	484,157	194.20
194.22	07972	PHYSICIAN CLINICS	1,282,405	76,952	0	0	1,359,357	194.22
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	-976,673	-976,673	201.00
202.00		TOTAL (sum lines 118-201)	114,891,369	2,392,729	0	-976,673	114,891,369	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	22,307,095					5.01
5.02	00591	REHAB ADMINISTRATION	78,531	407,909				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	106,193	0	551,591			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	65,578	0	0	340,629	340,629	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	239,591	0	0	1,244,491	3,669	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	440,212	0	0	2,286,560	6,741	6.01
7.00	00700	OPERATION OF PLANT	836,594	0	0	4,345,457	12,810	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	87,207	0	0	452,972	1,335	8.00
9.00	00900	HOUSEKEEPING	366,048	0	0	1,901,338	5,605	9.00
10.00	01000	DIETARY	393,972	0	0	2,046,381	6,033	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	785,350	0	0	4,079,286	12,026	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	141,676	0	0	735,899	2,169	14.00
15.00	01500	PHARMACY	470,812	0	0	2,445,504	7,209	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	210,095	0	0	1,091,279	3,217	16.00
17.00	01700	SOCIAL SERVICE	153,933	0	0	799,563	2,357	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,649,939	0	0	8,570,156	25,265	30.00
31.00	03100	INTENSIVE CARE UNIT	372,981	0	0	1,937,346	5,711	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	338,675	0	0	1,759,154	5,186	40.00
41.00	04100	SUBPROVIDER - IRF	345,025	0	0	1,792,139	5,283	41.00
43.00	04300	NURSERY	308,717	0	0	1,603,547	4,727	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,748,301	0	0	9,081,005	26,827	50.00
51.00	05100	RECOVERY ROOM	508,688	0	0	2,642,242	7,789	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	299,109	0	0	1,553,640	4,580	52.00
53.00	05300	ANESTHESIOLOGY	87,505	0	0	454,520	1,340	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	319,700	0	234,996	1,895,591	5,588	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	89,008	0	108,607	570,935	1,683	54.01
54.02	03630	ULTRA SOUND	86,253	0	69,270	517,286	1,525	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	538,849	0	0	2,798,904	8,251	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	71,574	0	63,304	435,074	1,283	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	92,214	0	75,414	554,394	1,634	58.00
60.00	06000	LABORATORY	1,214,782	0	0	6,309,854	18,601	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	56,179	0	0	291,808	860	63.00
64.00	06400	INTRAVENOUS THERAPY	359,307	0	0	1,866,320	5,502	64.00
65.00	06500	RESPIRATORY THERAPY	155,584	0	0	808,138	2,382	65.00
65.01	03560	PULMONARY FUNCTION TESTING	51,361	0	0	266,780	786	65.01
66.00	06600	PHYSICAL THERAPY	584,592	167,057	0	3,203,562	9,444	66.00
67.00	06700	OCCUPATIONAL THERAPY	143,918	19,855	0	767,399	2,262	67.00
68.00	06800	SPEECH PATHOLOGY	101,737	15,330	0	543,775	1,603	68.00
69.00	06900	ELECTROCARDIOLOGY	40,390	0	0	209,795	618	69.00
69.01	03140	CARDIOLOGY	492,544	0	0	2,558,387	7,542	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	66,062	0	0	343,142	1,012	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	403,347	0	0	2,095,074	6,176	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,390,028	0	0	7,220,120	21,285	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	853,386	0	0	4,432,678	13,068	73.00
74.00	07400	RENAL DIALYSIS	53,966	0	0	280,313	826	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	61,064	0	0	317,182	935	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,237	0	0	281,719	831	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	445,694	0	0	2,315,036	6,825	90.00
91.00	09100	EMERGENCY	595,450	0	0	3,092,904	9,118	91.00
92.00	09200	OBSERVATION BEDS				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	6,233	0	0	32,375	95	95.00
101.00	10100	HOME HEALTH AGENCY	865,716	205,667	0	4,702,390	13,863	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,227,907	407,909	551,591	99,874,043	293,477	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,246	0	0	6,474	19	190.00
194.00	07950	MARKETING	169,335	0	0	879,564	2,593	194.00
194.01	07951	BUSINESS HEALTH	232,157	0	0	1,205,874	3,555	194.01
194.02	07952	VITACARE	479,106	0	0	2,488,587	7,336	194.02
194.03	07953	CASCADE CLINIC	491,041	0	0	2,550,580	7,519	194.03
194.04	07954	ORTHOPEDIC CLINIC	599,186	0	0	3,112,308	9,175	194.04
194.05	07955	ENT CLINIC	7,422	0	0	38,551	114	194.05
194.06	07956	RSVP	13,369	0	0	69,440	205	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	75,898	0	0	394,233	1,162	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	22,830	0	0	118,583	350	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	19,302	0	0	100,258	296	194.11
194.12	07962	LIFESTYLES	34,308	0	0	178,203	525	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	43,161	0	0	224,189	661	194.13
194.14	07964	FOUNDATION	1	0	0	5	0	194.14
194.15	07965	PHYSICIAN BILLING	28,909	0	0	150,158	443	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	2,396	0	0	12,445	37	194.17
194.18	07968	CONTRACTED ULTRASOUND	4,655	0	0	24,179	71	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	415,330	0	0	2,157,318	6,360	194.19
194.20	07970	RETAIL PHARMACIES	115,434	0	0	599,591	1,768	194.20
194.22	07972	PHYSICIAN CLINICS	324,102	0	0	1,683,459	4,963	194.22
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	-976,673	0	201.00
202.00		TOTAL (sum lines 118-201)	22,307,095	407,909	551,591	114,891,369	340,629	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.04	5.05	6.00	6.01	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES	1,248,160	1,248,160				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	2,293,301	24,974	0	2,318,275		6.01
7.00	00700	OPERATION OF PLANT	4,358,267	47,462	0	0	4,405,729	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	454,307	4,947	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,906,943	20,767	0	17,432	33,128	9.00
10.00	01000	DIETARY	2,052,414	22,351	0	55,588	105,641	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,091,312	44,554	0	53,066	100,849	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	738,068	8,038	0	28,513	54,187	14.00
15.00	01500	PHARMACY	2,452,713	26,710	0	28,451	54,070	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,094,496	11,919	0	20,574	39,099	16.00
17.00	01700	SOCIAL SERVICE	801,920	8,733	0	4,068	7,732	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,595,421	93,604	0	366,801	697,085	30.00
31.00	03100	INTENSIVE CARE UNIT	1,943,057	21,160	0	34,782	66,101	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,764,340	19,214	0	47,553	90,371	40.00
41.00	04100	SUBPROVIDER - IRF	1,797,422	19,574	0	80,325	152,652	41.00
43.00	04300	NURSERY	1,608,274	17,514	0	15,245	28,971	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,107,832	99,130	0	175,138	332,838	50.00
51.00	05100	RECOVERY ROOM	2,650,031	28,859	0	105,437	200,376	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,558,220	16,969	0	15,817	30,059	52.00
53.00	05300	ANESTHESIOLOGY	455,860	4,964	0	2,297	4,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,901,179	20,704	0	107,039	203,420	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	572,618	6,236	0	4,648	8,833	54.01
54.02	03630	ULTRA SOUND	518,811	5,650	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,807,155	30,570	0	97,682	185,638	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	436,357	4,752	0	5,241	9,959	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	556,028	6,055	0	7,087	13,469	58.00
60.00	06000	LABORATORY	6,328,455	68,917	0	31,225	59,341	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	292,668	3,187	0	3,189	6,061	63.00
64.00	06400	INTRAVENOUS THERAPY	1,871,822	20,384	0	78,342	148,884	64.00
65.00	06500	RESPIRATORY THERAPY	810,520	8,827	0	18,495	35,149	65.00
65.01	03560	PULMONARY FUNCTION TESTING	267,566	2,914	0	2,317	4,403	65.01
66.00	06600	PHYSICAL THERAPY	3,213,006	34,990	0	107,931	205,116	66.00
67.00	06700	OCCUPATIONAL THERAPY	769,661	8,382	0	11,353	21,576	67.00
68.00	06800	SPEECH PATHOLOGY	545,378	5,939	0	7,694	14,622	68.00
69.00	06900	ELECTROCARDIOLOGY	210,413	2,291	0	12,410	23,584	69.00
69.01	03140	CARDIOLOGY	2,565,929	27,943	0	90,172	171,366	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	344,154	3,748	0	6,617	12,575	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,101,250	22,883	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,241,405	78,859	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,445,746	48,414	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	281,139	3,062	0	7,503	14,259	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	318,117	3,464	0	15,769	29,968	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	282,550	3,077	0	4,634	8,807	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.04	5.05	6.00	6.01	7.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,321,861	25,285	0	36,881	70,090	90.00
91.00	09100	EMERGENCY	3,102,022	33,781	0	72,304	137,409	91.00
92.00	09200	OBSERVATION BEDS	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	32,470	354	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,716,253	51,360	0	53,032	100,784	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	99,826,891	1,073,471	0	1,832,652	3,482,836	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,493	71	0	5,247	9,972	190.00
194.00	07950	MARKETING	882,157	9,607	0	23,395	44,460	194.00
194.01	07951	BUSINESS HEALTH	1,209,429	13,171	0	29,549	56,155	194.01
194.02	07952	VITACARE	2,495,923	27,181	0	36,649	69,650	194.02
194.03	07953	CASCADE CLINIC	2,558,099	27,858	0	87,160	165,642	194.03
194.04	07954	ORTHOPEDIC CLINIC	3,121,483	33,993	0	95,201	180,924	194.04
194.05	07955	ENT CLINIC	38,665	421	0	32,656	62,061	194.05
194.06	07956	RSVP	69,645	758	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	395,395	4,306	0	8,736	16,603	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	118,933	1,295	0	59,561	113,191	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	100,554	1,095	0	0	0	194.11
194.12	07962	LIFESTYLES	178,728	1,946	0	5,016	9,532	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	224,850	2,449	0	0	0	194.13
194.14	07964	FOUNDATION	5	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	150,601	1,640	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	12,482	136	0	10,631	20,203	194.17
194.18	07968	CONTRACTED ULTRASOUND	24,250	264	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,163,678	23,562	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	601,359	6,549	0	10,413	19,789	194.20
194.22	07972	PHYSICIAN CLINICS	1,688,422	18,387	0	81,409	154,711	194.22
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	-976,673	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	114,891,369	1,248,160	0	2,318,275	4,405,729	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	459,254					8.00
9.00	00900	HOUSEKEEPING	0	1,978,270				9.00
10.00	01000	DIETARY	0	47,794	2,283,788			10.00
11.00	01100	CAFETERIA	0	0	1,616,757	1,616,757		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	1,616,757	1,616,757	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	45,626	0	0	96,703	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,296	24,515	0	0	29,153	14.00
15.00	01500	PHARMACY	744	24,463	0	0	45,337	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,689	0	0	30,639	16.00
17.00	01700	SOCIAL SERVICE	0	3,498	0	0	27,712	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	153,824	315,379	499,997	0	261,489	30.00
31.00	03100	INTENSIVE CARE UNIT	26,570	29,906	51,985	0	54,849	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,080	40,886	48,669	0	42,334	40.00
41.00	04100	SUBPROVIDER - IRF	12,911	69,064	61,476	0	38,601	41.00
43.00	04300	NURSERY	0	13,107	0	0	30,034	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,333	150,584	4,904	0	139,257	50.00
51.00	05100	RECOVERY ROOM	40,141	90,655	0	0	73,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,599	0	0	41,366	52.00
53.00	05300	ANESTHESIOLOGY	0	1,975	0	0	3,611	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,027	92,032	0	0	41,222	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	3,996	0	0	5,750	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	7,863	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,148	83,987	0	0	39,889	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	4,506	0	0	7,468	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,094	0	0	9,395	58.00
60.00	06000	LABORATORY	363	26,847	0	0	865	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,742	0	0	1,647	63.00
64.00	06400	INTRAVENOUS THERAPY	5,230	67,359	0	0	44,851	64.00
65.00	06500	RESPIRATORY THERAPY	548	15,902	0	0	25,936	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,992	0	0	7,959	65.01
66.00	06600	PHYSICAL THERAPY	3,442	92,800	0	0	86,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,762	0	0	21,885	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,615	0	0	12,600	68.00
69.00	06900	ELECTROCARDIOLOGY	606	10,670	0	0	3,793	69.00
69.01	03140	CARDIOLOGY	10,704	77,530	0	0	39,285	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,116	5,689	0	0	2,920	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	565	6,451	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	113	13,558	0	0	8,337	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,109	3,984	0	0	2,860	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	174	31,711	0	0	47,946	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
91.00	09100	EMERGENCY	68,291	62,167	0	0	55,543	91.00
92.00	09200	OBSERVATION BEDS						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	45,597	0	0	75,398	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	458,335	1,560,731	2,283,788	1,616,757	1,464,326	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,512	0	0	0	190.00
194.00	07950	MARKETING	0	20,115	0	0	15,835	194.00
194.01	07951	BUSINESS HEALTH	0	25,406	0	0	27,465	194.01
194.02	07952	VITACARE	0	31,511	0	0	27,876	194.02
194.03	07953	CASCADE CLINIC	634	74,940	0	0	24,959	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	81,854	0	0	30	194.04
194.05	07955	ENT CLINIC	0	28,078	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	3,272	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	7,512	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	51,210	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	285	4,312	0	0	4,622	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	5,034	194.13
194.14	07964	FOUNDATION	0	0	0	0	36	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	5,681	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	9,141	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	757	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	8,953	0	0	13,635	194.20
194.22	07972	PHYSICIAN CLINICS	0	69,995	0	0	23,229	194.22
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)	459,254	1,978,270	2,283,788	1,616,757	1,616,757	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	4,432,110				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	908,770			14.00
15.00	01500	PHARMACY	0	0	12,350	2,644,838		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4	0	1,214,420	16.00
17.00	01700	SOCIAL SERVICE	0	0	1	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	999,612	15,802	0	67,041	30.00
31.00	03100	INTENSIVE CARE UNIT	0	209,678	5,240	0	14,332	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	161,835	642	0	21,698	40.00
41.00	04100	SUBPROVIDER - IRF	0	147,564	1,637	0	15,343	41.00
43.00	04300	NURSERY	0	114,816	2,303	0	8,305	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	532,356	188,757	0	207,983	50.00
51.00	05100	RECOVERY ROOM	0	279,172	7,670	0	38,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	158,137	3,160	0	13,876	52.00
53.00	05300	ANESTHESIOLOGY	0	13,803	14,621	0	31,873	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	157,583	3,884	0	24,825	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	21,982	266	0	10,412	54.01
54.02	03630	ULTRA SOUND	0	30,059	1,397	0	11,813	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	152,489	1,387	0	88,389	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	28,549	736	0	51,328	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,917	313	0	29,812	58.00
60.00	06000	LABORATORY	0	3,308	25,130	0	59,459	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,297	1,124	0	3,180	63.00
64.00	06400	INTRAVENOUS THERAPY	0	171,458	5,116	0	26,736	64.00
65.00	06500	RESPIRATORY THERAPY	0	99,150	4,271	0	18,523	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	30,426	1,345	0	10,228	65.01
66.00	06600	PHYSICAL THERAPY	0	331,826	1,770	0	31,980	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	83,663	316	0	9,738	67.00
68.00	06800	SPEECH PATHOLOGY	0	48,167	178	0	4,990	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,500	566	0	4,629	69.00
69.01	03140	CARDIOLOGY	0	150,180	33,475	0	64,723	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,162	520	0	3,404	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	121,870	0	56,994	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	419,853	0	38,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,351,639	114,003	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,169	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	31,869	69	0	3,199	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	10,934	22	0	5,077	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	183,288	8,634	0	40,601	90.00
91.00	09100	EMERGENCY	0	212,330	10,425	0	64,813	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	463	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	4,964	0	16,552	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,432,110	899,818	2,351,639	1,214,420	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2	0	0	190.00
194.00	07950	MARKETING	0	0	22	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	857	10,301	0	194.01
194.02	07952	VITACARE	0	0	3,300	55,674	0	194.02
194.03	07953	CASCADE CLINIC	0	0	1,407	37,522	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	236	7,505	0	194.04
194.05	07955	ENT CLINIC	0	0	0	169,042	0	194.05
194.06	07956	RSVP	0	0	0	13,155	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	2	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	1	0	0	194.11
194.12	07962	LIFESTYLES	0	0	27	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	12	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	149	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	2,937	0	0	194.22
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)	0	4,432,110	908,770	2,644,838	1,214,420	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	853,664					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	501,664	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	76,787	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	112,258	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	87,979	0	0	0	0	41.00
43.00	04300	NURSERY	74,976	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	853,664	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	853,664	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMEDICAL ED PRGM	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	12,567,719	0	12,567,719		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,534,447	0	2,534,447		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	2,357,880	0	2,357,880		40.00
41.00	04100	SUBPROVIDER - IRF	0	2,484,548	0	2,484,548		41.00
43.00	04300	NURSERY	0	1,913,545	0	1,913,545		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	10,990,112	0	10,990,112		50.00
51.00	05100	RECOVERY ROOM	0	3,514,021	0	3,514,021		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,851,203	0	1,851,203		52.00
53.00	05300	ANESTHESIOLOGY	0	533,368	0	533,368		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,581,915	0	2,581,915		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	634,741	0	634,741		54.01
54.02	03630	ULTRA SOUND	0	575,593	0	575,593		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,501,334	0	3,501,334		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	548,896	0	548,896		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	664,170	0	664,170		58.00
60.00	06000	LABORATORY	0	6,603,910	0	6,603,910		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	320,095	0	320,095		63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,440,182	0	2,440,182		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,037,321	0	1,037,321		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	329,150	0	329,150		65.01
66.00	06600	PHYSICAL THERAPY	0	4,109,662	0	4,109,662		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	936,336	0	936,336		67.00
68.00	06800	SPEECH PATHOLOGY	0	646,183	0	646,183		68.00
69.00	06900	ELECTROCARDIOLOGY	0	283,462	0	283,462		69.00
69.01	03140	CARDIOLOGY	0	3,231,307	0	3,231,307		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	391,905	0	391,905		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	2,302,997	0	2,302,997		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,778,394	0	7,778,394		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,959,802	0	6,959,802		73.00
74.00	07400	RENAL DIALYSIS	0	314,148	0	314,148		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	424,463	0	424,463		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	325,054	0	325,054		76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,766,471	0	2,766,471		90.00
91.00	09100	EMERGENCY	0	3,819,085	0	3,819,085		91.00
92.00	09200	OBSERVATION BEDS			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	33,287	0	33,287		95.00
101.00	10100	HOME HEALTH AGENCY	0	5,063,940	0	5,063,940		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	97,370,646	0	97,370,646		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,297	0	26,297		190.00
194.00	07950	MARKETING	0	995,591	0	995,591		194.00
194.01	07951	BUSINESS HEALTH	0	1,372,333	0	1,372,333		194.01
194.02	07952	VITACARE	0	2,747,764	0	2,747,764		194.02
194.03	07953	CASCADE CLINIC	0	2,978,221	0	2,978,221		194.03
194.04	07954	ORTHOPEDIC CLINIC	0	3,521,226	0	3,521,226		194.04
194.05	07955	ENT CLINIC	0	330,923	0	330,923		194.05
194.06	07956	RSVP	0	86,830	0	86,830		194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0		194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0		194.08
194.09	07959	RENTAL PROPERTY	0	432,554	0	432,554		194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	344,190	0	344,190		194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	101,650	0	101,650		194.11
194.12	07962	LIFESTYLES	0	204,468	0	204,468		194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	232,333	0	232,333		194.13
194.14	07964	FOUNDATION	0	41	0	41		194.14
194.15	07965	PHYSICIAN BILLING	0	157,922	0	157,922		194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0		194.16
194.17	07967	NONREIMBURSABLE	0	52,593	0	52,593		194.17
194.18	07968	CONTRACTED ULTRASOUND	0	25,271	0	25,271		194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,187,252	0	2,187,252		194.19
194.20	07970	RETAIL PHARMACIES	0	660,847	0	660,847		194.20
194.22	07972	PHYSICIAN CLINICS	0	2,039,090	0	2,039,090		194.22
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	-976,673	0	-976,673		201.00
202.00		TOTAL (sum lines 118-201)	0	114,891,369	0	114,891,369		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,900	0	14,900	14,900	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	0	181,397	0	181,397	0	5.01
5.02	00591	REHAB ADMINISTRATION	0	0	0	0	0	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	0	0	0	0	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	0	0	0	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	1,821	0	0	1,821	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	21,182	5,063	0	26,245	0	6.01
7.00	00700	OPERATION OF PLANT	58,036	0	0	58,036	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,821	16,478	0	20,299	0	9.00
10.00	01000	DIETARY	0	52,545	0	52,545	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	56,032	50,161	0	106,193	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,506	26,952	0	65,458	0	14.00
15.00	01500	PHARMACY	16,284	26,894	0	43,178	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,717	19,447	0	25,164	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,846	0	3,846	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	149,621	346,723	0	496,344	0	30.00
31.00	03100	INTENSIVE CARE UNIT	76,030	32,878	0	108,908	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,600	44,950	0	46,550	0	40.00
41.00	04100	SUBPROVIDER - IRF	13,189	75,928	0	89,117	0	41.00
43.00	04300	NURSERY	14,994	14,410	0	29,404	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	820,187	165,551	0	985,738	0	50.00
51.00	05100	RECOVERY ROOM	48,860	99,665	0	148,525	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,854	14,951	0	40,805	0	52.00
53.00	05300	ANESTHESIOLOGY	90,992	2,171	0	93,163	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	270,843	101,179	0	372,022	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,109	4,393	0	9,502	0	54.01
54.02	03630	ULTRA SOUND	56,243	0	0	56,243	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	767,936	92,335	0	860,271	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	4,954	0	4,954	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	84,860	6,699	0	91,559	0	58.00
60.00	06000	LABORATORY	523	29,516	0	30,039	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	757	3,015	0	3,772	0	63.00
64.00	06400	INTRAVENOUS THERAPY	23,484	74,053	0	97,537	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,098	17,483	0	32,581	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	4,724	2,190	0	6,914	0	65.01
66.00	06600	PHYSICAL THERAPY	23,766	102,023	0	125,789	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,527	10,732	0	13,259	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,812	7,273	0	14,085	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,055	11,730	0	17,785	0	69.00
69.01	03140	CARDIOLOGY	381,150	85,236	0	466,386	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	7,547	6,255	0	13,802	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,092	0	7,092	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,363	14,906	0	16,269	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,643	4,380	0	10,023	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	34,792	34,862	0	69,654	0	90.00
91.00	09100	EMERGENCY	17,717	68,346	0	86,063	0	91.00
92.00	09200	OBSERVATION BEDS				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	5,361	50,129	0	55,490	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,165,036	1,933,691	0	5,098,727	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,960	0	4,960	0	190.00
194.00	07950	MARKETING	95	22,114	0	22,209	0	194.00
194.01	07951	BUSINESS HEALTH	1,002	27,931	0	28,933	0	194.01
194.02	07952	VITACARE	21,858	34,643	0	56,501	0	194.02
194.03	07953	CASCADE CLINIC	28,018	82,389	0	110,407	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	89,990	0	89,990	0	194.04
194.05	07955	ENT CLINIC	0	30,868	0	30,868	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	13,333	8,258	0	21,591	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	56,300	0	56,300	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	3,181	4,741	0	7,922	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	10,049	0	10,049	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	4,840	0	0	4,840	0	194.19
194.20	07970	RETAIL PHARMACIES	0	9,843	0	9,843	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	76,952	0	76,952	0	194.22
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	14,900	201.00
202.00		TOTAL (sum lines 118-201)	3,237,363	2,392,729	0	5,630,092	14,900	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	181,397					5.01
5.02	00591	REHAB ADMINISTRATION	639	639				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	864	0	864			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	533	0	0	533		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	1,949	0	0	6	3,776	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	3,580	0	0	11	76	6.01
7.00	00700	OPERATION OF PLANT	6,804	0	0	22	144	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	709	0	0	2	15	8.00
9.00	00900	HOUSEKEEPING	2,977	0	0	10	63	9.00
10.00	01000	DIETARY	3,204	0	0	10	68	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,387	0	0	20	135	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,152	0	0	4	24	14.00
15.00	01500	PHARMACY	3,829	0	0	12	81	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,709	0	0	5	36	16.00
17.00	01700	SOCIAL SERVICE	1,252	0	0	4	26	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,418	0	0	43	284	30.00
31.00	03100	INTENSIVE CARE UNIT	3,033	0	0	10	64	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,754	0	0	9	58	40.00
41.00	04100	SUBPROVIDER - IRF	2,806	0	0	9	59	41.00
43.00	04300	NURSERY	2,511	0	0	8	53	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,200	0	0	2	298	50.00
51.00	05100	RECOVERY ROOM	4,137	0	0	13	87	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,433	0	0	8	51	52.00
53.00	05300	ANESTHESIOLOGY	712	0	0	2	15	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,600	0	369	9	63	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	724	0	170	3	19	54.01
54.02	03630	ULTRA SOUND	701	0	108	3	17	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,382	0	0	14	93	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	582	0	99	2	14	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	750	0	118	3	18	58.00
60.00	06000	LABORATORY	9,879	0	0	32	209	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	457	0	0	1	10	63.00
64.00	06400	INTRAVENOUS THERAPY	2,922	0	0	9	62	64.00
65.00	06500	RESPIRATORY THERAPY	1,265	0	0	4	27	65.00
65.01	03560	PULMONARY FUNCTION TESTING	418	0	0	1	9	65.01
66.00	06600	PHYSICAL THERAPY	4,754	263	0	16	106	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,170	31	0	4	25	67.00
68.00	06800	SPEECH PATHOLOGY	827	24	0	3	18	68.00
69.00	06900	ELECTROCARDIOLOGY	328	0	0	1	7	69.00
69.01	03140	CARDIOLOGY	4,006	0	0	13	85	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	537	0	0	2	11	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	3,280	0	0	10	69	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,305	0	0	36	239	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,940	0	0	22	147	73.00
74.00	07400	RENAL DIALYSIS	439	0	0	1	9	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	497	0	0	2	10	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	441	0	0	1	9	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,625	0	0	12	77	90.00
91.00	09100	EMERGENCY	4,843	0	0	15	102	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	51	0	0	0	1	95.00
101.00	10100	HOME HEALTH AGENCY	7,041	321	0	24	156	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	156,356	639	864	453	3,249	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10	0	0	0	0	190.00
194.00	07950	MARKETING	1,377	0	0	4	29	194.00
194.01	07951	BUSINESS HEALTH	1,888	0	0	6	40	194.01
194.02	07952	VITACARE	3,896	0	0	12	82	194.02
194.03	07953	CASCADE CLINIC	3,993	0	0	13	84	194.03
194.04	07954	ORTHOPEDIC CLINIC	4,873	0	0	16	103	194.04
194.05	07955	ENT CLINIC	60	0	0	0	1	194.05
194.06	07956	RSVP	109	0	0	0	2	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	617	0	0	2	13	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	186	0	0	1	4	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	157	0	0	1	3	194.11
194.12	07962	LIFESTYLES	279	0	0	1	6	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	351	0	0	1	7	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	235	0	0	1	5	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	19	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	38	0	0	0	1	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	3,378	0	0	11	71	194.19
194.20	07970	RETAIL PHARMACIES	939	0	0	3	20	194.20
194.22	07972	PHYSICIAN CLINICS	2,636	0	0	8	56	194.22
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)	181,397	639	864	533	3,776	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS	0	29,912				6.01
7.00	00700	OPERATION OF PLANT	0	0	65,006			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	726		8.00
9.00	00900	HOUSEKEEPING	0	225	489	0	24,063	9.00
10.00	01000	DIETARY	0	717	1,559	0	581	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	685	1,488	0	555	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	368	800	42	298	14.00
15.00	01500	PHARMACY	0	367	798	1	298	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	265	577	0	215	16.00
17.00	01700	SOCIAL SERVICE	0	52	114	0	43	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,735	10,285	245	3,837	30.00
31.00	03100	INTENSIVE CARE UNIT	0	449	975	42	364	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	614	1,333	13	497	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,036	2,252	20	840	41.00
43.00	04300	NURSERY	0	197	427	0	159	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,260	4,911	81	1,832	50.00
51.00	05100	RECOVERY ROOM	0	1,360	2,957	63	1,103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	204	444	0	165	52.00
53.00	05300	ANESTHESIOLOGY	0	30	64	0	24	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,381	3,001	47	1,119	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	60	130	0	49	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,260	2,739	22	1,022	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	68	147	0	55	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	91	199	0	74	58.00
60.00	06000	LABORATORY	0	403	876	1	327	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	41	89	0	33	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,011	2,197	8	819	64.00
65.00	06500	RESPIRATORY THERAPY	0	239	519	1	193	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	30	65	0	24	65.01
66.00	06600	PHYSICAL THERAPY	0	1,393	3,026	5	1,129	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	146	318	0	119	67.00
68.00	06800	SPEECH PATHOLOGY	0	99	216	0	80	68.00
69.00	06900	ELECTROCARDIOLOGY	0	160	348	1	130	69.00
69.01	03140	CARDIOLOGY	0	1,163	2,528	17	943	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	85	186	2	69	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	97	210	1	78	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	203	442	0	165	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	60	130	5	48	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	476	1,034	0	386	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
91.00	09100	EMERGENCY	0	933	2,027	108	756	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	684	1,487	0	555	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	23,647	51,387	725	18,984	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	68	147	0	55	190.00
194.00	07950	MARKETING	0	302	656	0	245	194.00
194.01	07951	BUSINESS HEALTH	0	381	829	0	309	194.01
194.02	07952	VITACARE	0	473	1,028	0	383	194.02
194.03	07953	CASCADE CLINIC	0	1,125	2,444	1	912	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	1,228	2,670	0	996	194.04
194.05	07955	ENT CLINIC	0	421	916	0	342	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	113	245	0	91	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	768	1,670	0	623	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	65	141	0	52	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	137	298	0	111	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	134	292	0	109	194.20
194.22	07972	PHYSICIAN CLINICS	0	1,050	2,283	0	851	194.22
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)	0	29,912	65,006	726	24,063	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	58,684					10.00
11.00	01100	CAFETERIA	41,543	41,543				11.00
11.01	01101	EMPLOYEE CAFETERIA	0	41,543	41,543			11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,485	0	117,948	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	749	0	0	14.00
15.00	01500	PHARMACY	0	0	1,165	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	787	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	712	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,848	0	6,724	0	26,599	30.00
31.00	03100	INTENSIVE CARE UNIT	1,336	0	1,409	0	5,580	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,251	0	1,088	0	4,307	40.00
41.00	04100	SUBPROVIDER - IRF	1,580	0	992	0	3,927	41.00
43.00	04300	NURSERY	0	0	772	0	3,056	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	126	0	3,578	0	14,167	50.00
51.00	05100	RECOVERY ROOM	0	0	1,876	0	7,429	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,063	0	4,208	52.00
53.00	05300	ANESTHESIOLOGY	0	0	93	0	367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,059	0	4,194	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	148	0	585	54.01
54.02	03630	ULTRA SOUND	0	0	202	0	800	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,025	0	4,058	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	192	0	760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	241	0	956	58.00
60.00	06000	LABORATORY	0	0	22	0	88	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	42	0	168	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,152	0	4,563	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	666	0	2,639	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	205	0	810	65.01
66.00	06600	PHYSICAL THERAPY	0	0	2,230	0	8,831	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	562	0	2,226	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	324	0	1,282	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	97	0	386	69.00
69.01	03140	CARDIOLOGY	0	0	1,009	0	3,997	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	75	0	297	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	214	0	848	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	73	0	291	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1,232	0	4,878	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
91.00	09100	EMERGENCY	0	0	1,427	0	5,651	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,937	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	58,684	41,543	37,627	0	117,948	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	407	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	706	0	0	194.01
194.02	07952	VITACARE	0	0	716	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	641	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	1	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	84	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	119	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	129	0	0	194.13
194.14	07964	FOUNDATION	0	0	1	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	146	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	19	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	350	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	597	0	0	194.22
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)	58,684	41,543	41,543	0	117,948	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68,895					14.00
15.00	01500	PHARMACY	936	50,665				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	28,758			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	6,049		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,198	0	1,587	3,556		30.00
31.00	03100	INTENSIVE CARE UNIT	397	0	339	544		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	49	0	514	795		40.00
41.00	04100	SUBPROVIDER - IRF	124	0	363	623		41.00
43.00	04300	NURSERY	175	0	197	531		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,311	0	4,928	0		50.00
51.00	05100	RECOVERY ROOM	582	0	915	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	240	0	329	0		52.00
53.00	05300	ANESTHESIOLOGY	1,109	0	755	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	294	0	588	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	20	0	247	0		54.01
54.02	03630	ULTRA SOUND	106	0	280	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	105	0	2,093	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	56	0	1,215	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24	0	706	0		58.00
60.00	06000	LABORATORY	1,905	0	1,408	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	85	0	75	0		63.00
64.00	06400	INTRAVENOUS THERAPY	388	0	633	0		64.00
65.00	06500	RESPIRATORY THERAPY	324	0	439	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	102	0	242	0		65.01
66.00	06600	PHYSICAL THERAPY	134	0	757	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	24	0	231	0		67.00
68.00	06800	SPEECH PATHOLOGY	13	0	118	0		68.00
69.00	06900	ELECTROCARDIOLOGY	43	0	110	0		69.00
69.01	03140	CARDIOLOGY	2,538	0	1,532	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	39	0	81	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	9,240	0	1,349	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,827	0	906	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,048	2,699	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	28	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	5	0	76	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2	0	120	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	655	0	961	0		90.00
91.00	09100	EMERGENCY	790	0	1,534	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	11	0		95.00
101.00	10100	HOME HEALTH AGENCY	376	0	392	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	68,216	45,048	28,758	6,049	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950	MARKETING	2	0	0	0		194.00
194.01	07951	BUSINESS HEALTH	65	197	0	0		194.01
194.02	07952	VITACARE	250	1,067	0	0		194.02
194.03	07953	CASCADE CLINIC	107	719	0	0		194.03
194.04	07954	ORTHOPEDIC CLINIC	18	144	0	0		194.04
194.05	07955	ENT CLINIC	0	3,238	0	0		194.05
194.06	07956	RSVP	0	252	0	0		194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0		194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0		194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0		194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0		194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0		194.11
194.12	07962	LIFESTYLES	2	0	0	0		194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0		194.13
194.14	07964	FOUNDATION	0	0	0	0		194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0		194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0		194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0		194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0		194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	1	0	0	0		194.19
194.20	07970	RETAIL PHARMACIES	11	0	0	0		194.20
194.22	07972	PHYSICIAN CLINICS	223	0	0	0		194.22
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)	68,895	50,665	28,758	6,049	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	PARAMEDICAL ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		0				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			0			22.00
23.00	02300	PARAMEDICAL ED PRGM				0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS					581,703	30.00
31.00	03100	INTENSIVE CARE UNIT					123,450	31.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT					0	33.01
33.02	03301	NURSING ADMINISTRATION					0	33.02
33.03	03303	GEROPSYCH REVENUE					0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT					0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT					0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					59,832	40.00
41.00	04100	SUBPROVIDER - IRF					103,748	41.00
43.00	04300	NURSERY					37,490	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM					1,046,432	50.00
51.00	05100	RECOVERY ROOM					169,047	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					49,950	52.00
53.00	05300	ANESTHESIOLOGY					96,334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					386,746	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC					11,657	54.01
54.02	03630	ULTRA SOUND					58,460	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					877,084	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN					8,144	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					94,739	58.00
60.00	06000	LABORATORY					45,189	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					4,773	63.00
64.00	06400	INTRAVENOUS THERAPY					111,301	64.00
65.00	06500	RESPIRATORY THERAPY					38,897	65.00
65.01	03560	PULMONARY FUNCTION TESTING					8,820	65.01
66.00	06600	PHYSICAL THERAPY					148,433	66.00
67.00	06700	OCCUPATIONAL THERAPY					18,115	67.00
68.00	06800	SPEECH PATHOLOGY					17,089	68.00
69.00	06900	ELECTROCARDIOLOGY					19,396	69.00
69.01	03140	CARDIOLOGY					484,217	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					15,186	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS					13,948	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					44,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					54,856	73.00
74.00	07400	RENAL DIALYSIS					7,955	74.00
76.00	03320	ELECTROSHOCK THERAPY					0	76.00
76.97	07697	CARDIAC REHABILITATION					18,731	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					11,203	76.98
76.99	07699	LITHOTRIPSY					0	76.99

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	PARAMEDICAL ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC					82,990	90.00
91.00	09100	EMERGENCY					104,249	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES					63	95.00
101.00	10100	HOME HEALTH AGENCY					68,463	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	5,023,003	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					5,240	190.00
194.00	07950	MARKETING					25,231	194.00
194.01	07951	BUSINESS HEALTH					33,354	194.01
194.02	07952	VITACARE					64,408	194.02
194.03	07953	CASCADE CLINIC					120,446	194.03
194.04	07954	ORTHOPEDIC CLINIC					100,039	194.04
194.05	07955	ENT CLINIC					35,846	194.05
194.06	07956	RSVP					447	194.06
194.07	07957	CONTRACT CLEANING					0	194.07
194.08	07958	DIM MAINTENANCE					0	194.08
194.09	07959	RENTAL PROPERTY					22,672	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER					59,552	194.10
194.11	07961	NORTH GRANDVIEW OFFICE					161	194.11
194.12	07962	LIFESTYLES					8,587	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES					488	194.13
194.14	07964	FOUNDATION					1	194.14
194.15	07965	PHYSICIAN BILLING					387	194.15
194.16	07966	GUEST MEALS / MOW'S					0	194.16
194.17	07967	NONREIMBURSABLE					10,614	194.17
194.18	07968	CONTRACTED ULTRASOUND					58	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC					8,301	194.19
194.20	07970	RETAIL PHARMACIES					11,701	194.20
194.22	07972	PHYSICIAN CLINICS					84,656	194.22
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	14,900	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0	5,630,092	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		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
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	ADMINISTRATIVE & GENERAL				5.01
5.02	00591	REHAB ADMINISTRATION				5.02
5.03	00592	RADIOLOGY ADMINISTRATION				5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION				5.04
5.05	00560	PURCHASING RECEIVING AND STORES				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS				6.01
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMEDICAL ED PRGM				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	581,703		30.00
31.00	03100	INTENSIVE CARE UNIT	0	123,450		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	59,832		40.00
41.00	04100	SUBPROVIDER - IRF	0	103,748		41.00
43.00	04300	NURSERY	0	37,490		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,046,432		50.00
51.00	05100	RECOVERY ROOM	0	169,047		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,950		52.00
53.00	05300	ANESTHESIOLOGY	0	96,334		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	386,746		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	11,657		54.01
54.02	03630	ULTRA SOUND	0	58,460		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	877,084		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	8,144		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	94,739		58.00
60.00	06000	LABORATORY	0	45,189		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,773		63.00
64.00	06400	INTRAVENOUS THERAPY	0	111,301		64.00
65.00	06500	RESPIRATORY THERAPY	0	38,897		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	8,820		65.01
66.00	06600	PHYSICAL THERAPY	0	148,433		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,115		67.00
68.00	06800	SPEECH PATHOLOGY	0	17,089		68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,396		69.00
69.01	03140	CARDIOLOGY	0	484,217		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,186		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	13,948		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	44,313		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,856		73.00
74.00	07400	RENAL DIALYSIS	0	7,955		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	18,731		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	11,203		76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	82,990		90.00
91.00	09100	EMERGENCY	0	104,249		91.00
92.00	09200	OBSERVATION BEDS	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	63		95.00
101.00	10100	HOME HEALTH AGENCY	0	68,463		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,023,003		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,240		190.00
194.00	07950	MARKETING	0	25,231		194.00
194.01	07951	BUSINESS HEALTH	0	33,354		194.01
194.02	07952	VITACARE	0	64,408		194.02
194.03	07953	CASCADE CLINIC	0	120,446		194.03
194.04	07954	ORTHOPEDIC CLINIC	0	100,039		194.04
194.05	07955	ENT CLINIC	0	35,846		194.05
194.06	07956	RSVP	0	447		194.06
194.07	07957	CONTRACT CLEANING	0	0		194.07
194.08	07958	DIM MAINTENANCE	0	0		194.08
194.09	07959	RENTAL PROPERTY	0	22,672		194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	59,552		194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	161		194.11
194.12	07962	LIFESTYLES	0	8,587		194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	488		194.13
194.14	07964	FOUNDATION	0	1		194.14
194.15	07965	PHYSICIAN BILLING	0	387		194.15
194.16	07966	GUEST MEALS / MOW'S	0	0		194.16
194.17	07967	NONREIMBURSABLE	0	10,614		194.17
194.18	07968	CONTRACTED ULTRASOUND	0	58		194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	8,301		194.19
194.20	07970	RETAIL PHARMACIES	0	11,701		194.20
194.22	07972	PHYSICIAN CLINICS	0	84,656		194.22
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	14,900		201.00
202.00		TOTAL (sum lines 118-201)	0	5,630,092		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A.01	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	371,446					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,313	0	37,274,634			4.00
5.01	00590	ADMINISTRATIVE & GENERAL	28,160	0	1,592,402	-22,307,095	93,560,947	5.01
5.02	00591	REHAB ADMINISTRATION	0	0	256,241	0	329,378	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	0	332,809	0	445,398	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	213,912	0	275,051	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	704,104	0	1,004,900	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	786	0	0	0	1,846,348	6.01
7.00	00700	OPERATION OF PLANT	0	0	963,726	0	3,508,863	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	365,765	8.00
9.00	00900	HOUSEKEEPING	2,558	0	828,096	0	1,535,290	9.00
10.00	01000	DIETARY	8,157	0	1,004,220	0	1,652,409	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,787	0	2,337,160	0	3,293,936	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,184	0	269,842	0	594,223	14.00
15.00	01500	PHARMACY	4,175	0	1,228,007	0	1,974,692	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,019	0	470,362	0	881,184	16.00
17.00	01700	SOCIAL SERVICE	597	0	499,552	0	645,630	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,825	0	4,647,117	0	6,920,217	30.00
31.00	03100	INTENSIVE CARE UNIT	5,104	0	950,153	0	1,564,365	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,978	0	660,359	0	1,420,479	40.00
41.00	04100	SUBPROVIDER - IRF	11,787	0	719,652	0	1,447,114	41.00
43.00	04300	NURSERY	2,237	0	634,785	0	1,294,830	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,700	0	2,425,861	0	7,332,704	50.00
51.00	05100	RECOVERY ROOM	15,472	0	1,479,747	0	2,133,554	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,321	0	898,130	0	1,254,531	52.00
53.00	05300	ANESTHESIOLOGY	337	0	45,832	0	367,015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,707	0	697,377	0	1,340,895	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	682	0	139,104	0	373,320	54.01
54.02	03630	ULTRA SOUND	0	0	229,737	0	361,763	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,334	0	1,073,844	0	2,260,055	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	769	0	227,356	0	300,196	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,040	0	232,264	0	386,766	58.00
60.00	06000	LABORATORY	4,582	0	14,346	0	5,095,072	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	468	0	30,011	0	235,629	63.00
64.00	06400	INTRAVENOUS THERAPY	11,496	0	885,811	0	1,507,013	64.00
65.00	06500	RESPIRATORY THERAPY	2,714	0	424,780	0	652,554	65.00
65.01	03560	PULMONARY FUNCTION TESTING	340	0	128,787	0	215,419	65.01
66.00	06600	PHYSICAL THERAPY	15,838	0	1,869,922	0	2,451,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,666	0	449,442	0	603,626	67.00
68.00	06800	SPEECH PATHOLOGY	1,129	0	321,467	0	426,708	68.00
69.00	06900	ELECTROCARDIOLOGY	1,821	0	87,635	0	169,405	69.00
69.01	03140	CARDIOLOGY	13,232	0	899,111	0	2,065,843	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	971	0	53,030	0	277,080	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	1,691,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,830,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,579,292	73.00
74.00	07400	RENAL DIALYSIS	1,101	0	0	0	226,347	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A.01	5.01	
76.97	07697	CARDIAC REHABILITATION	2,314	0	196,857	0	256,118	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	680	0	30,740	0	227,482	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,412	0	825,916	0	1,869,342	90.00
91.00	09100	EMERGENCY	10,610	0	1,341,065	0	2,497,454	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	26,142	95.00
101.00	10100	HOME HEALTH AGENCY	7,782	0	1,609,613	0	3,631,007	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	300,185	0	34,930,284	-22,307,095	80,646,136	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	770	0	0	0	5,228	190.00
194.00	07950	MARKETING	3,433	0	264,083	0	710,229	194.00
194.01	07951	BUSINESS HEALTH	4,336	0	249,256	0	973,717	194.01
194.02	07952	VITACARE	5,378	0	413,757	0	2,009,481	194.02
194.03	07953	CASCADE CLINIC	12,790	0	345,905	0	2,059,539	194.03
194.04	07954	ORTHOPEDIC CLINIC	13,970	0	319	0	2,513,122	194.04
194.05	07955	ENT CLINIC	4,792	0	0	0	31,129	194.05
194.06	07956	RSVP	0	0	32,152	0	56,071	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	1,282	0	0	0	318,335	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	8,740	0	0	0	95,753	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	80,956	194.11
194.12	07962	LIFESTYLES	736	0	97,058	0	143,895	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	159,846	0	181,028	194.13
194.14	07964	FOUNDATION	0	0	0	0	4	194.14
194.15	07965	PHYSICIAN BILLING	0	0	121,249	0	121,249	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	1,560	0	0	0	10,049	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	14,231	0	19,524	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	1,741,988	194.19
194.20	07970	RETAIL PHARMACIES	1,528	0	319,941	0	484,157	194.20
194.22	07972	PHYSICIAN CLINICS	11,946	0	326,553	0	1,359,357	194.22
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)	2,392,729	0	-976,673		22,307,095	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.441660	0.000000	0.000000		0.238423	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			14,900		181,397	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000400		0.001939	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	
			5.02	5.03	5A.04	5.04	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION	7,130,079					5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	2,998,459				5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	-340,629	115,527,413		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	1,244,491	-1,248,160	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	0	0	2,286,560	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	4,345,457	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	452,972	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,901,338	0	9.00
10.00	01000	DIETARY	0	0	0	2,046,381	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,079,286	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	735,899	0	14.00
15.00	01500	PHARMACY	0	0	0	2,445,504	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,091,279	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	799,563	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	8,570,156	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,937,346	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,759,154	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,792,139	0	41.00
43.00	04300	NURSERY	0	0	0	1,603,547	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	9,081,005	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,642,242	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,553,640	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	454,520	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,277,447	0	1,895,591	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	590,389	0	570,935	0	54.01
54.02	03630	ULTRA SOUND	0	376,551	0	517,286	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,798,904	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	344,120	0	435,074	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	409,952	0	554,394	0	58.00
60.00	06000	LABORATORY	0	0	0	6,309,854	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	291,808	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,866,320	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	808,138	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	266,780	0	65.01
66.00	06600	PHYSICAL THERAPY	2,920,066	0	0	3,203,562	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	347,059	0	0	767,399	0	67.00
68.00	06800	SPEECH PATHOLOGY	267,965	0	0	543,775	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	209,795	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	2,558,387	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	343,142	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	2,095,074	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,220,120	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,432,678	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	280,313	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	317,182	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	281,719	0	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	
			5.02	5.03	5A.04	5.04	5A.05	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,315,036	0	90.00
91.00	09100	EMERGENCY	0	0	0	3,092,904	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	32,375	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,594,989	0	0	4,702,390	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,130,079	2,998,459	-340,629	99,533,414	-1,248,160	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,474	0	190.00
194.00	07950	MARKETING	0	0	0	879,564	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	1,205,874	0	194.01
194.02	07952	VITACARE	0	0	0	2,488,587	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	2,550,580	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	3,112,308	0	194.04
194.05	07955	ENT CLINIC	0	0	0	38,551	0	194.05
194.06	07956	RSVP	0	0	0	69,440	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	394,233	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	118,583	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	100,258	0	194.11
194.12	07962	LIFESTYLES	0	0	0	178,203	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	224,189	0	194.13
194.14	07964	FOUNDATION	0	0	0	5	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	150,158	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	12,445	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	24,179	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	2,157,318	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	599,591	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	1,683,459	0	194.22
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)	407,909	551,591		340,629		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.057210	0.183958		0.002948		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	639	864		533		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000090	0.000288		0.000005		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.05	6.00	6.01	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES	114,619,882					5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS	2,293,301	0	340,187			6.01
7.00	00700	OPERATION OF PLANT	4,358,267	0	0	340,187		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	454,307	0	0	0	611,672	8.00
9.00	00900	HOUSEKEEPING	1,906,943	0	2,558	2,558	0	9.00
10.00	01000	DIETARY	2,052,414	0	8,157	8,157	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,091,312	0	7,787	7,787	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	738,068	0	4,184	4,184	35,023	14.00
15.00	01500	PHARMACY	2,452,713	0	4,175	4,175	991	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,094,496	0	3,019	3,019	0	16.00
17.00	01700	SOCIAL SERVICE	801,920	0	597	597	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,595,421	0	53,825	53,825	204,876	30.00
31.00	03100	INTENSIVE CARE UNIT	1,943,057	0	5,104	5,104	35,388	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,764,340	0	6,978	6,978	10,762	40.00
41.00	04100	SUBPROVIDER - IRF	1,797,422	0	11,787	11,787	17,196	41.00
43.00	04300	NURSERY	1,608,274	0	2,237	2,237	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,107,832	0	25,700	25,700	68,370	50.00
51.00	05100	RECOVERY ROOM	2,650,031	0	15,472	15,472	53,463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,558,220	0	2,321	2,321	0	52.00
53.00	05300	ANESTHESIOLOGY	455,860	0	337	337	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,901,179	0	15,707	15,707	39,992	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	572,618	0	682	682	0	54.01
54.02	03630	ULTRA SOUND	518,811	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,807,155	0	14,334	14,334	18,843	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	436,357	0	769	769	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	556,028	0	1,040	1,040	0	58.00
60.00	06000	LABORATORY	6,328,455	0	4,582	4,582	483	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	292,668	0	468	468	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,871,822	0	11,496	11,496	6,966	64.00
65.00	06500	RESPIRATORY THERAPY	810,520	0	2,714	2,714	730	65.00
65.01	03560	PULMONARY FUNCTION TESTING	267,566	0	340	340	0	65.01
66.00	06600	PHYSICAL THERAPY	3,213,006	0	15,838	15,838	4,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	769,661	0	1,666	1,666	0	67.00
68.00	06800	SPEECH PATHOLOGY	545,378	0	1,129	1,129	0	68.00
69.00	06900	ELECTROCARDIOLOGY	210,413	0	1,821	1,821	807	69.00
69.01	03140	CARDIOLOGY	2,565,929	0	13,232	13,232	14,256	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	344,154	0	971	971	1,486	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,101,250	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,241,405	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,445,746	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	281,139	0	1,101	1,101	753	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	318,117	0	2,314	2,314	150	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	282,550	0	680	680	4,141	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.05	6.00	6.01	7.00	8.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,321,861	0	5,412	5,412	232	90.00
91.00	09100	EMERGENCY	3,102,022	0	10,610	10,610	90,955	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	32,470	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,716,253	0	7,782	7,782	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,578,731	0	268,926	268,926	610,447	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,493	0	770	770	0	190.00
194.00	07950	MARKETING	882,157	0	3,433	3,433	0	194.00
194.01	07951	BUSINESS HEALTH	1,209,429	0	4,336	4,336	0	194.01
194.02	07952	VITACARE	2,495,923	0	5,378	5,378	0	194.02
194.03	07953	CASCADE CLINIC	2,558,099	0	12,790	12,790	845	194.03
194.04	07954	ORTHOPEDIC CLINIC	3,121,483	0	13,970	13,970	0	194.04
194.05	07955	ENT CLINIC	38,665	0	4,792	4,792	0	194.05
194.06	07956	RSVP	69,645	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	395,395	0	1,282	1,282	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	118,933	0	8,740	8,740	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	100,554	0	0	0	0	194.11
194.12	07962	LIFESTYLES	178,728	0	736	736	380	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	224,850	0	0	0	0	194.13
194.14	07964	FOUNDATION	5	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	150,601	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	12,482	0	1,560	1,560	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	24,250	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,163,678	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	601,359	0	1,528	1,528	0	194.20
194.22	07972	PHYSICIAN CLINICS	1,688,422	0	11,946	11,946	0	194.22
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)	1,248,160	0	2,318,275	4,405,729	459,254	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.010890	0.000000	6.814708	12.950903	0.750817	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,776	0	29,912	65,006	726	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000033	0.000000	0.087928	0.191089	0.001187	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			9.00	10.00	11.00	11.01	12.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	337,629					9.00
10.00	01000	DIETARY	8,157	404,260				10.00
11.00	01100	CAFETERIA	0	286,187	286,187			11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	286,187	1,027,669		11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,787	0	0	61,468	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,184	0	0	18,531	0	14.00
15.00	01500	PHARMACY	4,175	0	0	28,818	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,019	0	0	19,475	0	16.00
17.00	01700	SOCIAL SERVICE	597	0	0	17,615	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,825	88,506	0	166,210	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,104	9,202	0	34,864	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,978	8,615	0	26,909	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,787	10,882	0	24,536	0	41.00
43.00	04300	NURSERY	2,237	0	0	19,091	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,700	868	0	88,517	0	50.00
51.00	05100	RECOVERY ROOM	15,472	0	0	46,419	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,321	0	0	26,294	0	52.00
53.00	05300	ANESTHESIOLOGY	337	0	0	2,295	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,707	0	0	26,202	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	682	0	0	3,655	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	4,998	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	14,334	0	0	25,355	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	769	0	0	4,747	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,040	0	0	5,972	0	58.00
60.00	06000	LABORATORY	4,582	0	0	550	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	468	0	0	1,047	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,496	0	0	28,509	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,714	0	0	16,486	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	340	0	0	5,059	0	65.01
66.00	06600	PHYSICAL THERAPY	15,838	0	0	55,174	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,666	0	0	13,911	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,129	0	0	8,009	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,821	0	0	2,411	0	69.00
69.01	03140	CARDIOLOGY	13,232	0	0	24,971	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	971	0	0	1,856	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,101	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,314	0	0	5,299	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	680	0	0	1,818	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			9.00	10.00	11.00	11.01	12.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,412	0	0	30,476	0	90.00
91.00	09100	EMERGENCY	10,610	0	0	35,305	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,782	0	0	47,926	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	266,368	404,260	286,187	930,778	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	770	0	0	0	0	190.00
194.00	07950	MARKETING	3,433	0	0	10,065	0	194.00
194.01	07951	BUSINESS HEALTH	4,336	0	0	17,458	0	194.01
194.02	07952	VITACARE	5,378	0	0	17,719	0	194.02
194.03	07953	CASCADE CLINIC	12,790	0	0	15,865	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	13,970	0	0	19	0	194.04
194.05	07955	ENT CLINIC	4,792	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	2,080	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	1,282	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	8,740	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	736	0	0	2,938	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	3,200	0	194.13
194.14	07964	FOUNDATION	0	0	0	23	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	3,611	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	1,560	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	481	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	1,528	0	0	8,667	0	194.20
194.22	07972	PHYSICIAN CLINICS	11,946	0	0	14,765	0	194.22
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)	1,978,270	2,283,788	1,616,757	1,616,757	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.859301	5.649305	5.649303	1.573227	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,063	58,684	41,543	41,543	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.071271	0.145164	0.145160	0.040424	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	736,945					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,621,569				14.00
15.00	01500	PHARMACY	0	171,525	4,025,554			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	51	0	284,704,916		16.00
17.00	01700	SOCIAL SERVICE	0	19	0	0	20,745	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	166,210	219,471	0	15,715,232	12,191	30.00
31.00	03100	INTENSIVE CARE UNIT	34,864	72,783	0	3,359,540	1,866	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	26,909	8,911	0	5,086,269	2,728	40.00
41.00	04100	SUBPROVIDER - IRF	24,536	22,730	0	3,596,474	2,138	41.00
43.00	04300	NURSERY	19,091	31,983	0	1,946,832	1,822	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	88,517	2,621,590	0	48,784,801	0	50.00
51.00	05100	RECOVERY ROOM	46,419	106,523	0	9,060,372	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,294	43,882	0	3,252,586	0	52.00
53.00	05300	ANESTHESIOLOGY	2,295	203,063	0	7,471,436	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,202	53,938	0	5,819,293	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,655	3,688	0	2,440,725	0	54.01
54.02	03630	ULTRA SOUND	4,998	19,401	0	2,769,027	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	25,355	19,270	0	20,719,299	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,747	10,226	0	12,031,962	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,972	4,344	0	6,988,243	0	58.00
60.00	06000	LABORATORY	550	349,016	0	13,937,990	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,047	15,612	0	745,375	0	63.00
64.00	06400	INTRAVENOUS THERAPY	28,509	71,058	0	6,267,212	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,486	59,321	0	4,341,941	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	5,059	18,681	0	2,397,658	0	65.01
66.00	06600	PHYSICAL THERAPY	55,174	24,577	0	7,496,522	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,911	4,390	0	2,282,597	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,009	2,466	0	1,169,742	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,411	7,860	0	1,085,128	0	69.00
69.01	03140	CARDIOLOGY	24,971	464,926	0	15,171,895	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,856	7,221	0	797,868	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	1,692,621	0	13,359,967	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,831,170	0	8,972,550	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,579,292	26,723,524	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	273,947	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,299	952	0	749,850	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,818	312	0	1,190,148	0	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	30,476	119,918	0	9,517,409	0	90.00
91.00	09100	EMERGENCY	35,305	144,786	0	15,192,968	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	108,506	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	68,943	0	3,880,028	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	736,945	12,497,228	3,579,292	284,704,916	20,745	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27	0	0	0	190.00
194.00	07950	MARKETING	0	311	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	11,905	15,679	0	0	194.01
194.02	07952	VITACARE	0	45,838	84,738	0	0	194.02
194.03	07953	CASCADE CLINIC	0	19,544	57,110	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	3,271	11,423	0	0	194.04
194.05	07955	ENT CLINIC	0	0	257,289	0	0	194.05
194.06	07956	RSVP	0	0	20,023	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	23	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	10	0	0	0	194.11
194.12	07962	LIFESTYLES	0	380	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	4	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	5	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	167	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	2,063	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	40,793	0	0	0	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,432,110	908,770	2,644,838	1,214,420	853,664	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.014167	0.072001	0.657012	0.004266	41.150349	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	117,948	68,895	50,665	28,758	6,049	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.160050	0.005459	0.012586	0.000101	0.291588	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				0		22.00
23.00	02300	PARAMEDICAL ED PRGM					0	23.00
		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
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
			19.00	20.00	21.00	22.00	23.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
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)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII Costs: Total Costs	Hospital Costs: RCE Disallowance	PPS Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,567,719		12,567,719	0	12,567,719	30.00
31.00	03100	INTENSIVE CARE UNIT	2,534,447		2,534,447	0	2,534,447	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,357,880		2,357,880	0	2,357,880	40.00
41.00	04100	SUBPROVIDER - IRF	2,484,548		2,484,548	0	2,484,548	41.00
43.00	04300	NURSERY	1,913,545		1,913,545	0	1,913,545	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,990,112		10,990,112	0	10,990,112	50.00
51.00	05100	RECOVERY ROOM	3,514,021		3,514,021	0	3,514,021	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,851,203		1,851,203	0	1,851,203	52.00
53.00	05300	ANESTHESIOLOGY	533,368		533,368	0	533,368	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,581,915		2,581,915	0	2,581,915	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	634,741		634,741	0	634,741	54.01
54.02	03630	ULTRA SOUND	575,593		575,593	0	575,593	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,501,334		3,501,334	23,485	3,524,819	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	548,896		548,896	0	548,896	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	664,170		664,170	0	664,170	58.00
60.00	06000	LABORATORY	6,603,910		6,603,910	0	6,603,910	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	320,095		320,095	0	320,095	63.00
64.00	06400	INTRAVENOUS THERAPY	2,440,182		2,440,182	0	2,440,182	64.00
65.00	06500	RESPIRATORY THERAPY	1,037,321	0	1,037,321	0	1,037,321	65.00
65.01	03560	PULMONARY FUNCTION TESTING	329,150	0	329,150	0	329,150	65.01
66.00	06600	PHYSICAL THERAPY	4,109,662	0	4,109,662	0	4,109,662	66.00
67.00	06700	OCCUPATIONAL THERAPY	936,336	0	936,336	0	936,336	67.00
68.00	06800	SPEECH PATHOLOGY	646,183	0	646,183	0	646,183	68.00
69.00	06900	ELECTROCARDIOLOGY	283,462		283,462	0	283,462	69.00
69.01	03140	CARDIOLOGY	3,231,307		3,231,307	0	3,231,307	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	391,905		391,905	3,685	395,590	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,302,997		2,302,997	0	2,302,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,778,394		7,778,394	0	7,778,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,959,802		6,959,802	0	6,959,802	73.00
74.00	07400	RENAL DIALYSIS	314,148		314,148	0	314,148	74.00
76.00	03320	ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	424,463		424,463	0	424,463	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	325,054		325,054	0	325,054	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,766,471		2,766,471	147,062	2,913,533	90.00
91.00	09100	EMERGENCY	3,819,085		3,819,085	0	3,819,085	91.00
92.00	09200	OBSERVATION BEDS	1,685,342		1,685,342		1,685,342	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	33,287		33,287	0	33,287	95.00
101.00	10100	HOME HEALTH AGENCY	5,063,940		5,063,940		5,063,940	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	99,055,988	0	99,055,988	174,232	99,230,220	200.00
201.00		Less Observation Beds	1,685,342		1,685,342		1,685,342	201.00
202.00		Total (see instructions)	97,370,646	0	97,370,646	174,232	97,544,878	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,599,169		13,599,169			30.00
31.00	03100	INTENSIVE CARE UNIT	3,359,540		3,359,540			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0			33.01
33.02	03301	NURSING ADMINISTRATION	0		0			33.02
33.03	03303	GEROPSYCH REVENUE	0		0			33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0			33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	5,086,269		5,086,269			40.00
41.00	04100	SUBPROVIDER - IRF	3,596,474		3,596,474			41.00
43.00	04300	NURSERY	1,946,832		1,946,832			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,635,521	35,149,280	48,784,801	0.225277	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,739,769	7,320,603	9,060,372	0.387845	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,063,795	188,791	3,252,586	0.569148	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,686,173	5,785,263	7,471,436	0.071388	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,197,679	4,621,614	5,819,293	0.443682	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	179,590	2,261,135	2,440,725	0.260062	0.000000	54.01
54.02	03630	ULTRA SOUND	595,154	2,173,873	2,769,027	0.207868	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	84,863	20,634,436	20,719,299	0.168989	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,393,061	8,638,901	12,031,962	0.045620	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	616,316	6,371,927	6,988,243	0.095041	0.000000	58.00
60.00	06000	LABORATORY	7,095,452	6,842,538	13,937,990	0.473806	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	448,830	296,545	745,375	0.429442	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,431,313	4,835,899	6,267,212	0.389357	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,946,095	395,846	4,341,941	0.238907	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,840,073	557,585	2,397,658	0.137280	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,388,645	5,107,877	7,496,522	0.548209	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,385,431	897,166	2,282,597	0.410206	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	659,101	510,641	1,169,742	0.552415	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	331,619	753,509	1,085,128	0.261224	0.000000	69.00
69.01	03140	CARDIOLOGY	6,181,671	8,990,224	15,171,895	0.212980	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	21,070	776,798	797,868	0.491190	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	6,498,586	6,861,381	13,359,967	0.172380	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,303,233	3,669,317	8,972,550	0.866910	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,030,181	12,693,343	26,723,524	0.260437	0.000000	73.00
74.00	07400	RENAL DIALYSIS	266,088	7,859	273,947	1.146747	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	191	749,659	749,850	0.566064	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,301	1,187,847	1,190,148	0.273121	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	542,141	8,975,268	9,517,409	0.290675	0.000000	90.00
91.00	09100	EMERGENCY	2,311,230	12,881,738	15,192,968	0.251372	0.000000	91.00
92.00	09200	OBSERVATION BEDS	384,036	1,732,027	2,116,063	0.796452	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	89,495	19,011	108,506	0.306776	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,880,028	3,880,028			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	108,936,987	175,767,929	284,704,916			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	108,936,987	175,767,929	284,704,916			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | 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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03302	BURN INTENSIVE CARE UNIT			33.01
33.02	03301	NURSING ADMINISTRATION			33.02
33.03	03303	GEROPSYCH REVENUE			33.03
33.04	03304	BURN INTENSIVE CARE UNIT			33.04
33.05	03305	BURN INTENSIVE CARE UNIT			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.225277		50.00
51.00	05100	RECOVERY ROOM	0.387845		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569148		52.00
53.00	05300	ANESTHESIOLOGY	0.071388		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.443682		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.260062		54.01
54.02	03630	ULTRA SOUND	0.207868		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170123		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.045620		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095041		58.00
60.00	06000	LABORATORY	0.473806		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.429442		63.00
64.00	06400	INTRAVENOUS THERAPY	0.389357		64.00
65.00	06500	RESPIRATORY THERAPY	0.238907		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.137280		65.01
66.00	06600	PHYSICAL THERAPY	0.548209		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410206		67.00
68.00	06800	SPEECH PATHOLOGY	0.552415		68.00
69.00	06900	ELECTROCARDIOLOGY	0.261224		69.00
69.01	03140	CARDIOLOGY	0.212980		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.495809		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.172380		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.866910		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260437		73.00
74.00	07400	RENAL DIALYSIS	1.146747		74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.566064		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273121		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.306127		90.00
91.00	09100	EMERGENCY	0.251372		91.00
92.00	09200	OBSERVATION BEDS	0.796452		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.306776		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Title XIX Therapy Limit Adj.	Hospital Costs Total Costs	Hospital Costs RCE Disallowance	PPS Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,567,719		12,567,719	0	12,567,719	30.00
31.00	03100	INTENSIVE CARE UNIT	2,534,447		2,534,447	0	2,534,447	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,357,880		2,357,880	0	2,357,880	40.00
41.00	04100	SUBPROVIDER - IRF	2,484,548		2,484,548	0	2,484,548	41.00
43.00	04300	NURSERY	1,913,545		1,913,545	0	1,913,545	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,990,112		10,990,112	0	10,990,112	50.00
51.00	05100	RECOVERY ROOM	3,514,021		3,514,021	0	3,514,021	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,851,203		1,851,203	0	1,851,203	52.00
53.00	05300	ANESTHESIOLOGY	533,368		533,368	0	533,368	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,581,915		2,581,915	0	2,581,915	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	634,741		634,741	0	634,741	54.01
54.02	03630	ULTRA SOUND	575,593		575,593	0	575,593	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,501,334		3,501,334	23,485	3,524,819	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	548,896		548,896	0	548,896	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	664,170		664,170	0	664,170	58.00
60.00	06000	LABORATORY	6,603,910		6,603,910	0	6,603,910	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	320,095		320,095	0	320,095	63.00
64.00	06400	INTRAVENOUS THERAPY	2,440,182		2,440,182	0	2,440,182	64.00
65.00	06500	RESPIRATORY THERAPY	1,037,321	0	1,037,321	0	1,037,321	65.00
65.01	03560	PULMONARY FUNCTION TESTING	329,150	0	329,150	0	329,150	65.01
66.00	06600	PHYSICAL THERAPY	4,109,662	0	4,109,662	0	4,109,662	66.00
67.00	06700	OCCUPATIONAL THERAPY	936,336	0	936,336	0	936,336	67.00
68.00	06800	SPEECH PATHOLOGY	646,183	0	646,183	0	646,183	68.00
69.00	06900	ELECTROCARDIOLOGY	283,462		283,462	0	283,462	69.00
69.01	03140	CARDIOLOGY	3,231,307		3,231,307	0	3,231,307	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	391,905		391,905	3,685	395,590	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,302,997		2,302,997	0	2,302,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,778,394		7,778,394	0	7,778,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,959,802		6,959,802	0	6,959,802	73.00
74.00	07400	RENAL DIALYSIS	314,148		314,148	0	314,148	74.00
76.00	03320	ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	424,463		424,463	0	424,463	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	325,054		325,054	0	325,054	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,766,471		2,766,471	147,062	2,913,533	90.00
91.00	09100	EMERGENCY	3,819,085		3,819,085	0	3,819,085	91.00
92.00	09200	OBSERVATION BEDS	1,685,342		1,685,342		1,685,342	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	33,287		33,287	0	33,287	95.00
101.00	10100	HOME HEALTH AGENCY	5,063,940		5,063,940		5,063,940	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	99,055,988	0	99,055,988	174,232	99,230,220	200.00
201.00		Less Observation Beds	1,685,342		1,685,342		1,685,342	201.00
202.00		Total (see instructions)	97,370,646	0	97,370,646	174,232	97,544,878	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 11:50 am

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,599,169		13,599,169			30.00
31.00	03100	INTENSIVE CARE UNIT	3,359,540		3,359,540			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0			33.01
33.02	03301	NURSING ADMINISTRATION	0		0			33.02
33.03	03303	GEROPSYCH REVENUE	0		0			33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0			33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	5,086,269		5,086,269			40.00
41.00	04100	SUBPROVIDER - IRF	3,596,474		3,596,474			41.00
43.00	04300	NURSERY	1,946,832		1,946,832			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,635,521	35,149,280	48,784,801	0.225277	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,739,769	7,320,603	9,060,372	0.387845	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,063,795	188,791	3,252,586	0.569148	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,686,173	5,785,263	7,471,436	0.071388	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,197,679	4,621,614	5,819,293	0.443682	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	179,590	2,261,135	2,440,725	0.260062	0.000000	54.01
54.02	03630	ULTRA SOUND	595,154	2,173,873	2,769,027	0.207868	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	84,863	20,634,436	20,719,299	0.168989	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	3,393,061	8,638,901	12,031,962	0.045620	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	616,316	6,371,927	6,988,243	0.095041	0.000000	58.00
60.00	06000	LABORATORY	7,095,452	6,842,538	13,937,990	0.473806	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	448,830	296,545	745,375	0.429442	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,431,313	4,835,899	6,267,212	0.389357	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,946,095	395,846	4,341,941	0.238907	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,840,073	557,585	2,397,658	0.137280	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,388,645	5,107,877	7,496,522	0.548209	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,385,431	897,166	2,282,597	0.410206	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	659,101	510,641	1,169,742	0.552415	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	331,619	753,509	1,085,128	0.261224	0.000000	69.00
69.01	03140	CARDIOLOGY	6,181,671	8,990,224	15,171,895	0.212980	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	21,070	776,798	797,868	0.491190	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	6,498,586	6,861,381	13,359,967	0.172380	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,303,233	3,669,317	8,972,550	0.866910	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,030,181	12,693,343	26,723,524	0.260437	0.000000	73.00
74.00	07400	RENAL DIALYSIS	266,088	7,859	273,947	1.146747	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	191	749,659	749,850	0.566064	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,301	1,187,847	1,190,148	0.273121	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	542,141	8,975,268	9,517,409	0.290675	0.000000	90.00
91.00	09100	EMERGENCY	2,311,230	12,881,738	15,192,968	0.251372	0.000000	91.00
92.00	09200	OBSERVATION BEDS	384,036	1,732,027	2,116,063	0.796452	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	89,495	19,011	108,506	0.306776	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,880,028	3,880,028			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	108,936,987	175,767,929	284,704,916			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	108,936,987	175,767,929	284,704,916			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/22/2017 11:50 am

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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03302	BURN INTENSIVE CARE UNIT			33.01
33.02	03301	NURSING ADMINISTRATION			33.02
33.03	03303	GEROPSYCH REVENUE			33.03
33.04	03304	BURN INTENSIVE CARE UNIT			33.04
33.05	03305	BURN INTENSIVE CARE UNIT			33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.225277		50.00
51.00	05100	RECOVERY ROOM	0.387845		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569148		52.00
53.00	05300	ANESTHESIOLOGY	0.071388		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.443682		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.260062		54.01
54.02	03630	ULTRA SOUND	0.207868		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170123		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.045620		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095041		58.00
60.00	06000	LABORATORY	0.473806		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.429442		63.00
64.00	06400	INTRAVENOUS THERAPY	0.389357		64.00
65.00	06500	RESPIRATORY THERAPY	0.238907		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.137280		65.01
66.00	06600	PHYSICAL THERAPY	0.548209		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410206		67.00
68.00	06800	SPEECH PATHOLOGY	0.552415		68.00
69.00	06900	ELECTROCARDIOLOGY	0.261224		69.00
69.01	03140	CARDIOLOGY	0.212980		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.495809		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.172380		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.866910		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260437		73.00
74.00	07400	RENAL DIALYSIS	1.146747		74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.566064		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273121		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.306127		90.00
91.00	09100	EMERGENCY	0.251372		91.00
92.00	09200	OBSERVATION BEDS	0.796452		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.306776		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 16-0117

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

Worksheet C Part II Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,990,112	1,046,432	9,943,680	0	0	50.00
51.00	05100	RECOVERY ROOM	3,514,021	169,047	3,344,974	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,851,203	49,950	1,801,253	0	0	52.00
53.00	05300	ANESTHESIOLOGY	533,368	96,334	437,034	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,581,915	386,746	2,195,169	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	634,741	11,657	623,084	0	0	54.01
54.02	03630	ULTRA SOUND	575,593	58,460	517,133	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,501,334	877,084	2,624,250	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	548,896	8,144	540,752	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	664,170	94,739	569,431	0	0	58.00
60.00	06000	LABORATORY	6,603,910	45,189	6,558,721	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	320,095	4,773	315,322	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,440,182	111,301	2,328,881	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,037,321	38,897	998,424	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	329,150	8,820	320,330	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,109,662	148,433	3,961,229	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	936,336	18,115	918,221	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	646,183	17,089	629,094	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	283,462	19,396	264,066	0	0	69.00
69.01	03140	CARDIOLOGY	3,231,307	484,217	2,747,090	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	391,905	15,186	376,719	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,302,997	13,948	2,289,049	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,778,394	44,313	7,734,081	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,959,802	54,856	6,904,946	0	0	73.00
74.00	07400	RENAL DIALYSIS	314,148	7,955	306,193	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	424,463	18,731	405,732	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	325,054	11,203	313,851	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,766,471	82,990	2,683,481	0	0	90.00
91.00	09100	EMERGENCY	3,819,085	104,249	3,714,836	0	0	91.00
92.00	09200	OBSERVATION BEDS	1,685,342	78,006	1,607,336	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	33,287	63	33,224	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	5,063,940	68,463	4,995,477	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	77,197,849	4,194,786	73,003,063	0	0	200.00
201.00		Less Observation Beds	1,685,342	78,006	1,607,336	0	0	201.00
202.00		Total (line 200 minus line 201)	75,512,507	4,116,780	71,395,727	0	0	202.00

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

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part II Date/Time Prepared: 5/22/2017 11:50 am

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	10,990,112	48,784,801	0.225277		50.00
51.00	05100	RECOVERY ROOM	3,514,021	9,060,372	0.387845		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,851,203	3,252,586	0.569148		52.00
53.00	05300	ANESTHESIOLOGY	533,368	7,471,436	0.071388		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,581,915	5,819,293	0.443682		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	634,741	2,440,725	0.260062		54.01
54.02	03630	ULTRA SOUND	575,593	2,769,027	0.207868		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,501,334	20,719,299	0.168989		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	548,896	12,031,962	0.045620		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	664,170	6,988,243	0.095041		58.00
60.00	06000	LABORATORY	6,603,910	13,937,990	0.473806		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	320,095	745,375	0.429442		63.00
64.00	06400	INTRAVENOUS THERAPY	2,440,182	6,267,212	0.389357		64.00
65.00	06500	RESPIRATORY THERAPY	1,037,321	4,341,941	0.238907		65.00
65.01	03560	PULMONARY FUNCTION TESTING	329,150	2,397,658	0.137280		65.01
66.00	06600	PHYSICAL THERAPY	4,109,662	7,496,522	0.548209		66.00
67.00	06700	OCCUPATIONAL THERAPY	936,336	2,282,597	0.410206		67.00
68.00	06800	SPEECH PATHOLOGY	646,183	1,169,742	0.552415		68.00
69.00	06900	ELECTROCARDIOLOGY	283,462	1,085,128	0.261224		69.00
69.01	03140	CARDIOLOGY	3,231,307	15,171,895	0.212980		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	391,905	797,868	0.491190		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,302,997	13,359,967	0.172380		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,778,394	8,972,550	0.866910		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,959,802	26,723,524	0.260437		73.00
74.00	07400	RENAL DIALYSIS	314,148	273,947	1.146747		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	424,463	749,850	0.566064		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	325,054	1,190,148	0.273121		76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2,766,471	9,517,409	0.290675		90.00
91.00	09100	EMERGENCY	3,819,085	15,192,968	0.251372		91.00
92.00	09200	OBSERVATION BEDS	1,685,342	2,116,063	0.796452		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	33,287	108,506	0.306776		95.00
101.00	10100	HOME HEALTH AGENCY	5,063,940	3,880,028	1.305130		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	77,197,849	257,116,632			200.00
201.00		Less Observation Beds	1,685,342	0			201.00
202.00		Total (line 200 minus line 201)	75,512,507	257,116,632			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/22/2017 11:50 am

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	581,703	0	581,703	14,079	41.32	30.00
31.00	INTENSIVE CARE UNIT	123,450		123,450	1,866	66.16	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	59,832	0	59,832	2,728	21.93	40.00
41.00	SUBPROVIDER - IRF	103,748	0	103,748	2,138	48.53	41.00
43.00	NURSERY	37,490		37,490	1,822	20.58	43.00
200.00	Total (lines 30-199)	906,223		906,223	22,633		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	5,887	243,251	30.00
31.00	INTENSIVE CARE UNIT	875	57,890	31.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	NURSING ADMINISTRATION	0	0	33.02
33.03	GEROPSYCH REVENUE	0	0	33.03
33.04	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	2,131	46,733	40.00
41.00	SUBPROVIDER - IRF	1,389	67,408	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	10,282	415,282	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,046,432	48,784,801	0.021450	5,150,737	110,483	50.00
51.00	05100	RECOVERY ROOM	169,047	9,060,372	0.018658	722,027	13,472	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,950	3,252,586	0.015357	12,800	197	52.00
53.00	05300	ANESTHESIOLOGY	96,334	7,471,436	0.012894	616,983	7,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,746	5,819,293	0.066459	619,649	41,181	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,657	2,440,725	0.004776	94,248	450	54.01
54.02	03630	ULTRA SOUND	58,460	2,769,027	0.021112	272,499	5,753	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	877,084	20,719,299	0.042332	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,144	12,031,962	0.000677	1,654,762	1,120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,739	6,988,243	0.013557	303,561	4,115	58.00
60.00	06000	LABORATORY	45,189	13,937,990	0.003242	3,111,614	10,088	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,773	745,375	0.006403	297,578	1,905	63.00
64.00	06400	INTRAVENOUS THERAPY	111,301	6,267,212	0.017759	677,363	12,029	64.00
65.00	06500	RESPIRATORY THERAPY	38,897	4,341,941	0.008958	2,260,185	20,247	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,820	2,397,658	0.003679	910,029	3,348	65.01
66.00	06600	PHYSICAL THERAPY	148,433	7,496,522	0.019800	817,212	16,181	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,115	2,282,597	0.007936	334,005	2,651	67.00
68.00	06800	SPEECH PATHOLOGY	17,089	1,169,742	0.014609	188,155	2,749	68.00
69.00	06900	ELECTROCARDIOLOGY	19,396	1,085,128	0.017874	174,464	3,118	69.00
69.01	03140	CARDIOLOGY	484,217	15,171,895	0.031915	2,676,442	85,419	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	15,186	797,868	0.019033	7,440	142	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	13,948	13,359,967	0.001044	3,007,001	3,139	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,313	8,972,550	0.004939	2,288,880	11,305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,856	26,723,524	0.002053	6,146,435	12,619	73.00
74.00	07400	RENAL DIALYSIS	7,955	273,947	0.029038	165,228	4,798	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,731	749,850	0.024980	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,203	1,190,148	0.009413	1,516	14	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	82,990	9,517,409	0.008720	251,695	2,195	90.00
91.00	09100	EMERGENCY	104,249	15,192,968	0.006862	1,151,860	7,904	91.00
92.00	09200	OBSERVATION BEDS	78,006	2,116,063	0.036864	145,017	5,346	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	4,126,260	253,128,098		34,059,385	389,923	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part III Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0		0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0		0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	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	14,079	0.00	5,887	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,866	0.00	875	0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0.00	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0.00	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	2,728	0.00	2,131	0		40.00
41.00	04100	SUBPROVIDER - IRF	2,138	0.00	1,389	0		41.00
43.00	04300	NURSERY	1,822	0.00	0	0		43.00
200.00		Total (lines 30-199)	22,633		10,282	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part IV Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	48,784,801	0.000000	0.000000	5,150,737	50.00
51.00	05100	RECOVERY ROOM	0	9,060,372	0.000000	0.000000	722,027	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,252,586	0.000000	0.000000	12,800	52.00
53.00	05300	ANESTHESIOLOGY	0	7,471,436	0.000000	0.000000	616,983	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,819,293	0.000000	0.000000	619,649	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,440,725	0.000000	0.000000	94,248	54.01
54.02	03630	ULTRA SOUND	0	2,769,027	0.000000	0.000000	272,499	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,719,299	0.000000	0.000000	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	12,031,962	0.000000	0.000000	1,654,762	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,988,243	0.000000	0.000000	303,561	58.00
60.00	06000	LABORATORY	0	13,937,990	0.000000	0.000000	3,111,614	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	745,375	0.000000	0.000000	297,578	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,267,212	0.000000	0.000000	677,363	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,341,941	0.000000	0.000000	2,260,185	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,397,658	0.000000	0.000000	910,029	65.01
66.00	06600	PHYSICAL THERAPY	0	7,496,522	0.000000	0.000000	817,212	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,282,597	0.000000	0.000000	334,005	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,169,742	0.000000	0.000000	188,155	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,085,128	0.000000	0.000000	174,464	69.00
69.01	03140	CARDIOLOGY	0	15,171,895	0.000000	0.000000	2,676,442	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	797,868	0.000000	0.000000	7,440	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	13,359,967	0.000000	0.000000	3,007,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,972,550	0.000000	0.000000	2,288,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,723,524	0.000000	0.000000	6,146,435	73.00
74.00	07400	RENAL DIALYSIS	0	273,947	0.000000	0.000000	165,228	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	749,850	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,190,148	0.000000	0.000000	1,516	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	9,517,409	0.000000	0.000000	251,695	90.00
91.00	09100	EMERGENCY	0	15,192,968	0.000000	0.000000	1,151,860	91.00
92.00	09200	OBSERVATION BEDS	0	2,116,063	0.000000	0.000000	145,017	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	253,128,098			34,059,385	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/22/2017 11:50 am

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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		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	8,763,822	0		50.00
51.00	05100	RECOVERY ROOM	0	1,619,438	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,160	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,399,331	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	875,644	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	741,052	0		54.01
54.02	03630	ULTRA SOUND	0	445,372	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,110,151	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,191,209	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,656,784	0		58.00
60.00	06000	LABORATORY	0	1,794,561	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	136,581	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,253,131	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	133,768	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	204,946	0		65.01
66.00	06600	PHYSICAL THERAPY	0	61,434	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	36,831	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	5,200	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	232,876	0		69.00
69.01	03140	CARDIOLOGY	0	3,001,681	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	247,063	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	1,953,830	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,042,856	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,181,767	0		73.00
74.00	07400	RENAL DIALYSIS	0	5,058	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	345,300	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	667,798	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	3,843,221	0		90.00
91.00	09100	EMERGENCY	0	2,473,909	0		91.00
92.00	09200	OBSERVATION BEDS	0	585,444	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	49,011,218	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.225277	8,763,822	0	0	1,974,288	50.00
51.00	05100	RECOVERY ROOM	0.387845	1,619,438	0	0	628,091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569148	1,160	0	0	660	52.00
53.00	05300	ANESTHESIOLOGY	0.071388	1,399,331	0	0	99,895	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.443682	875,644	0	0	388,507	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.260062	741,052	0	0	192,719	54.01
54.02	03630	ULTRA SOUND	0.207868	445,372	0	0	92,579	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168989	10,110,151	0	0	1,708,504	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.045620	2,191,209	0	0	99,963	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095041	1,656,784	0	0	157,462	58.00
60.00	06000	LABORATORY	0.473806	1,794,561	0	0	850,274	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.429442	136,581	0	0	58,654	63.00
64.00	06400	INTRAVENOUS THERAPY	0.389357	1,253,131	0	0	487,915	64.00
65.00	06500	RESPIRATORY THERAPY	0.238907	133,768	0	0	31,958	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.137280	204,946	0	0	28,135	65.01
66.00	06600	PHYSICAL THERAPY	0.548209	61,434	0	0	33,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410206	36,831	0	0	15,108	67.00
68.00	06800	SPEECH PATHOLOGY	0.552415	5,200	0	0	2,873	68.00
69.00	06900	ELECTROCARDIOLOGY	0.261224	232,876	0	0	60,833	69.00
69.01	03140	CARDIOLOGY	0.212980	3,001,681	0	0	639,298	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.491190	247,063	0	0	121,355	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.172380	1,953,830	0	0	336,801	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.866910	1,042,856	19,250	0	904,062	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260437	3,181,767	3,360	41,322	828,650	73.00
74.00	07400	RENAL DIALYSIS	1.146747	5,058	0	0	5,800	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.566064	345,300	0	0	195,462	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273121	667,798	0	0	182,390	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.290675	3,843,221	0	111	1,117,128	90.00
91.00	09100	EMERGENCY	0.251372	2,473,909	0	0	621,871	91.00
92.00	09200	OBSERVATION BEDS	0.796452	585,444	0	0	466,278	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.306776		0			95.00
200.00		Subtotal (see instructions)		49,011,218	22,610	41,433	12,331,192	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		49,011,218	22,610	41,433	12,331,192	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02	03630	ULTRA SOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,688	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	875	10,762		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	32		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	17,563	10,794		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	17,563	10,794		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part II
Date/Time Prepared:
5/22/2017 11:50 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,046,432	48,784,801	0.021450	0	0	50.00
51.00	05100	RECOVERY ROOM	169,047	9,060,372	0.018658	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,950	3,252,586	0.015357	0	0	52.00
53.00	05300	ANESTHESIOLOGY	96,334	7,471,436	0.012894	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,746	5,819,293	0.066459	7,383	491	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,657	2,440,725	0.004776	0	0	54.01
54.02	03630	ULTRA SOUND	58,460	2,769,027	0.021112	3,702	78	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	877,084	20,719,299	0.042332	4,491	190	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,144	12,031,962	0.000677	27,876	19	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,739	6,988,243	0.013557	3,578	49	58.00
60.00	06000	LABORATORY	45,189	13,937,990	0.003242	90,607	294	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,773	745,375	0.006403	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	111,301	6,267,212	0.017759	2,560	45	64.00
65.00	06500	RESPIRATORY THERAPY	38,897	4,341,941	0.008958	124,484	1,115	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,820	2,397,658	0.003679	12,822	47	65.01
66.00	06600	PHYSICAL THERAPY	148,433	7,496,522	0.019800	66,251	1,312	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,115	2,282,597	0.007936	26,158	208	67.00
68.00	06800	SPEECH PATHOLOGY	17,089	1,169,742	0.014609	27,715	405	68.00
69.00	06900	ELECTROCARDIOLOGY	19,396	1,085,128	0.017874	4,692	84	69.00
69.01	03140	CARDIOLOGY	484,217	15,171,895	0.031915	2,484	79	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	15,186	797,868	0.019033	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	13,948	13,359,967	0.001044	46,664	49	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,313	8,972,550	0.004939	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,856	26,723,524	0.002053	181,754	373	73.00
74.00	07400	RENAL DIALYSIS	7,955	273,947	0.029038	20,232	587	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,731	749,850	0.024980	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,203	1,190,148	0.009413	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	82,990	9,517,409	0.008720	1,596	14	90.00
91.00	09100	EMERGENCY	104,249	15,192,968	0.006862	32,224	221	91.00
92.00	09200	OBSERVATION BEDS	0	2,116,063	0.000000	8,159	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	4,048,254	253,128,098		695,432	5,660	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2017 11:50 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D Part IV
Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	48,784,801	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	9,060,372	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,252,586	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,471,436	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,819,293	0.000000	0.000000	7,383	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,440,725	0.000000	0.000000	0	54.01
54.02	03630	ULTRA SOUND	0	2,769,027	0.000000	0.000000	3,702	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,719,299	0.000000	0.000000	4,491	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	12,031,962	0.000000	0.000000	27,876	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,988,243	0.000000	0.000000	3,578	58.00
60.00	06000	LABORATORY	0	13,937,990	0.000000	0.000000	90,607	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	745,375	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,267,212	0.000000	0.000000	2,560	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,341,941	0.000000	0.000000	124,484	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,397,658	0.000000	0.000000	12,822	65.01
66.00	06600	PHYSICAL THERAPY	0	7,496,522	0.000000	0.000000	66,251	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,282,597	0.000000	0.000000	26,158	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,169,742	0.000000	0.000000	27,715	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,085,128	0.000000	0.000000	4,692	69.00
69.01	03140	CARDIOLOGY	0	15,171,895	0.000000	0.000000	2,484	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	797,868	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	13,359,967	0.000000	0.000000	46,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,972,550	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,723,524	0.000000	0.000000	181,754	73.00
74.00	07400	RENAL DIALYSIS	0	273,947	0.000000	0.000000	20,232	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	749,850	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,190,148	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	9,517,409	0.000000	0.000000	1,596	90.00
91.00	09100	EMERGENCY	0	15,192,968	0.000000	0.000000	32,224	91.00
92.00	09200	OBSERVATION BEDS	0	2,116,063	0.000000	0.000000	8,159	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	253,128,098			695,432	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		54.01
54.02	03630	ULTRA SOUND	0	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140	CARDIOLOGY	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	983	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	983	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part V
Date/Time Prepared:
5/22/2017 11:50 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.225277	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.387845	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569148	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.071388	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.443682	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.260062	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.207868	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168989	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.045620	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095041	0	0	0	0	58.00
60.00	06000	LABORATORY	0.473806	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.429442	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.389357	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.238907	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.137280	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.548209	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410206	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.552415	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.261224	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.212980	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.491190	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.172380	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.866910	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260437	0	0	3,331	0	73.00
74.00	07400	RENAL DIALYSIS	1.146747	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.566064	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273121	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.290675	983	0	0	286	90.00
91.00	09100	EMERGENCY	0.251372	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.796452	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.306776		0			95.00
200.00		Subtotal (see instructions)		983	0	3,331	286	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		983	0	3,331	286	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02	03630	ULTRA SOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	868		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	868		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	868		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D
Part II
Date/Time Prepared:
5/22/2017 11:50 am

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	1,046,432	48,784,801	0.021450	12,447	267	50.00
51.00	05100	RECOVERY ROOM	169,047	9,060,372	0.018658	1,050	20	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,950	3,252,586	0.015357	0	0	52.00
53.00	05300	ANESTHESIOLOGY	96,334	7,471,436	0.012894	1,837	24	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,746	5,819,293	0.066459	15,670	1,041	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,657	2,440,725	0.004776	1,889	9	54.01
54.02	03630	ULTRA SOUND	58,460	2,769,027	0.021112	7,243	153	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	877,084	20,719,299	0.042332	19,131	810	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,144	12,031,962	0.000677	25,413	17	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,739	6,988,243	0.013557	11,302	153	58.00
60.00	06000	LABORATORY	45,189	13,937,990	0.003242	152,496	494	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,773	745,375	0.006403	3,339	21	63.00
64.00	06400	INTRAVENOUS THERAPY	111,301	6,267,212	0.017759	8,513	151	64.00
65.00	06500	RESPIRATORY THERAPY	38,897	4,341,941	0.008958	162,407	1,455	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,820	2,397,658	0.003679	75,619	278	65.01
66.00	06600	PHYSICAL THERAPY	148,433	7,496,522	0.019800	541,298	10,718	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,115	2,282,597	0.007936	541,106	4,294	67.00
68.00	06800	SPEECH PATHOLOGY	17,089	1,169,742	0.014609	191,727	2,801	68.00
69.00	06900	ELECTROCARDIOLOGY	19,396	1,085,128	0.017874	3,312	59	69.00
69.01	03140	CARDIOLOGY	484,217	15,171,895	0.031915	5,540	177	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	15,186	797,868	0.019033	739	14	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	13,948	13,359,967	0.001044	113,137	118	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,313	8,972,550	0.004939	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,856	26,723,524	0.002053	208,274	428	73.00
74.00	07400	RENAL DIALYSIS	7,955	273,947	0.029038	12,926	375	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,731	749,850	0.024980	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,203	1,190,148	0.009413	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	82,990	9,517,409	0.008720	2,587	23	90.00
91.00	09100	EMERGENCY	104,249	15,192,968	0.006862	2,766	19	91.00
92.00	09200	OBSERVATION BEDS	0	2,116,063	0.000000	5,767	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	4,048,254	253,128,098		2,127,535	23,919	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2017 11:50 am

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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2017 11:50 am

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	48,784,801	0.000000	0.000000	12,447	50.00
51.00	05100	RECOVERY ROOM	0	9,060,372	0.000000	0.000000	1,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,252,586	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,471,436	0.000000	0.000000	1,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,819,293	0.000000	0.000000	15,670	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,440,725	0.000000	0.000000	1,889	54.01
54.02	03630	ULTRA SOUND	0	2,769,027	0.000000	0.000000	7,243	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,719,299	0.000000	0.000000	19,131	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	12,031,962	0.000000	0.000000	25,413	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,988,243	0.000000	0.000000	11,302	58.00
60.00	06000	LABORATORY	0	13,937,990	0.000000	0.000000	152,496	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	745,375	0.000000	0.000000	3,339	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,267,212	0.000000	0.000000	8,513	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,341,941	0.000000	0.000000	162,407	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,397,658	0.000000	0.000000	75,619	65.01
66.00	06600	PHYSICAL THERAPY	0	7,496,522	0.000000	0.000000	541,298	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,282,597	0.000000	0.000000	541,106	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,169,742	0.000000	0.000000	191,727	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,085,128	0.000000	0.000000	3,312	69.00
69.01	03140	CARDIOLOGY	0	15,171,895	0.000000	0.000000	5,540	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	797,868	0.000000	0.000000	739	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	13,359,967	0.000000	0.000000	113,137	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,972,550	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,723,524	0.000000	0.000000	208,274	73.00
74.00	07400	RENAL DIALYSIS	0	273,947	0.000000	0.000000	12,926	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	749,850	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,190,148	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	9,517,409	0.000000	0.000000	2,587	90.00
91.00	09100	EMERGENCY	0	15,192,968	0.000000	0.000000	2,766	91.00
92.00	09200	OBSERVATION BEDS	0	2,116,063	0.000000	0.000000	5,767	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	253,128,098			2,127,535	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D Part IV
Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		54.01
54.02	03630	ULTRA SOUND	0	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140	CARDIOLOGY	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part I Date/Time Prepared: 5/22/2017 11:50 am

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	581,703	0	581,703	14,079	41.32	30.00
31.00	INTENSIVE CARE UNIT	123,450		123,450	1,866	66.16	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	59,832	0	59,832	2,728	21.93	40.00
41.00	SUBPROVIDER - IRF	103,748	0	103,748	2,138	48.53	41.00
43.00	NURSERY	37,490		37,490	1,822	20.58	43.00
200.00	Total (lines 30-199)	906,223		906,223	22,633		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	1,838	75,946	30.00
31.00	INTENSIVE CARE UNIT	186	12,306	31.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	NURSING ADMINISTRATION	0	0	33.02
33.03	GEROPSYCH REVENUE	0	0	33.03
33.04	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	196	9,512	41.00
43.00	NURSERY	947	19,489	43.00
200.00	Total (lines 30-199)	3,167	117,253	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/22/2017 11:50 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,046,432	48,784,801	0.021450	0	0	50.00
51.00	05100	RECOVERY ROOM	169,047	9,060,372	0.018658	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,950	3,252,586	0.015357	0	0	52.00
53.00	05300	ANESTHESIOLOGY	96,334	7,471,436	0.012894	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,746	5,819,293	0.066459	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,657	2,440,725	0.004776	0	0	54.01
54.02	03630	ULTRA SOUND	58,460	2,769,027	0.021112	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	877,084	20,719,299	0.042332	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,144	12,031,962	0.000677	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,739	6,988,243	0.013557	0	0	58.00
60.00	06000	LABORATORY	45,189	13,937,990	0.003242	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,773	745,375	0.006403	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	111,301	6,267,212	0.017759	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,897	4,341,941	0.008958	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,820	2,397,658	0.003679	0	0	65.01
66.00	06600	PHYSICAL THERAPY	148,433	7,496,522	0.019800	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,115	2,282,597	0.007936	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,089	1,169,742	0.014609	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,396	1,085,128	0.017874	0	0	69.00
69.01	03140	CARDIOLOGY	484,217	15,171,895	0.031915	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	15,186	797,868	0.019033	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	13,948	13,359,967	0.001044	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,313	8,972,550	0.004939	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,856	26,723,524	0.002053	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,955	273,947	0.029038	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,731	749,850	0.024980	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,203	1,190,148	0.009413	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	82,990	9,517,409	0.008720	0	0	90.00
91.00	09100	EMERGENCY	104,249	15,192,968	0.006862	0	0	91.00
92.00	09200	OBSERVATION BEDS	78,006	2,116,063	0.036864	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	4,126,260	253,128,098		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part III Date/Time Prepared: 5/22/2017 11:50 am

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0		0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0		0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	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	14,079	0.00	1,838	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,866	0.00	186	0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0.00	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0.00	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	2,728	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	2,138	0.00	196	0		41.00
43.00	04300	NURSERY	1,822	0.00	947	0		43.00
200.00		Total (lines 30-199)	22,633		3,167	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

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

Worksheet D Part IV Date/Time Prepared: 5/22/2017 11:50 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/22/2017 11:50 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	48,784,801	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	9,060,372	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,252,586	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,471,436	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,819,293	0.000000	0.000000	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,440,725	0.000000	0.000000	0	54.01
54.02	03630	ULTRA SOUND	0	2,769,027	0.000000	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,719,299	0.000000	0.000000	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	12,031,962	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,988,243	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	13,937,990	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	745,375	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,267,212	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,341,941	0.000000	0.000000	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,397,658	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	7,496,522	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,282,597	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,169,742	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,085,128	0.000000	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0	15,171,895	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	797,868	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	13,359,967	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,972,550	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,723,524	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	273,947	0.000000	0.000000	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	749,850	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,190,148	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	9,517,409	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	15,192,968	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS	0	2,116,063	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	253,128,098			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/22/2017 11:50 am

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		54.01
54.02	03630	ULTRA SOUND	0	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140	CARDIOLOGY	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part II
Date/Time Prepared:
5/22/2017 11:50 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,046,432	48,784,801	0.021450	0	0	50.00
51.00	05100	RECOVERY ROOM	169,047	9,060,372	0.018658	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,950	3,252,586	0.015357	0	0	52.00
53.00	05300	ANESTHESIOLOGY	96,334	7,471,436	0.012894	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,746	5,819,293	0.066459	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,657	2,440,725	0.004776	0	0	54.01
54.02	03630	ULTRA SOUND	58,460	2,769,027	0.021112	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	877,084	20,719,299	0.042332	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,144	12,031,962	0.000677	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94,739	6,988,243	0.013557	0	0	58.00
60.00	06000	LABORATORY	45,189	13,937,990	0.003242	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,773	745,375	0.006403	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	111,301	6,267,212	0.017759	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,897	4,341,941	0.008958	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,820	2,397,658	0.003679	0	0	65.01
66.00	06600	PHYSICAL THERAPY	148,433	7,496,522	0.019800	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,115	2,282,597	0.007936	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,089	1,169,742	0.014609	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,396	1,085,128	0.017874	0	0	69.00
69.01	03140	CARDIOLOGY	484,217	15,171,895	0.031915	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	15,186	797,868	0.019033	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	13,948	13,359,967	0.001044	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,313	8,972,550	0.004939	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,856	26,723,524	0.002053	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,955	273,947	0.029038	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,731	749,850	0.024980	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,203	1,190,148	0.009413	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	82,990	9,517,409	0.008720	0	0	90.00
91.00	09100	EMERGENCY	104,249	15,192,968	0.006862	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	2,116,063	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	4,048,254	253,128,098		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2017 11:50 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D Part IV
Date/Time Prepared: 5/22/2017 11:50 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	48,784,801	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	9,060,372	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,252,586	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,471,436	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,819,293	0.000000	0.000000	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,440,725	0.000000	0.000000	0	54.01
54.02	03630	ULTRA SOUND	0	2,769,027	0.000000	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,719,299	0.000000	0.000000	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	12,031,962	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,988,243	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	13,937,990	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	745,375	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,267,212	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,341,941	0.000000	0.000000	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,397,658	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	7,496,522	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,282,597	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,169,742	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,085,128	0.000000	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0	15,171,895	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	797,868	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	13,359,967	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,972,550	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,723,524	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	273,947	0.000000	0.000000	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	749,850	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,190,148	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	9,517,409	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	15,192,968	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS	0	2,116,063	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	253,128,098			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 11:50 am
	Title XIX	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		54.01
54.02	03630	ULTRA SOUND	0	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140	CARDIOLOGY	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,079	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,079	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)	12,191	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)	5,887	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)	12,567,719	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)	12,567,719	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)	12,567,719	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)	892.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,255,089	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)	5,255,089	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/22/2017 11:50 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,534,447	1,866	1,358.22	875	1,188,443	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	10,566,451	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	17,009,983	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)	301,141	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	389,923	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	691,064	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	16,318,919	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)	1,888	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	892.66	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,685,342	89.00

	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	581,703	12,567,719	0.046285	1,685,342	78,006	90.00
91.00	Nursing School cost	0	12,567,719	0.000000	1,685,342	0	91.00
92.00	Allied health cost	0	12,567,719	0.000000	1,685,342	0	92.00
93.00	All other Medical Education	0	12,567,719	0.000000	1,685,342	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,728	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,728	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)	2,728	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)	2,131	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)	2,357,880	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)	2,357,880	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)	2,357,880	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)	864.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,841,887	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)	1,841,887	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D-1
Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	239,630	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,081,517	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)	46,733	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	5,660	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	52,393	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,029,124	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	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	59,832	2,357,880	0.025375	0	0	90.00
91.00	Nursing School cost	0	2,357,880	0.000000	0	0	91.00
92.00	Allied health cost	0	2,357,880	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,357,880	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	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)	2,138	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,138	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)	2,138	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)	1,389	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)	2,484,548	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)	2,484,548	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)	2,484,548	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)	1,162.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,614,143	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)	1,614,143	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	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	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	865,644	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,479,787	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)	67,408	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	23,919	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	91,327	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,388,460	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	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	103,748	2,484,548	0.041757	0	0	90.00
91.00	Nursing School cost	0	2,484,548	0.000000	0	0	91.00
92.00	Allied health cost	0	2,484,548	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,484,548	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XIX	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,079	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,079	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)	12,191	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)	1,838	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)	1,822	15.00
16.00	Nursery days (title V or XIX only)	947	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)	12,567,719	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)	12,567,719	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)	12,567,719	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)	892.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,640,709	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)	1,640,709	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			Title XIX		Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,913,545	1,822	1,050.24	947	994,577	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,534,447	1,866	1,358.22	186	252,629	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,887,915	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)	107,741	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)	107,741	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,780,174	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)	1,888	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	892.66	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,685,342	89.00

	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	581,703	12,567,719	0.046285	1,685,342	78,006	90.00
91.00	Nursing School cost	0	12,567,719	0.000000	1,685,342	0	91.00
92.00	Allied health cost	0	12,567,719	0.000000	1,685,342	0	92.00
93.00	All other Medical Education	0	12,567,719	0.000000	1,685,342	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XIX	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,728	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,728	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)	2,728	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,822	15.00
16.00	Nursery days (title V or XIX only)	947	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)	2,357,880	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)	2,357,880	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)	2,357,880	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)	864.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XIX	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 11:50 am
	Title XIX	Subprovider - IPF	PPS

	Cost Center Description		
			1.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)		0	89.00

	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	59,832	2,357,880	0.025375	0	0	90.00
91.00	Nursing School cost	0	2,357,880	0.000000	0	0	91.00
92.00	Allied health cost	0	2,357,880	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,357,880	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		6,335,779		30.00
31.00	03100	INTENSIVE CARE UNIT		1,850,296		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301	NURSING ADMINISTRATION		0		33.02
33.03	03303	GEROPSYCH REVENUE		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.225277	5,150,737	1,160,343	50.00
51.00	05100	RECOVERY ROOM	0.387845	722,027	280,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569148	12,800	7,285	52.00
53.00	05300	ANESTHESIOLOGY	0.071388	616,983	44,045	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.443682	619,649	274,927	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.260062	94,248	24,510	54.01
54.02	03630	ULTRA SOUND	0.207868	272,499	56,644	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170123	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.045620	1,654,762	75,490	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095041	303,561	28,851	58.00
60.00	06000	LABORATORY	0.473806	3,111,614	1,474,301	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.429442	297,578	127,792	63.00
64.00	06400	INTRAVENOUS THERAPY	0.389357	677,363	263,736	64.00
65.00	06500	RESPIRATORY THERAPY	0.238907	2,260,185	539,974	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.137280	910,029	124,929	65.01
66.00	06600	PHYSICAL THERAPY	0.548209	817,212	448,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410206	334,005	137,011	67.00
68.00	06800	SPEECH PATHOLOGY	0.552415	188,155	103,940	68.00
69.00	06900	ELECTROCARDIOLOGY	0.261224	174,464	45,574	69.00
69.01	03140	CARDIOLOGY	0.212980	2,676,442	570,029	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.495809	7,440	3,689	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.172380	3,007,001	518,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.866910	2,288,880	1,984,253	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260437	6,146,435	1,600,759	73.00
74.00	07400	RENAL DIALYSIS	1.146747	165,228	189,475	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.566064	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273121	1,516	414	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.306127	251,695	77,051	90.00
91.00	09100	EMERGENCY	0.251372	1,151,860	289,545	91.00
92.00	09200	OBSERVATION BEDS	0.796452	145,017	115,499	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		34,059,385	10,566,451	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)		34,059,385		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 16-0117
Component CCN: 16-S117

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

Worksheet D-3
Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301	NURSING ADMINISTRATION		0		33.02
33.03	03303	GEROPSYCH REVENUE		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		3,978,494		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.225277	0	0	50.00
51.00	05100	RECOVERY ROOM	0.387845	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569148	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.071388	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.443682	7,383	3,276	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.260062	0	0	54.01
54.02	03630	ULTRA SOUND	0.207868	3,702	770	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170123	4,491	764	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.045620	27,876	1,272	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095041	3,578	340	58.00
60.00	06000	LABORATORY	0.473806	90,607	42,930	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.429442	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.389357	2,560	997	64.00
65.00	06500	RESPIRATORY THERAPY	0.238907	124,484	29,740	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.137280	12,822	1,760	65.01
66.00	06600	PHYSICAL THERAPY	0.548209	66,251	36,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410206	26,158	10,730	67.00
68.00	06800	SPEECH PATHOLOGY	0.552415	27,715	15,310	68.00
69.00	06900	ELECTROCARDIOLOGY	0.261224	4,692	1,226	69.00
69.01	03140	CARDIOLOGY	0.212980	2,484	529	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.495809	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.172380	46,664	8,044	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.866910	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260437	181,754	47,335	73.00
74.00	07400	RENAL DIALYSIS	1.146747	20,232	23,201	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.566064	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273121	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.306127	1,596	489	90.00
91.00	09100	EMERGENCY	0.251372	32,224	8,100	91.00
92.00	09200	OBSERVATION BEDS	0.796452	8,159	6,498	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		695,432	239,630	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)		695,432		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 16-0117
Component CCN: 16-T117

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

Worksheet D-3
Date/Time Prepared: 5/22/2017 11:50 am

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
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0		33.01
33.02	03301	NURSING ADMINISTRATION		0		33.02
33.03	03303	GEROPSYCH REVENUE		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		2,332,741		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.225277	12,447	2,804	50.00
51.00	05100	RECOVERY ROOM	0.387845	1,050	407	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569148	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.071388	1,837	131	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.443682	15,670	6,952	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.260062	1,889	491	54.01
54.02	03630	ULTRA SOUND	0.207868	7,243	1,506	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170123	19,131	3,255	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.045620	25,413	1,159	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095041	11,302	1,074	58.00
60.00	06000	LABORATORY	0.473806	152,496	72,254	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.429442	3,339	1,434	63.00
64.00	06400	INTRAVENOUS THERAPY	0.389357	8,513	3,315	64.00
65.00	06500	RESPIRATORY THERAPY	0.238907	162,407	38,800	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.137280	75,619	10,381	65.01
66.00	06600	PHYSICAL THERAPY	0.548209	541,298	296,744	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.410206	541,106	221,965	67.00
68.00	06800	SPEECH PATHOLOGY	0.552415	191,727	105,913	68.00
69.00	06900	ELECTROCARDIOLOGY	0.261224	3,312	865	69.00
69.01	03140	CARDIOLOGY	0.212980	5,540	1,180	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.495809	739	366	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.172380	113,137	19,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.866910	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260437	208,274	54,242	73.00
74.00	07400	RENAL DIALYSIS	1.146747	12,926	14,823	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.566064	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273121	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.306127	2,587	792	90.00
91.00	09100	EMERGENCY	0.251372	2,766	695	91.00
92.00	09200	OBSERVATION BEDS	0.796452	5,767	4,593	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,127,535	865,644	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)		2,127,535		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 11:50 am
	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)	9,563,534	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	3,142,484	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)	119,261	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	92.84	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)	4.34	30.00
31.00	Percentage of Medicaid patient days (see instructions)	18.81	31.00
32.00	Sum of lines 30 and 31	23.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)	8.31	33.00
34.00	Disproportionate share adjustment (see instructions)	263,968	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	466,747	430,367	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	349,423	108,476	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	457,899		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	13,547,146		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)	13,547,146	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,012,778	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	5,179	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	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)	14,565,103	59.00
60.00	Primary payer payments	44,141	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	14,520,962	61.00
62.00	Deductibles billed to program beneficiaries	1,566,936	62.00
63.00	Coinsurance billed to program beneficiaries	47,978	63.00
64.00	Allowable bad debts (see instructions)	31,987	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	20,792	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)	12,926,840	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)	20,563	70.93
70.94	HRR adjustment amount (see instructions)	-45,604	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 11:50 am
	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)		12,901,799	71.00
71.01	Sequestration adjustment (see instructions)		258,036	71.01
72.00	Interim payments		12,458,364	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)		185,399	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		331,311	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/22/2017 11:50 am

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,563,534	0	9,563,534		9,563,534	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,142,484	0		3,142,484	3,142,484	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	119,261	0	113,119	6,142	119,261	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0831	0.0831	0.0831	0.0831		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	263,968	0	198,683	65,285	263,968	11.00
11.01	Uncompensated care payments	36.00	457,899	0	349,423	108,476	457,899	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	13,547,146	0	10,224,759	3,322,387	13,547,146	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,547,146	0	10,224,759	3,322,387	13,547,146	15.00
16.00	Payment for inpatient program capital	50.00	1,012,778	0	762,054	250,724	1,012,778	16.00
17.00	Special add-on payments for new technologies	54.00	5,179	0	5,179	0	5,179	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Hospital	PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	10,991,992	3,573,111	14,565,103	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,008,856	0	758,155	250,701	1,008,856	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	3,922	0	3,899	23	3,922	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,012,778	0	762,054	250,724	1,012,778	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0117

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

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2017 11:50 am

			Title XVIII		Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,563,534	9,563,534		9,563,534	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,142,484		3,142,484	3,142,484	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	119,261	113,119	6,142	119,261	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0831	0.0831	0.0831		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	263,968	198,683	65,285	263,968	11.00
11.01	Uncompensated care payments	36.00	457,899	349,423	108,476	457,899	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	13,547,146	10,224,759	3,322,387	13,547,146	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,547,146	10,224,759	3,322,387	13,547,146	15.00
16.00	Payment for inpatient program capital	50.00	1,012,778	762,054	250,724	1,012,778	16.00
17.00	Special add-on payments for new technologies	54.00	5,179	5,179	0	5,179	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			10,991,992	3,573,111	14,565,103	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,008,856	758,155	250,701	1,008,856	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	3,922	3,899	23	3,922	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,012,778	762,054	250,724	1,012,778	26.00

		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	20,563	-2,491	23,054	20,563	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-45,604	-23,921	-21,683	-45,604	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	28,357	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	12,331,192	2.00
3.00	PPS payments	10,537,934	3.00
4.00	Outlier payment (see instructions)	18,373	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	28,357	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	64,043	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)	64,043	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	64,043	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	35,686	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)	28,357	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)	10,556,307	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	3,850	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,191,960	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)	8,388,854	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)	8,388,854	30.00
31.00	Primary payer payments	10,734	31.00
32.00	Subtotal (line 30 minus line 31)	8,378,120	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)	16,149	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	10,497	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	8,388,617	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-26	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)	8,388,643	40.00
40.01	Sequestration adjustment (see instructions)	167,773	40.01
41.00	Interim payments	8,200,600	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	20,270	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	868	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	286	2.00
3.00	PPS payments	538	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	868	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	3,331	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	3,331	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	3,331	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,463	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)	868	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)	538	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)	0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	1,406	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	1,406	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,406	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,406	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,406	40.00
40.01	Sequestration adjustment (see instructions)	28	40.01
41.00	Interim payments	1,233	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	145	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: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/22/2017 11:50 am
	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		12,458,364		8,200,600	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)		12,458,364		8,200,600	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		185,399		20,270	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		12,643,763		8,220,870	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: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,502,480		1,233	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,502,480		1,233	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		145	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,502,480		1,378	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: 16-0117 Component CCN: 16-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,942,353		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,942,353		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		14,375		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,956,728		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: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/22/2017 11:50 am
	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	5,157	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	6,762	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,278	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	14,057	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	284,704,916	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	654,142	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)	451,478	8.00
9.00	Sequestration adjustment amount (see instructions)	9,030	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	442,448	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	442,930	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)	-482	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,720,800	1.00
2.00	Net IPF PPS Outlier Payments	35,552	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	7.453552	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,756,352	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,756,352	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,756,352	18.00
19.00	Deductibles	87,500	19.00
20.00	Subtotal (line 18 minus line 19)	1,668,852	20.00
21.00	Coinsurance	135,709	21.00
22.00	Subtotal (line 20 minus line 21)	1,533,143	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,533,143	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,533,143	31.00
31.01	Sequestration adjustment (see instructions)	30,663	31.01
32.00	Interim payments	1,502,480	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	35,552	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: 16-0117 Component CCN: 16-T117	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,935,461	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0250	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	68,902	3.00
4.00	Outlier Payments	30,910	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)	5.841530	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)	2,035,273	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,035,273	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,035,273	19.00
20.00	Deductibles	34,748	20.00
21.00	Subtotal (line 19 minus line 20)	2,000,525	21.00
22.00	Coinsurance	3,864	22.00
23.00	Subtotal (line 21 minus line 22)	1,996,661	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)	1,996,661	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)	1,996,661	32.00
32.01	Sequestration adjustment (see instructions)	39,933	32.01
33.00	Interim payments	1,942,353	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)	14,375	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	71,701	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	30,910	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

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

Provider CCN: 16-0117

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

Worksheet G

Date/Time Prepared: 5/22/2017 11:50 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	4,220,824	0	0	0	1.00
2.00	Temporary investments	141,004	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	47,346,408	0	0	0	4.00
5.00	Other receivable	1,967,476	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-28,892,358	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	2,482,869	0	0	0	8.00
9.00	Other current assets	669,843	0	0	0	9.00
10.00	Due from other funds	1,050,450	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	28,986,516	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	6,140,303	0	0	0	12.00
13.00	Land improvements	7,158,724	0	0	0	13.00
14.00	Accumulated depreciation	-5,565,886	0	0	0	14.00
15.00	Buildings	92,900,903	0	0	0	15.00
16.00	Accumulated depreciation	-45,949,446	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	62,772,467	0	0	0	23.00
24.00	Accumulated depreciation	-37,825,203	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	5,034,253	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	84,666,115	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	85,478,316	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,301,566	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	92,779,882	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	206,432,513	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	8,169,379	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,696,681	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,705,718	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,571,778	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	20,224,003	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	20,224,003	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	38,795,781	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	167,636,732				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)	167,636,732	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	206,432,513	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/22/2017 11:50 am

		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		159,409,109		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		5,705,228				2.00
3.00	Total (sum of line 1 and line 2)		165,114,337		0		3.00
4.00	CY XFERS TO/FROM AFFILIATES	147,798		0		0	4.00
5.00	NET ASSETS RELEASE - CAP	703,293		0		0	5.00
6.00	CONTRIBUTIONS	1,005,613		0		0	6.00
7.00	FHF TEMP RESTR NA-CURRENT YR	1,352,289		0		0	7.00
8.00	FHF PERM RESTR NA - CURRENT YR	790,117		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3,999,110		0		10.00
11.00	Subtotal (line 3 plus line 10)		169,113,447		0		11.00
12.00	UNRESTRICTED NA	344,146		0		0	12.00
13.00	TEMP RESTR	1,015,945		0		0	13.00
14.00	UNREAL G/L BOARD DESIGN	116,624		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,476,715		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		167,636,732		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	CY XFERS TO/FROM AFFILIATES		0		4.00
5.00	NET ASSETS RELEASE - CAP		0		5.00
6.00	CONTRIBUTIONS		0		6.00
7.00	FHF TEMP RESTR NA-CURRENT YR		0		7.00
8.00	FHF PERM RESTR NA - CURRENT YR		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	UNRESTRICTED NA		0		12.00
13.00	TEMP RESTR		0		13.00
14.00	UNREAL G/L BOARD DESIGN		0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/22/2017 11:50 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	19,236,616		19,236,616	1.00
2.00	SUBPROVIDER - IPF	5,100,668		5,100,668	2.00
3.00	SUBPROVIDER - IRF	3,612,020		3,612,020	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,949,304		27,949,304	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	3,821,883		3,821,883	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
13.02	NURSING ADMINISTRATION	0		0	13.02
13.03	GEROPSYCH REVENUE	0		0	13.03
13.04	BURN INTENSIVE CARE UNIT	0		0	13.04
13.05	BURN INTENSIVE CARE UNIT	0		0	13.05
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,821,883		3,821,883	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	31,771,187		31,771,187	17.00
18.00	Ancillary services	78,138,177	174,816,820	252,954,997	18.00
19.00	Outpatient services	0	662,093	662,093	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		3,880,028	3,880,028	22.00
23.00	AMBULANCE SERVICES	85,843	19,032	104,875	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER PHYSICIANS	0	26,284,542	26,284,542	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	109,995,207	205,662,515	315,657,722	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		100,983,345		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)		100,983,345		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-3 | Date/Time Prepared: 5/22/2017 11:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	315,657,722	1.00
2.00	Less contractual allowances and discounts on patients' accounts	201,171,001	2.00
3.00	Net patient revenues (line 1 minus line 2)	114,486,721	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	100,983,345	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,503,376	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,401,652	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	540,681	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.)	100	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	48,751	21.00
22.00	Rental of hospital space	459,872	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER GRANTS	62,773	24.01
24.02	OTHER MEANINGFUL USE	193,833	24.02
24.03	OTHER MISCELLANEOUS	2,193,919	24.03
25.00	Total other income (sum of lines 6-24)	9,901,581	25.00
26.00	Total (line 5 plus line 25)	23,404,957	26.00
27.00	OTHER FINLEY TRI-STATES NET	17,699,729	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	17,699,729	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,705,228	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H
Date/Time Prepared: 5/22/2017 11:50 am

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	80,144	29,470	6,202	4,776	1,127,028	1,247,620	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,005,431	232,507	52,585	50,896	100,485	1,441,904	6.00
7.00	Physical Therapy	448,053	97,093	34,514	0	4,012	583,672	7.00
8.00	Occupational Therapy	131,120	28,639	7,706	0	2,067	169,532	8.00
9.00	Speech Pathology	30,300	7,230	2,271	0	198	39,999	9.00
10.00	Medical Social Services	3,264	1,076	50	0	0	4,390	10.00
11.00	Home Health Aide	72,609	18,255	11,336	0	5,672	107,872	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,770,921	414,270	114,664	55,672	1,239,462	3,594,989	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-43	1,247,577	0	1,247,577			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-14,546	1,427,358	478	1,427,836			6.00
7.00	Physical Therapy	0	583,672	0	583,672			7.00
8.00	Occupational Therapy	0	169,532	0	169,532			8.00
9.00	Speech Pathology	0	39,999	0	39,999			9.00
10.00	Medical Social Services	0	4,390	0	4,390			10.00
11.00	Home Health Aide	0	107,872	0	107,872			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-14,589	3,580,400	478	3,580,878			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: 16-0117
HHA CCN: 16-7002

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

Worksheet H-1 Part I
Date/Time Prepared: 5/22/2017 11:50 am

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,247,577	0	0	0	0	1,247,577	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,427,836	0	0	0	0	1,427,836	6.00
7.00	Physical Therapy	583,672	0	0	0	0	583,672	7.00
8.00	Occupational Therapy	169,532	0	0	0	0	169,532	8.00
9.00	Speech Pathology	39,999	0	0	0	0	39,999	9.00
10.00	Medical Social Services	4,390	0	0	0	0	4,390	10.00
11.00	Home Health Aide	107,872	0	0	0	0	107,872	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,580,878	0	0	0	0	3,580,878	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	1,247,577		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	763,441	2,191,277	6.00
7.00	Physical Therapy	312,079	895,751	7.00
8.00	Occupational Therapy	90,646	260,178	8.00
9.00	Speech Pathology	21,387	61,386	9.00
10.00	Medical Social Services	2,347	6,737	10.00
11.00	Home Health Aide	57,677	165,549	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		3,580,878	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-1
Part II
Date/Time Prepared:
5/22/2017 11:50 am

Home Health Agency I

PPS

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-1,247,577	2,333,301	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,427,836	6.00
7.00	Physical Therapy	0	0	0	0	0	583,672	7.00
8.00	Occupational Therapy	0	0	0	0	0	169,532	8.00
9.00	Speech Pathology	0	0	0	0	0	39,999	9.00
10.00	Medical Social Services	0	0	0	0	0	4,390	10.00
11.00	Home Health Aide	0	0	0	0	0	107,872	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,247,577	2,333,301	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,247,577	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.534683	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2 Part I
Date/Time Prepared: 5/22/2017 11:50 am

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	50,129	0	0	50,129	11,952	1.00
2.00	Skilled Nursing Care	2,191,277	0	0	0	2,191,277	522,451	2.00
3.00	Physical Therapy	895,751	0	0	0	895,751	213,568	3.00
4.00	Occupational Therapy	260,178	0	0	0	260,178	62,032	4.00
5.00	Speech Pathology	61,386	0	0	0	61,386	14,636	5.00
6.00	Medical Social Services	6,737	0	0	0	6,737	1,606	6.00
7.00	Home Health Aide	165,549	0	0	0	165,549	39,471	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,580,878	50,129	0	0	3,631,007	865,716	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	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	Subtotal	PURCHASING RECEIVING AND STORES	
		5.02	5.03	5A.03	5.04	5A.04	5.05	
1.00	Administrative and General	205,667	0	267,748	789	268,537	2,924	1.00
2.00	Skilled Nursing Care	0	0	2,713,728	8,001	2,721,729	29,641	2.00
3.00	Physical Therapy	0	0	1,109,319	3,270	1,112,589	12,116	3.00
4.00	Occupational Therapy	0	0	322,210	950	323,160	3,519	4.00
5.00	Speech Pathology	0	0	76,022	224	76,246	830	5.00
6.00	Medical Social Services	0	0	8,343	25	8,368	91	6.00
7.00	Home Health Aide	0	0	205,020	604	205,624	2,239	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	205,667	0	4,702,390	13,863	4,716,253	51,360	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		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: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2
Part I
Date/Time Prepared:
5/22/2017 11:50 am

Home Health Agency I | PPS

	Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	6.01	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	53,032	100,784	0	45,597	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	53,032	100,784	0	45,597	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	11.01	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	75,398	0	0	4,964	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	75,398	0	0	4,964	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2 Part I
Date/Time Prepared: 5/22/2017 11:50 am

Home Health Agency I | PPS

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
		16.00	17.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	16,552	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
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	16,552	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	567,788	0	567,788			1.00
2.00	Skilled Nursing Care	0	2,751,370	0	2,751,370	347,452	3,098,822	2.00
3.00	Physical Therapy	0	1,124,705	0	1,124,705	142,031	1,266,736	3.00
4.00	Occupational Therapy	0	326,679	0	326,679	41,254	367,933	4.00
5.00	Speech Pathology	0	77,076	0	77,076	9,733	86,809	5.00
6.00	Medical Social Services	0	8,459	0	8,459	1,068	9,527	6.00
7.00	Home Health Aide	0	207,863	0	207,863	26,250	234,113	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	5,063,940	0	5,063,940	567,788	5,063,940	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.					0.126283		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: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2 Part II
Date/Time Prepared: 5/22/2017 11:50 am

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	REHAB ADMINISTRATION (DOLLAR VALUE)	
		1.00	2.00	4.00	5A.01	5.01	5.02	
1.00	Administrative and General	7,782	0	1,609,613	0	50,129	3,594,989	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,191,277	0	2.00
3.00	Physical Therapy	0	0	0	0	895,751	0	3.00
4.00	Occupational Therapy	0	0	0	0	260,178	0	4.00
5.00	Speech Pathology	0	0	0	0	61,386	0	5.00
6.00	Medical Social Services	0	0	0	0	6,737	0	6.00
7.00	Home Health Aide	0	0	0	0	165,549	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,782	0	1,609,613		3,631,007	3,594,989	20.00
21.00	Total cost to be allocated	50,129	0	0		865,716	205,667	21.00
22.00	Unit cost multiplier	6.441660	0.000000	0.000000		0.238423	0.057209	22.00

	Cost Center Description	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5A.04	5.04	5A.05	5.05	6.00	
1.00	Administrative and General	0	0	267,748	0	268,537	0	1.00
2.00	Skilled Nursing Care	0	0	2,713,728	0	2,721,729	0	2.00
3.00	Physical Therapy	0	0	1,109,319	0	1,112,589	0	3.00
4.00	Occupational Therapy	0	0	322,210	0	323,160	0	4.00
5.00	Speech Pathology	0	0	76,022	0	76,246	0	5.00
6.00	Medical Social Services	0	0	8,343	0	8,368	0	6.00
7.00	Home Health Aide	0	0	205,020	0	205,624	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0		4,702,390		4,716,253	0	20.00
21.00	Total cost to be allocated	0		13,863		51,360	0	21.00
22.00	Unit cost multiplier	0.000000		0.002948		0.010890	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2 Part II
Date/Time Prepared: 5/22/2017 11:50 am

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	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		6.01	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	7,782	7,782	0	7,782	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,782	7,782	0	7,782	0	0	20.00
21.00	Total cost to be allocated	53,032	100,784	0	45,597	0	0	21.00
22.00	Unit cost multiplier	6.814701	12.950912	0.000000	5.859291	0.000000	0.000000	22.00

	Cost Center Description	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.01	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	47,926	0	0	68,943	0	3,880,028	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	47,926	0	0	68,943	0	3,880,028	20.00
21.00	Total cost to be allocated	75,398	0	0	4,964	0	16,552	21.00
22.00	Unit cost multiplier	1.573217	0.000000	0.000000	0.072002	0.000000	0.004266	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-2
Part II
Date/Time Prepared:
5/22/2017 11:50 am

Home Health Agency I | PPS

	Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
		17.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117
HHA CCN: 16-7002

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

Worksheet H-3 Part I
Date/Time Prepared: 5/22/2017 11:50 am

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	3,098,822		3,098,822	12,376	250.39	1.00
2.00	Physical Therapy	3.00	1,266,736	0	1,266,736	4,715	268.66	2.00
3.00	Occupational Therapy	4.00	367,933	0	367,933	1,119	328.81	3.00
4.00	Speech Pathology	5.00	86,809	0	86,809	335	259.13	4.00
5.00	Medical Social Services	6.00	9,527		9,527	380	25.07	5.00
6.00	Home Health Aide	7.00	234,113		234,113	3,487	67.14	6.00
7.00	Total (sum of lines 1-6)		5,063,940	0	5,063,940	22,412		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		20220	0	4,864			8.00
8.01	Skilled Nursing Care		99914	0	382			8.01
8.02	Skilled Nursing Care		99916	0	432			8.02
8.03	Skilled Nursing Care		99952	0	438			8.03
9.00	Physical Therapy		20220	0	2,056			9.00
9.01	Physical Therapy		99914	0	156			9.01
9.02	Physical Therapy		99916	0	202			9.02
9.03	Physical Therapy		99952	0	91			9.03
10.00	Occupational Therapy		20220	0	587			10.00
10.01	Occupational Therapy		99914	0	45			10.01
10.02	Occupational Therapy		99916	0	46			10.02
10.03	Occupational Therapy		99952	0	26			10.03
11.00	Speech Pathology		20220	0	124			11.00
11.01	Speech Pathology		99914	0	0			11.01
11.02	Speech Pathology		99916	0	16			11.02
11.03	Speech Pathology		99952	0	7			11.03
12.00	Medical Social Services		20220	0	181			12.00
12.01	Medical Social Services		99914	0	10			12.01
12.02	Medical Social Services		99916	0	20			12.02
12.03	Medical Social Services		99952	0	8			12.03
13.00	Home Health Aide		20220	0	831			13.00
13.01	Home Health Aide		99914	0	11			13.01
13.02	Home Health Aide		99916	0	11			13.02
13.03	Home Health Aide		99952	0	80			13.03
14.00	Total (sum of lines 8-13)			0	10,624			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/22/2017 11:50 am
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	Cost Center Description	Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	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	6,116		0	1,531,385		1.00
2.00	Physical Therapy	0	2,505		0	672,993		2.00
3.00	Occupational Therapy	0	704		0	231,482		3.00
4.00	Speech Pathology	0	147		0	38,092		4.00
5.00	Medical Social Services	0	219		0	5,490		5.00
6.00	Home Health Aide	0	933		0	62,642		6.00
7.00	Total (sum of lines 1-6)	0	10,624		0	2,542,084		7.00
	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/22/2017 11:50 am
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	Cost Center Description	Total Program Cost (sum of cols. 9-10)			
		12.00			
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
	Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,531,385			1.00
2.00	Physical Therapy	672,993			2.00
3.00	Occupational Therapy	231,482			3.00
4.00	Speech Pathology	38,092			4.00
5.00	Medical Social Services	5,490			5.00
6.00	Home Health Aide	62,642			6.00
7.00	Total (sum of lines 1-6)	2,542,084			7.00
	Cost Center Description				
		12.00			
	Limitation Cost Computation				
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
8.02	Skilled Nursing Care				8.02
8.03	Skilled Nursing Care				8.03
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
9.02	Physical Therapy				9.02
9.03	Physical Therapy				9.03
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
10.02	Occupational Therapy				10.02
10.03	Occupational Therapy				10.03
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
11.02	Speech Pathology				11.02
11.03	Speech Pathology				11.03
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
12.02	Medical Social Services				12.02
12.03	Medical Social Services				12.03
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
13.02	Home Health Aide				13.02
13.03	Home Health Aide				13.03
14.00	Total (sum of lines 8-13)				14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/22/2017 11:50 am
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	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	0.548209	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.410206	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.552415	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.172380	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.260437	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,757,740	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	23,193	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	24,626	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	7,270	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	4,888	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,817,717	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,817,717	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,817,717	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,817,717	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	1,817,717	31.00
31.01	Sequestration adjustment (see instructions)	0	36,355	31.01
32.00	Interim payments (see instructions)	0	1,781,364	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	-2	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 16-0117 HHA CCN: 16-7002	Period: From 01/01/2016 To 12/31/2016	Worksheet H-5 Date/Time Prepared: 5/22/2017 11:50 am
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,781,364	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		1,781,364	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		2	6.02
7.00	Total Medicare program liability (see instructions)		0		1,781,362	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 16-0117 | Period: From 01/01/2016 To 12/31/2016 | Worksheet I-5 | Date/Time Prepared: 5/22/2017 11:50 am

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 16-0117	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/22/2017 11:50 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,008,856	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	3,922	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)	39.48	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)	1,012,778	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