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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/27/2017 3:47 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/27/2017 Time: 3:47 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY HEALTH LOURDES HOSPITAL LLC (18-0102) 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	975,384	508,118	571,435	0	1.00
2.00	Subprovider - IPF	0	40,363	2,766		0	2.00
3.00	Subprovider - IRF	0	64,140	-338		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	1,079,887	510,546	571,435	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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/27/2017 3:46 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1530 LONE OAK ROAD	PO Box:			1.00
2.00	City: PADUCAH	State: KY	Zip Code: 42003	County: MC CRACKEN	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	MERCY HEALTH LOURDES HOSPITAL LLC	180102	99918	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	LOURDES HOSPITAL GERI PSYCH UNIT	18S102	99918	4	01/01/2016	N	P	O	4.00
5.00	Subprovider - IRF	LOURDES REHAB UNIT	18T102	99918	5	01/10/1985	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	LOURDES HOMECARE	187100	99918		01/01/1988	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	LOURDES HOSPICE	181507	99918		01/27/1987				14.00
14.01	Hospital-Based Hospice II	LOURDES HOSPICE IL	141548	99918		04/15/1992				14.01
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)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	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.	272	169	184	426	7,453	99	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	22	0	17	677		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y	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.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	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: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-2 Part I Date/Time Prepared: 5/27/2017 3:46 pm

		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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	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		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	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	Y	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	5.00	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	Y	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	5.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,465,731	71,022	271,403	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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/27/2017 3:46 pm

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0359	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: MERCY HEALTH PARTNERS	Contractor's Name: CGS	Contractor's Number: 15201	141.00
142.00	Street: 1701 MERCY HEALTH PLACE	PO Box:		142.00
143.00	City: CINCINNATI	State: OH	Zip Code: 45237	143.00

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

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

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	08/07/2016	11/04/2016	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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/27/2017 3:46 pm

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

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

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/21/2017	Y	03/21/2017	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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/27/2017 3:46 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHERYL	ALDERUCCI	41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	513-952-5367	CSALDERUCCI@MERCY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/27/2017 3:46 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT 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: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/27/2017 3:46 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	239	87,474	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)		239	87,474	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	12	4,392	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		265	96,990	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	13	4,758		0	16.00
17.00	SUBPROVIDER - IRF	41.00	28	10,248		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	10	3,660			24.00
24.01	HOSPICE II	116.01	0	0			24.01
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)		316				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)		3	1,098			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: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/27/2017 3:46 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,327	413	36,048			1.00
2.00	HMO and other (see instructions)	5,656	8,115				2.00
3.00	HMO IPF Subprovider	127	534				3.00
4.00	HMO IRF Subprovider	315	716				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)	17,327	413	36,048			7.00
8.00	INTENSIVE CARE UNIT	1,606	24	3,251			8.00
9.00	CORONARY CARE UNIT	1,326	48	2,403			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		3	953			13.00
14.00	Total (see instructions)	20,259	488	42,655	0.00	848.51	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,035	0	2,495	0.00	16.59	16.00
17.00	SUBPROVIDER - IRF	3,472	21	5,184	0.00	20.03	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	36,260	2,420	60,543	0.00	56.25	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	1,013	195	1,427	0.00	57.38	24.00
24.01	HOSPICE II	0	0	0	0.00	4.09	24.01
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,002.85	27.00
28.00	Observation Bed Days		18	2,618			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	183			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: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part I Date/Time Prepared: 5/27/2017 3:46 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,416	73	9,874	1.00
2.00	HMO and other (see instructions)			1,143	1,681		2.00
3.00	HMO IPF Subprovider				79		3.00
4.00	HMO IRF Subprovider				48		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,416	73	9,874	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	157	0	388	16.00
17.00	SUBPROVIDER - IRF	0.00	0	267	0	416	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.01	HOSPICE II	0.00					24.01
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: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/27/2017 3:46 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	57,774,087	0	57,774,087	2,093,955.94	27.59	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		34,331	0	34,331	145.00	236.77	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		74,840	0	74,840	1,040.56	71.92	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)		9,655,161	1,834,244	11,489,405	332,638.34	34.54	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		335,245	0	335,245	5,038.96	66.53	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		278,081	0	278,081	3,536.83	78.62	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		13,465,566	0	13,465,566	417,488.00	32.25	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)		13,805,844	0	13,805,844			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,609,097	0	2,609,097			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		1,136	0	1,136			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		8,163	0	8,163			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		3,293,787	0	3,293,787			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	680,502	0	680,502	6,763.89	100.61	26.00
27.00	Administrative & General	5.00	5,570,989	-1,834,244	3,736,745	182,915.18	20.43	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part II Date/Time Prepared: 5/27/2017 3:46 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,339,727	0	1,339,727	14,038.70	95.43	28.00
29.00	Maintenance & Repairs	6.00	551,786	0	551,786	25,095.45	21.99	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,141,170	0	1,141,170	87,644.26	13.02	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	1,207,632	0	1,207,632	35,474.58	34.04	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,122,328	0	2,122,328	54,829.68	38.71	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	787,204	0	787,204	27,744.42	28.37	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet S-3 Part III Date/Time Prepared: 5/27/2017 3:46 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		59,038,974	0	59,038,974	2,106,954.08	28.02	1.00
2.00	Excluded area salaries (see instructions)		9,655,161	1,834,244	11,489,405	332,638.34	34.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)		49,383,813	-1,834,244	47,549,569	1,774,315.74	26.80	3.00
4.00	Subtotal other wages & related costs (see inst.)		14,078,892	0	14,078,892	426,063.79	33.04	4.00
5.00	Subtotal wage-related costs (see inst.)		17,100,767	0	17,100,767	0.00	35.96	5.00
6.00	Total (sum of lines 3 thru 5)		80,563,472	-1,834,244	78,729,228	2,200,379.53	35.78	6.00
7.00	Total overhead cost (see instructions)		13,401,338	-1,834,244	11,567,094	434,506.16	26.62	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2017 3:46 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	2,591,966	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)	6,804,066	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	1,786,667	9.00
10.00	Dental, Hearing and Vision Plan	358,057	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	49,618	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)	258,737	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	293,014	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	4,120,885	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	69,288	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	91,942	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,424,240	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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/27/2017 3:46 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	335,245	16,424,240	1.00
2.00	Hospital	335,245	13,805,844	2.00
3.00	Subprovider - IPF	0	194,404	3.00
4.00	Subprovider - IRF	0	245,703	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,088,186	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	1,020,459	13.00
13.01	Hospital-Based Hospice 1	0	0	13.01
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	69,644	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 18-0102 Component CCN: 18-7100	Period: From 01/01/2016 To 12/31/2016	Worksheet S-4 Date/Time Prepared: 5/27/2017 3:46 pm
		Home Health Agency I	PPS

					1.00		
0.00	County				MCCRACKEN		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	3,160	106	614	3,880	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,441.00	269.00	1,092.00	2,802.00	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)		1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel		13.72	0.00	13.72	5.00
6.00	Direct Nursing Service		27.92	0.00	27.92	6.00
7.00	Nursing Supervisor		2.00	0.00	2.00	7.00
8.00	Physical Therapy Service		18.83	0.00	18.83	8.00
9.00	Physical Therapy Supervisor		0.75	0.00	0.75	9.00
10.00	Occupational Therapy Service		4.30	0.00	4.30	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		1.41	0.00	1.41	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		1.87	0.00	1.87	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		99914			20.00
20.01			99918			20.01

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	14,999	1,547	411	217	17,174	21.00
22.00	Skilled Nursing Visit Charges	4,044,600	417,690	110,700	58,590	4,631,580	22.00
23.00	Physical Therapy Visits	13,108	210	97	205	13,620	23.00
24.00	Physical Therapy Visit Charges	2,752,680	44,100	20,370	43,050	2,860,200	24.00
25.00	Occupational Therapy Visits	2,295	124	20	48	2,487	25.00
26.00	Occupational Therapy Visit Charges	447,525	24,180	3,900	9,360	484,965	26.00
27.00	Speech Pathology Visits	635	39	9	8	691	27.00
28.00	Speech Pathology Visit Charges	123,825	7,605	1,755	1,560	134,745	28.00
29.00	Medical Social Service Visits	248	19	6	5	278	29.00
30.00	Medical Social Service Visit Charges	43,400	3,325	1,050	875	48,650	30.00
31.00	Home Health Aide Visits	1,641	345	2	22	2,010	31.00
32.00	Home Health Aide Visit Charges	109,947	23,115	134	1,474	134,670	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	32,926	2,284	545	505	36,260	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)	7,521,977	520,015	137,909	114,909	8,294,810	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,872		198	34	2,104	36.00
37.00	Total Number of Outlier Episodes		51		0	51	37.00
38.00	Total Non-Routine Medical Supply Charges	172,252	32,582	14,526	2,268	221,628	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-7 Date/Time Prepared: 5/27/2017 3:46 pm

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

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-7 Date/Time Prepared: 5/27/2017 3:46 pm

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

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA	Provider CCN: 18-0102 Hospice CCN: 18-1507	Period: From 01/01/2016 To 12/31/2016	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/27/2017 3:46 pm
		Hospice I	

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	42,426	1,862	4,948	49,236	11.00
12.00	Hospice Inpatient Respite Care	432	26	49	507	12.00
13.00	Hospice General Inpatient Care	1,013	195	219	1,427	13.00
14.00	Total Hospice Days	43,871	2,083	5,216	51,170	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA	Provider CCN: 18-0102 Hospice CCN: 14-1548	Period: From 01/01/2016 To 12/31/2016	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/27/2017 3:46 pm
		Hospice II	

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	8,795	182	127	9,104	11.00
12.00	Hospice Inpatient Respite Care	25	0	0	25	12.00
13.00	Hospice General Inpatient Care	96	0	0	96	13.00
14.00	Total Hospice Days	8,916	182	127	9,225	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/27/2017 3:46 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.221641	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	24,487,692	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	131,784,499	6.00
7.00	Medicaid cost (line 1 times line 6)	29,208,848	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)	4,721,156	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	264,990	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	4,721,156	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)	1,290,711	585,023	1,875,734	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	286,074	129,665	415,739	21.00
22.00	Partial payment by patients approved for charity care	8,621	35,108	43,729	22.00
23.00	Cost of charity care (line 21 minus line 22)	277,453	94,557	372,010	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)	5,532,363	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,279,084	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	4,253,279	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	942,701	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,314,711	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,035,867	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,509,434	4,509,434	1,146,388	5,655,822	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,689,917	5,689,917	5,091	5,695,008	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	680,502	16,934,369	17,614,871	0	17,614,871	4.00
5.01	00540	NONPATIENT TELEPHONES	201,837	9,396	211,233	0	211,233	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00550	DATA PROCESSING	0	0	0	0	0	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	5,369,152	30,165,413	35,534,565	-1,951,152	33,583,413	5.05
5.06	00570	ADMITTING	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	551,786	7,354,433	7,906,219	0	7,906,219	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,318,376	2,318,376	0	2,318,376	9.00
10.00	01000	DIETARY	1,141,170	1,207,339	2,348,509	0	2,348,509	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,207,632	101,157	1,308,789	0	1,308,789	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-595,918	-595,918	0	-595,918	14.00
15.00	01500	PHARMACY	2,122,328	217,110	2,339,438	0	2,339,438	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	787,204	330,415	1,117,619	0	1,117,619	17.00
18.00	01850	PATIENT TRANSPORT	0	478,434	478,434	0	478,434	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,200,267	5,460,935	17,661,202	-1,176,486	16,484,716	30.00
31.00	03100	INTENSIVE CARE UNIT	1,969,864	328,989	2,298,853	-2,677	2,296,176	31.00
32.00	03200	CORONARY CARE UNIT	1,516,667	128,920	1,645,587	-1,511	1,644,076	32.00
40.00	04000	SUBPROVIDER - IPF	853,035	25,083	878,118	0	878,118	40.00
41.00	04100	SUBPROVIDER - IRF	1,078,134	81,840	1,159,974	0	1,159,974	41.00
43.00	04300	NURSERY	0	0	0	213,378	213,378	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,232,327	10,589,962	14,822,289	-6,568,286	8,254,003	50.00
50.01	05001	REHAB MEDICINE	823,519	97,915	921,434	0	921,434	50.01
51.00	05100	RECOVERY ROOM	413,818	56,255	470,073	-57	470,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	931,527	931,527	52.00
53.00	05300	ANESTHESIOLOGY	28,539	292,355	320,894	0	320,894	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,281,352	1,571,823	3,853,175	-1,213,744	2,639,431	54.00
54.01	03630	ULTRA SOUND	231,943	22,519	254,462	-11,826	242,636	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	202,931	44,549	247,480	-1,274	246,206	56.01
57.00	05700	CT SCAN	480,184	176,683	656,867	-4,663	652,204	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,538,212	1,833,725	3,371,937	-965,796	2,406,141	59.00
60.00	06000	LABORATORY	1,969,828	3,174,514	5,144,342	0	5,144,342	60.00
64.00	06400	INTRAVENOUS THERAPY	247,312	50,465	297,777	0	297,777	64.00
65.00	06500	RESPIRATORY THERAPY	955,051	293,125	1,248,176	0	1,248,176	65.00
66.00	06600	PHYSICAL THERAPY	854,549	32,997	887,546	0	887,546	66.00
67.00	06700	OCCUPATIONAL THERAPY	202,431	1,980	204,411	0	204,411	67.00
68.00	06800	SPEECH PATHOLOGY	160,257	5,497	165,754	0	165,754	68.00
69.00	06900	ELECTROCARDIOLOGY	994,037	69,237	1,063,274	-3	1,063,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	345,014	108,199	453,213	0	453,213	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,940,347	8,940,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,282,997	17,282,997	0	17,282,997	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,895,983	12,895,983	-956,423	11,939,560	73.00
73.01	07301	RETAIL PHARMACY	185,688	2,221,808	2,407,496	0	2,407,496	73.01
74.00	07400	RENAL DIALYSIS	0	815,306	815,306	0	815,306	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	576,913	440,303	1,017,216	-37,000	980,216	76.02
76.03	03020	PICC LINE TEAM	100,886	142,973	243,859	-109,404	134,455	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	165,820	4,440	170,260	0	170,260	90.01
90.02	09002	PAIN MANAGEMENT	839,579	330,524	1,170,103	-288	1,169,815	90.02
91.00	09100	EMERGENCY	2,540,327	3,683,900	6,224,227	-121	6,224,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	52,764	52,764	0	52,764	95.00
101.00	10100	HOME HEALTH AGENCY	3,983,070	1,179,738	5,162,808	814,774	5,977,582	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		1,076,313	1,076,313	-1,076,313	0	113.00
116.00	11600	HOSPICE	3,216,843	2,907,310	6,124,153	1,889,943	8,014,096	116.00
116.01	11601	HOSPICE II	225,637	274,040	499,677	128,259	627,936	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,475,645	136,475,841	193,951,486	-7,317	193,944,169	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	215,538	153,546	369,084	7,317	376,401	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	82,904	146,059	228,963	0	228,963	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	3,102	3,102	0	3,102	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	57,774,087	136,778,548	194,552,635	0	194,552,635	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,662,984	3,992,838		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,408,416	7,103,424		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,019,089	20,633,960		4.00
5.01	00540	NONPATIENT TELEPHONES	-55,479	155,754		5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0		5.03
5.04	00550	DATA PROCESSING	0	0		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	-778,282	32,805,131		5.05
5.06	00570	ADMITTING	0	0		5.06
6.00	00600	MAINTENANCE & REPAIRS	-32,665	7,873,554		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0		8.00
9.00	00900	HOUSEKEEPING	0	2,318,376		9.00
10.00	01000	DIETARY	0	2,348,509		10.00
11.00	01100	CAFETERIA	-763,570	-763,570		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,308,789		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,479,679	883,761		14.00
15.00	01500	PHARMACY	0	2,339,438		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		16.00
17.00	01700	SOCIAL SERVICE	0	1,117,619		17.00
18.00	01850	PATIENT TRANSPORT	0	478,434		18.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-4,066,514	12,418,202		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,296,176		31.00
32.00	03200	CORONARY CARE UNIT	0	1,644,076		32.00
40.00	04000	SUBPROVIDER - IPF	0	878,118		40.00
41.00	04100	SUBPROVIDER - IRF	0	1,159,974		41.00
43.00	04300	NURSERY	0	213,378		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,533,996	6,720,007		50.00
50.01	05001	REHAB MEDICINE	0	921,434		50.01
51.00	05100	RECOVERY ROOM	0	470,016		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	931,527		52.00
53.00	05300	ANESTHESIOLOGY	0	320,894		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,639,431		54.00
54.01	03630	ULTRA SOUND	0	242,636		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	246,206		56.01
57.00	05700	CT SCAN	0	652,204		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,406,141		59.00
60.00	06000	LABORATORY	-6,135	5,138,207		60.00
64.00	06400	INTRAVENOUS THERAPY	0	297,777		64.00
65.00	06500	RESPIRATORY THERAPY	-887	1,247,289		65.00
66.00	06600	PHYSICAL THERAPY	0	887,546		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	204,411		67.00
68.00	06800	SPEECH PATHOLOGY	-875	164,879		68.00
69.00	06900	ELECTROCARDIOLOGY	-12,357	1,050,914		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-6,521	446,692		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,940,347		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,282,997		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-63,333	11,876,227		73.00
73.01	07301	RETAIL PHARMACY	0	2,407,496		73.01
74.00	07400	RENAL DIALYSIS	0	815,306		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUNDCARE	0	980,216		76.02
76.03	03020	PICC LINE TEAM	0	134,455		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	170,260		90.01
90.02	09002	PAIN MANAGEMENT	-91,377	1,078,438		90.02
91.00	09100	EMERGENCY	-2,958,257	3,265,849		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	52,764		95.00
101.00	10100	HOME HEALTH AGENCY	69,439	6,047,021		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-51,165	7,962,931		116.00
116.01	11601	HOSPICE II	0	627,936		116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	-6,107,774	187,836,395		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	376,401		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	228,963		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0		194.01
194.02	07952	FOUNDATION	0	3,102		194.02
194.03	07953	RETAIL PHARMACY	0	0		194.03
194.04	07954	SNF CLOSING EXP	0	0		194.04
200.00		TOTAL (SUM OF LINES 118-199)	-6,107,774	188,444,861		200.00

RECLASSIFICATIONS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/27/2017 3:46 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - LDRP				
1.00	NURSERY	43.00	186,638	26,740	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	814,792	116,735	2.00
	TOTALS		1,001,430	143,475	
	B - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,076,313	1.00
	TOTALS		0	1,076,313	
	C - PROPERTY INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	70,075	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,091	2.00
	TOTALS		0	75,166	
	D - PALLIATIVE CARE				
1.00	HOSPICE II	116.01	16,848	438	1.00
	TOTALS		16,848	438	
	E - AG TO HOMECARE AND HOSPICE				
1.00	HOME HEALTH AGENCY	101.00	791,843	18,020	1.00
2.00	HOSPICE	116.00	987,373	22,470	2.00
3.00	HOSPICE II	116.01	47,874	1,089	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	7,154	163	4.00
5.00	HOME HEALTH AGENCY	101.00	0	4,911	5.00
6.00	HOSPICE	116.00	0	890,259	6.00
7.00	HOSPICE II	116.01	0	61,253	7.00
	TOTALS		1,834,244	998,165	
	F - HOSPITAL EXPENSE MOVED TO HOSPICE				
1.00	HOSPICE	116.00	0	7,127	1.00
2.00	HOSPICE II	116.01	0	757	2.00
	TOTALS		0	7,884	
	G - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,940,347	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
	TOTALS		0	8,940,347	
500.00	Grand Total: Increases		2,852,522	11,241,788	500.00

RECLASSIFICATIONS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-6 | Date/Time Prepared: 5/27/2017 3:46 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - LDRP					
1.00	ADULTS & PEDIATRICS	30.00	1,001,430	143,475	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,001,430	143,475		
	B - INTEREST					
1.00	INTEREST EXPENSE	113.00	0	1,076,313	10	1.00
	TOTALS		0	1,076,313		
	C - PROPERTY INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	75,166	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	75,166		
	D - PALLIATIVE CARE					
1.00	HOSPICE	116.00	16,848	438	0	1.00
	TOTALS		16,848	438		
	E - AG TO HOMECARE AND HOSPICE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	1,834,244	41,742	0	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	956,423	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
	TOTALS		1,834,244	998,165		
	F - HOSPITAL EXPENSE MOVED TO HOSPICE					
1.00	ADULTS & PEDIATRICS	30.00	0	7,884	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	7,884		
	G - MEDICAL SUPPLIES					
1.00	ADULTS & PEDIATRICS	30.00	0	23,697	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	2,677	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	1,511	0	3.00
4.00	OPERATING ROOM	50.00	0	6,568,286	0	4.00
5.00	RECOVERY ROOM	51.00	0	57	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,213,744	0	6.00
7.00	ULTRA SOUND	54.01	0	11,826	0	7.00
8.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	1,274	0	8.00
9.00	CT SCAN	57.00	0	4,663	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	965,796	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	3	0	11.00
12.00	WOUNDCARE	76.02	0	37,000	0	12.00
13.00	PICC LINE TEAM	76.03	0	109,404	0	13.00
14.00	PAIN MANAGEMENT	90.02	0	288	0	14.00
15.00	EMERGENCY	91.00	0	121	0	15.00
	TOTALS		0	8,940,347		
500.00	Grand Total: Decreases		2,852,522	11,241,788		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part I Date/Time Prepared: 5/27/2017 3:46 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	453,242	0	0	0	0	1.00
2.00	Land Improvements	3,032,679	80,932	0	80,932	0	2.00
3.00	Buildings and Fixtures	110,253,581	9,209,608	0	9,209,608	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	108,068,366	3,180,722	0	3,180,722	0	5.00
6.00	Movable Equipment	16,989,460	456,065	0	456,065	206,859	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	238,797,328	12,927,327	0	12,927,327	206,859	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	238,797,328	12,927,327	0	12,927,327	206,859	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	453,242	0	1.00
2.00	Land Improvements	3,113,611	0	2.00
3.00	Buildings and Fixtures	119,463,189	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	111,249,088	0	5.00
6.00	Movable Equipment	17,238,666	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	251,517,796	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	251,517,796	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part II Date/Time Prepared: 5/27/2017 3:46 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	3,333,087	1,176,347	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,739,425	705,271	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,072,512	1,881,618	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	4,509,434	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	245,221	5,689,917	2.00
3.00	Total (sum of lines 1-2)	245,221	10,199,351	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-7 Part III Date/Time Prepared: 5/27/2017 3:46 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	234,279,130	0	234,279,130	0.932267	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,130,030	108,636	17,021,394	0.067733	0	2.00
3.00	Total (sum of lines 1-2)	251,409,160	108,636	251,300,524	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	3,333,087	1,665,989	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,739,097	705,271	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,072,184	2,371,260	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	-1,076,313	70,075	0	0	3,992,838	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,408,744	5,091	0	245,221	7,103,424	2.00
3.00	Total (sum of lines 1-2)	332,431	75,166	0	245,221	11,096,262	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/27/2017 3:46 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-1,007,675	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	A	-54,012	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-55,479	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-25,429	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,822,931			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	6,628,708			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-746,274	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others	B	-586,671	CAP REL COSTS-BLDG & FIXT	1.00	10	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-63,333	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-17,296	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	ADMIN MISC INCOME	B	-81,079	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8 | Date/Time Prepared: 5/27/2017 3:46 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	DAYCARE MISC INCOME	B	-51,522	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	CLINICAL ENGINEERING MISC INCOME	B	-7,236	MAINTENANCE & REPAIRS	6.00	0	33.02
33.03	ADULTS & PEDS MISC INCOME	B	-795	ADULTS & PEDIATRICS	30.00	0	33.03
33.04	LABORATORY MIC INCOME	B	-6,135	LABORATORY	60.00	0	33.04
33.05			0		0.00	0	33.05
33.06	PAIN MANAGEMENT MISC INCOME	B	-15	PAIN MANAGEMENT	90.02	0	33.06
33.07	MIDLEVEL SALARY & BENEFIT	A	-2,373	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07
33.08	MIDLEVEL SALARY & BENEFIT	A	-3,926	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.08
33.09	PATIENT TELEPHONE DEPRECIATION	A	-328	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.09
33.10	HOME CARE OTHER INCOME	B	-1,045	HOME HEALTH AGENCY	101.00	0	33.10
33.11			0		0.00	0	33.11
33.12	SPEECH THERAPY OTHER INCOME	B	-875	SPEECH PATHOLOGY	68.00	0	33.12
33.13	ECHOCARDIOLOGY OTHER INCOME	B	-1,166	ELECTROCARDIOLOGY	69.00	0	33.13
33.14	ONCOLOGY OTHER INCOME	B	-1,297	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.14
33.15	MEDICAL STAFF OTHER INCOME	B	-5,000	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.15
33.16	HOSPICE OTHER INCOME	B	-51,054	HOSPICE	116.00	0	33.16
33.17	MIDLEVEL SALARY & BENEFIT	A	-15,748	ADULTS & PEDIATRICS	30.00	0	33.17
33.18	CONTRIBUTIONS/DONATIONS	A	-93,597	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.18
33.19	PATIENT TELEPHONE	A	-14,484	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.19
33.20	MIDLEVEL SALARY & BENEFIT	A	-4,164	OPERATING ROOM	50.00	0	33.20
33.21	MIDLEVEL SALARY & BENEFIT	A	-11,191	ELECTROCARDIOLOGY	69.00	0	33.21
33.22	MIDLEVEL SALARY & BENEFIT	A	-4,352	PAIN MANAGEMENT	90.02	0	33.22
33.23			0		0.00	0	33.23
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,107,774				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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/27/2017 3:46 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MERCY HEALTH HOME OFFICE	998,422	1,067,060	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MERCY HEALTH HOME OFFICE	1,462,756	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MERCY HEALTH HOME OFFICE	15,233,387	12,160,403	3.00
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	MERCY HEALTH HOME OFFICE	28,190,438	27,577,308	4.00
4.01	14.00	CENTRAL SERVICES & SUPPLY	MERCY HEALTH HOME OFFICE	1,479,679	0	4.01
4.02	0.00			0	0	4.02
4.03	30.00	ADULTS & PEDIATRICS	LOURDES PHYSICIANS	3,991,947	3,991,947	4.03
4.04	90.02	PAIN MANAGEMENT	LOURDES PHYSICIANS	82,010	82,010	4.04
4.05	91.00	EMERGENCY	LOURDES PHYSICIANS	2,958,257	2,958,257	4.05
4.06	70.00	ELECTROENCEPHALOGRAPHY	MERCY HEALTH HOME OFFICE	0	1,576	4.06
4.07	101.00	HOME HEALTH AGENCY	MERCY HEALTH HOME OFFICE	70,484	0	4.07
4.08	116.00	HOSPICE	MERCY HEALTH HOME OFFICE	0	111	4.08
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			54,467,380	47,838,672	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					
6.00	B	MERCY HEALTH	100.00	MERCY HEALTH	100.00	6.00
7.00	B	LOURDES PHYSICI	100.00	LOURDES PHYSICI	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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.

(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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/27/2017 3:46 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-68,638	11		1.00
2.00	1,462,756	11		2.00
3.00	3,072,984	0		3.00
4.00	613,130	0		4.00
4.01	1,479,679	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	-1,576	0		4.06
4.07	70,484	0		4.07
4.08	-111	0		4.08
5.00	6,628,708			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	HOME OFFICE		6.00
7.00	SISTER COMPANY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet A-8-2 | Date/Time Prepared: 5/27/2017 3:46 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	1,248,653	1,192,029	56,624	211,500	1,393	1.00
2.00	30.00	ADULTS & PEDIATRICS	4,049,971	4,049,971	0	211,500	0	2.00
3.00	50.00	OPERATING ROOM	1,529,832	1,529,832	0	246,400	0	3.00
4.00	65.00	RESPIRATORY THERAPY	887	887	0	211,500	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	4,945	4,945	0	211,500	0	5.00
6.00	90.02	PAIN MANAGEMENT	87,010	87,010	0	211,500	0	6.00
7.00	91.00	EMERGENCY	2,958,257	2,958,257	0	211,500	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,879,555	9,822,931	56,624		1,393	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	141,644	7,082	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	5.00
6.00	90.02	PAIN MANAGEMENT	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			141,644	7,082	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	141,644	0	1,192,029		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,049,971		2.00
3.00	50.00	OPERATING ROOM	0	0	0	1,529,832		3.00
4.00	65.00	RESPIRATORY THERAPY	0	0	0	887		4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	4,945		5.00
6.00	90.02	PAIN MANAGEMENT	0	0	0	87,010		6.00
7.00	91.00	EMERGENCY	0	0	0	2,958,257		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	141,644	0	9,822,931		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,992,838	3,992,838				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,103,424		7,103,424			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,633,960	30,895	467	20,665,322		4.00
5.01	00540	NONPATIENT TELEPHONES	155,754	4,598	0	73,056	233,408	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00550	DATA PROCESSING	0	0	0	0	3,628	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	32,805,131	708,057	398,832	1,279,478	30,234	5.05
5.06	00570	ADMITTING	0	0	4,916	0	5,442	5.06
6.00	00600	MAINTENANCE & REPAIRS	7,873,554	262,775	27,477	199,722	6,248	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,318,376	26,824	839	0	1,209	9.00
10.00	01000	DIETARY	2,348,509	104,183	0	413,052	4,031	10.00
11.00	01100	CAFETERIA	-763,570	44,648	0	0	806	11.00
13.00	01300	NURSING ADMINISTRATION	1,308,789	12,338	199,363	437,108	4,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	883,761	47,928	0	0	202	14.00
15.00	01500	PHARMACY	2,339,438	30,885	390	768,187	3,225	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	7,055	16.00
17.00	01700	SOCIAL SERVICE	1,117,619	4,890	3,677	284,932	8,667	17.00
18.00	01850	PATIENT TRANSPORT	478,434	7,165	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,418,202	867,850	63,163	4,053,487	24,590	30.00
31.00	03100	INTENSIVE CARE UNIT	2,296,176	117,624	8,754	713,002	2,419	31.00
32.00	03200	CORONARY CARE UNIT	1,644,076	80,336	78,936	548,965	1,612	32.00
40.00	04000	SUBPROVIDER - IPF	878,118	73,083	0	308,760	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,159,974	157,450	1,640	390,236	5,845	41.00
43.00	04300	NURSERY	213,378	3,748	0	67,555	2,620	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,720,007	377,197	4,140,340	1,531,912	8,264	50.00
50.01	05001	REHAB MEDICINE	921,434	48,592	1,788	298,077	403	50.01
51.00	05100	RECOVERY ROOM	470,016	43,243	43,241	149,783	1,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,527	27,390	0	294,918	0	52.00
53.00	05300	ANESTHESIOLOGY	320,894	4,246	7,876	10,330	202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,639,431	180,321	262,350	825,747	10,078	54.00
54.01	03630	ULTRA SOUND	242,636	3,153	48,519	83,953	403	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	246,206	10,903	13,702	73,452	403	56.01
57.00	05700	CT SCAN	652,204	11,967	65,740	173,805	605	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,406,141	121,646	60,991	556,764	8,466	59.00
60.00	06000	LABORATORY	5,138,207	82,102	77,636	712,989	12,497	60.00
64.00	06400	INTRAVENOUS THERAPY	297,777	17,912	2,236	89,516	202	64.00
65.00	06500	RESPIRATORY THERAPY	1,247,289	11,313	760	345,685	1,008	65.00
66.00	06600	PHYSICAL THERAPY	887,546	2,343	12,853	309,308	202	66.00
67.00	06700	OCCUPATIONAL THERAPY	204,411	0	792	73,271	2,016	67.00
68.00	06800	SPEECH PATHOLOGY	164,879	0	3,085	58,006	202	68.00
69.00	06900	ELECTROCARDIOLOGY	1,050,914	50,944	244,371	359,797	2,822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	446,692	0	19,000	124,880	2,217	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,940,347	0	6,515	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,282,997	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,876,227	0	373	0	0	73.00
73.01	07301	RETAIL PHARMACY	2,407,496	3,758	0	67,211	0	73.01
74.00	07400	RENAL DIALYSIS	815,306	0	0	0	605	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	980,216	0	3,320	208,817	1,411	76.02
76.03	03020	PICC LINE TEAM	134,455	498	0	36,516	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	170,260	44,375	0	60,019	0	90.01
90.02	09002	PAIN MANAGEMENT	1,078,438	36,800	10,645	303,890	3,830	90.02
91.00	09100	EMERGENCY	3,265,849	171,594	21,127	919,484	7,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	52,764	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,047,021	0	0	1,728,304	11,892	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,962,931	90,858	7,289	1,515,639	9,070	116.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
116.01	11601	HOSPICE II	627,936	0	0	105,097	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	187,836,395	3,926,432	5,843,003	20,554,710	198,135	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,019	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	376,401	28,552	1,240,003	80,604	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	228,963	10,952	20,418	30,008	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	35,273	194.01
194.02	07952	FOUNDATION	3,102	8,883	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	188,444,861	3,992,838	7,103,424	20,665,322	233,408	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	DATA PROCESSING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	ADMITTING	
			5.03	5.04	5A.04	5.05	5.06	
		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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0					5.03
5.04	00550	DATA PROCESSING	0	3,628				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	35,221,732	35,221,732		5.05
5.06	00570	ADMITTING	0	0	10,358	2,370	12,728	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,369,776	1,915,005	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,347,248	537,050	0	9.00
10.00	01000	DIETARY	0	0	2,869,775	656,605	0	10.00
11.00	01100	CAFETERIA	0	0	-718,116	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,962,234	448,959	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	931,891	213,217	0	14.00
15.00	01500	PHARMACY	0	0	3,142,125	718,918	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7,055	1,614	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,419,785	324,847	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	485,599	111,105	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	202	17,427,494	3,987,383	807	30.00
31.00	03100	INTENSIVE CARE UNIT	0	34	3,138,009	717,976	135	31.00
32.00	03200	CORONARY CARE UNIT	0	25	2,353,950	538,584	101	32.00
40.00	04000	SUBPROVIDER - IPF	0	13	1,259,974	288,282	53	40.00
41.00	04100	SUBPROVIDER - IRF	0	19	1,715,164	392,430	75	41.00
43.00	04300	NURSERY	0	1	287,302	65,735	6	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	729	12,778,449	2,923,709	1,492	50.00
50.01	05001	REHAB MEDICINE	0	20	1,270,314	290,648	82	50.01
51.00	05100	RECOVERY ROOM	0	22	707,514	161,879	89	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6	1,253,841	286,879	26	52.00
53.00	05300	ANESTHESIOLOGY	0	52	343,600	78,616	208	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	255	3,918,182	896,480	1,021	54.00
54.01	03630	ULTRA SOUND	0	34	378,698	86,646	136	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	63	344,729	78,874	251	56.01
57.00	05700	CT SCAN	0	156	904,477	206,944	622	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	133	3,154,141	721,667	533	59.00
60.00	06000	LABORATORY	0	223	6,023,654	1,378,212	892	60.00
64.00	06400	INTRAVENOUS THERAPY	0	12	407,655	93,271	49	64.00
65.00	06500	RESPIRATORY THERAPY	0	88	1,606,143	367,486	351	65.00
66.00	06600	PHYSICAL THERAPY	0	17	1,212,269	277,367	67	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4	280,494	64,177	18	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	226,178	51,750	22	68.00
69.00	06900	ELECTROCARDIOLOGY	0	132	1,708,980	391,015	528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	31	592,820	135,637	126	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	99	8,946,961	2,047,065	396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	415	17,283,412	3,954,445	1,660	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	333	11,876,933	2,717,442	1,331	73.00
73.01	07301	RETAIL PHARMACY	0	0	2,478,465	567,073	0	73.01
74.00	07400	RENAL DIALYSIS	0	10	815,921	186,683	41	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	38	1,193,802	273,142	154	76.02
76.03	03020	PICC LINE TEAM	0	7	171,476	39,234	27	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	8	274,662	62,843	30	90.01
90.02	09002	PAIN MANAGEMENT	0	71	1,433,674	328,025	283	90.02
91.00	09100	EMERGENCY	0	279	4,385,992	1,003,515	1,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	52,764	12,072	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	41	7,787,258	1,781,725	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	43	9,585,830	2,193,238	0	116.00
116.01	11601	HOSPICE II	0	7	733,040	167,720	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,628	186,363,683	34,745,559	12,728	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,019	4,123	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	DATA PROCESSING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	ADMITTING	
			5.03	5.04	5A.04	5.05	5.06	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,725,560	394,808	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	290,341	66,430	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	35,273	8,070	0	194.01
194.02	07952	FOUNDATION	0	0	11,985	2,742	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	0	3,628	188,444,861	35,221,732	12,728	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
		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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMITTING						5.06
6.00	00600	MAINTENANCE & REPAIRS	10,284,781					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	92,375	0	2,976,673			9.00
10.00	01000	DIETARY	358,778	0	0	3,885,158		10.00
11.00	01100	CAFETERIA	153,757	0	0	2,821,213	2,256,854	11.00
13.00	01300	NURSING ADMINISTRATION	42,490	0	12,991	0	51,801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	165,052	0	50,342	0	0	14.00
15.00	01500	PHARMACY	106,359	0	32,479	0	80,064	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	16,841	0	4,872	0	40,337	17.00
18.00	01850	PATIENT TRANSPORT	24,674	0	8,120	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,988,649	0	922,394	785,430	669,261	30.00
31.00	03100	INTENSIVE CARE UNIT	405,066	0	125,043	57,695	90,278	31.00
32.00	03200	CORONARY CARE UNIT	276,655	0	86,069	42,641	66,435	32.00
40.00	04000	SUBPROVIDER - IPF	251,679	0	77,949	44,274	50,581	40.00
41.00	04100	SUBPROVIDER - IRF	542,217	0	167,265	133,905	61,069	41.00
43.00	04300	NURSERY	12,908	0	3,248	0	8,263	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,298,968	0	401,112	0	234,003	50.00
50.01	05001	REHAB MEDICINE	167,338	0	51,966	0	39,361	50.01
51.00	05100	RECOVERY ROOM	148,916	0	45,470	0	19,178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	94,325	0	29,231	0	36,068	52.00
53.00	05300	ANESTHESIOLOGY	14,623	0	4,872	0	2,927	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	620,978	0	191,624	0	122,840	54.00
54.01	03630	ULTRA SOUND	10,858	0	3,248	0	11,769	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	37,548	0	11,368	0	8,354	56.01
57.00	05700	CT SCAN	41,213	0	12,991	0	25,062	57.00
59.00	05900	CARDIAC CATHETERIZATION	418,916	0	129,915	0	64,393	59.00
60.00	06000	LABORATORY	282,740	0	87,692	0	136,103	60.00
64.00	06400	INTRAVENOUS THERAPY	61,684	0	19,487	0	10,275	64.00
65.00	06500	RESPIRATORY THERAPY	38,960	0	11,368	0	53,874	65.00
66.00	06600	PHYSICAL THERAPY	8,068	0	3,248	0	40,459	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	7,714	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	6,525	68.00
69.00	06900	ELECTROCARDIOLOGY	175,439	0	53,590	0	51,404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	21,861	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	12,942	0	3,248	0	6,555	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	32,898	76.02
76.03	03020	PICC LINE TEAM	1,714	0	0	0	4,604	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	152,816	0	47,094	0	7,897	90.01
90.02	09002	PAIN MANAGEMENT	126,730	0	38,974	0	47,715	90.02
91.00	09100	EMERGENCY	590,926	0	181,881	0	131,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						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
116.00	11600	HOSPICE	312,893	0	95,812	0	0	116.00
116.01	11601	HOSPICE II	0	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,056,095	0	2,914,963	3,885,158	2,241,701	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,054	0	19,487	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	98,325	0	30,855	0	5,762	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	37,717	0	11,368	0	9,391	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	30,590	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	10,284,781	0	2,976,673	3,885,158	2,256,854	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMITTING						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	2,518,475					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,360,502				14.00
15.00	01500	PHARMACY	42	6,338	4,086,325			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	8,669		16.00
17.00	01700	SOCIAL SERVICE	67,493	60	0	0	1,874,235	17.00
18.00	01850	PATIENT TRANSPORT	0	203	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,022,536	31,834	0	3,378	1,390,613	30.00
31.00	03100	INTENSIVE CARE UNIT	219,463	9,289	0	251	51,804	31.00
32.00	03200	CORONARY CARE UNIT	173,545	4,736	0	182	51,804	32.00
40.00	04000	SUBPROVIDER - IPF	56,844	328	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	75,894	1,884	0	432	0	41.00
43.00	04300	NURSERY	0	0	0	64	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	257,989	259,810	0	834	0	50.00
50.01	05001	REHAB MEDICINE	8,748	271	0	0	0	50.01
51.00	05100	RECOVERY ROOM	45,773	1,710	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,082	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,349	47,993	0	1,399	0	54.00
54.01	03630	ULTRA SOUND	0	617	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,040	0	0	0	56.01
57.00	05700	CT SCAN	8,105	5,921	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	88,185	63,051	0	310	0	59.00
60.00	06000	LABORATORY	0	73,877	0	734	0	60.00
64.00	06400	INTRAVENOUS THERAPY	29,163	1,332	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,976	0	134	0	65.00
66.00	06600	PHYSICAL THERAPY	56	183	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5	0	23	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	86	0	19	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,242	1,298	0	317	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	742	0	139	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	319,519	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	459,443	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,086,325	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	610	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	56,262	2,575	0	0	0	76.02
76.03	03020	PICC LINE TEAM	12,460	5,089	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	11,151	26	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	77,259	5,697	0	0	0	90.02
91.00	09100	EMERGENCY	252,916	16,491	0	453	380,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	108	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	9,606	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,512	0	0	0	116.00
116.01	11601	HOSPICE II	0	938	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,518,475	1,360,280	4,086,325	8,669	1,874,235	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	219	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,518,475	1,360,502	4,086,325	8,669	1,874,235	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			18.00	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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMITTING						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORT	629,701					18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,068	29,268,847	0	29,268,847		30.00
31.00	03100	INTENSIVE CARE UNIT	6,542	4,821,551	0	4,821,551		31.00
32.00	03200	CORONARY CARE UNIT	4,910	3,599,612	0	3,599,612		32.00
40.00	04000	SUBPROVIDER - IPF	2,558	2,032,522	0	2,032,522		40.00
41.00	04100	SUBPROVIDER - IRF	3,611	3,093,946	0	3,093,946		41.00
43.00	04300	NURSERY	283	377,809	0	377,809		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,549	18,241,915	0	18,241,915		50.00
50.01	05001	REHAB MEDICINE	3,966	1,832,694	0	1,832,694		50.01
51.00	05100	RECOVERY ROOM	4,308	1,134,837	0	1,134,837		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,236	1,701,606	0	1,701,606		52.00
53.00	05300	ANESTHESIOLOGY	10,064	464,992	0	464,992		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,442	5,872,308	0	5,872,308		54.00
54.01	03630	ULTRA SOUND	6,582	498,554	0	498,554		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	12,138	494,302	0	494,302		56.01
57.00	05700	CT SCAN	30,135	1,235,470	0	1,235,470		57.00
59.00	05900	CARDIAC CATHETERIZATION	25,795	4,666,906	0	4,666,906		59.00
60.00	06000	LABORATORY	43,204	8,027,108	0	8,027,108		60.00
64.00	06400	INTRAVENOUS THERAPY	2,386	625,302	0	625,302		64.00
65.00	06500	RESPIRATORY THERAPY	17,009	2,105,301	0	2,105,301		65.00
66.00	06600	PHYSICAL THERAPY	3,238	1,544,955	0	1,544,955		66.00
67.00	06700	OCCUPATIONAL THERAPY	857	353,288	0	353,288		67.00
68.00	06800	SPEECH PATHOLOGY	1,084	285,664	0	285,664		68.00
69.00	06900	ELECTROCARDIOLOGY	25,574	2,440,387	0	2,440,387		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,101	757,426	0	757,426		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,181	11,333,122	0	11,333,122		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,415	21,779,375	0	21,779,375		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,464	18,746,495	0	18,746,495		73.00
73.01	07301	RETAIL PHARMACY	0	3,068,283	0	3,068,283		73.01
74.00	07400	RENAL DIALYSIS	1,994	1,005,249	0	1,005,249		74.00
76.00	03951	DIABETES	0	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0		76.01
76.02	03030	WOUNDCARE	7,454	1,566,287	0	1,566,287		76.02
76.03	03020	PICC LINE TEAM	1,301	235,905	0	235,905		76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	1,468	557,987	0	557,987		90.01
90.02	09002	PAIN MANAGEMENT	13,718	2,072,075	0	2,072,075		90.02
91.00	09100	EMERGENCY	54,066	6,999,143	0	6,999,143		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	64,944	0	64,944		95.00
101.00	10100	HOME HEALTH AGENCY	0	9,578,589	0	9,578,589		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	12,195,285	0	12,195,285		116.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			18.00	24.00	25.00	26.00		
116.01	11601	HOSPICE II	0	901,698	0	901,698		116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	629,701	185,581,739	0	185,581,739		118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	103,683	0	103,683		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,255,313	0	2,255,313		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	415,466	0	415,466		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	43,343	0	43,343		194.01
194.02	07952	FOUNDATION	0	45,317	0	45,317		194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0		194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0		194.04
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	629,701	188,444,861	0	188,444,861		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/27/2017 3:46 pm

		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	
		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	30,895	467	31,362	31,362	4.00
5.01	00540	NONPATIENT TELEPHONES	0	4,598	0	4,598	111	5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00550	DATA PROCESSING	0	0	0	0	0	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	1,920,884	708,057	398,832	3,027,773	1,941	5.05
5.06	00570	ADMITTING	0	0	4,916	4,916	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	262,775	27,477	290,252	303	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	26,824	839	27,663	0	9.00
10.00	01000	DIETARY	0	104,183	0	104,183	627	10.00
11.00	01100	CAFETERIA	0	44,648	0	44,648	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	12,338	199,363	211,701	663	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	47,928	0	47,928	0	14.00
15.00	01500	PHARMACY	0	30,885	390	31,275	1,165	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,890	3,677	8,567	432	17.00
18.00	01850	PATIENT TRANSPORT	0	7,165	0	7,165	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	867,850	63,163	931,013	6,168	30.00
31.00	03100	INTENSIVE CARE UNIT	0	117,624	8,754	126,378	1,081	31.00
32.00	03200	CORONARY CARE UNIT	0	80,336	78,936	159,272	833	32.00
40.00	04000	SUBPROVIDER - IPF	0	73,083	0	73,083	468	40.00
41.00	04100	SUBPROVIDER - IRF	0	157,450	1,640	159,090	592	41.00
43.00	04300	NURSERY	0	3,748	0	3,748	102	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	377,197	4,140,340	4,517,537	2,324	50.00
50.01	05001	REHAB MEDICINE	0	48,592	1,788	50,380	452	50.01
51.00	05100	RECOVERY ROOM	0	43,243	43,241	86,484	227	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,390	0	27,390	447	52.00
53.00	05300	ANESTHESIOLOGY	0	4,246	7,876	12,122	16	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	180,321	262,350	442,671	1,252	54.00
54.01	03630	ULTRA SOUND	0	3,153	48,519	51,672	127	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,903	13,702	24,605	111	56.01
57.00	05700	CT SCAN	0	11,967	65,740	77,707	264	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	121,646	60,991	182,637	844	59.00
60.00	06000	LABORATORY	0	82,102	77,636	159,738	1,081	60.00
64.00	06400	INTRAVENOUS THERAPY	0	17,912	2,236	20,148	136	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,313	760	12,073	524	65.00
66.00	06600	PHYSICAL THERAPY	0	2,343	12,853	15,196	469	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	792	792	111	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,085	3,085	88	68.00
69.00	06900	ELECTROCARDIOLOGY	0	50,944	244,371	295,315	546	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	19,000	19,000	189	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	6,515	6,515	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	373	373	0	73.00
73.01	07301	RETAIL PHARMACY	0	3,758	0	3,758	102	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	3,320	3,320	317	76.02
76.03	03020	PICC LINE TEAM	0	498	0	498	55	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	44,375	0	44,375	91	90.01
90.02	09002	PAIN MANAGEMENT	0	36,800	10,645	47,445	461	90.02
91.00	09100	EMERGENCY	0	171,594	21,127	192,721	1,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	2,621	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	90,858	7,289	98,147	2,299	116.00
116.01	11601	HOSPICE II	0	0	0	0	159	116.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,920,884	3,926,432	5,843,003	11,690,319	31,194	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,019	0	18,019	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	28,552	1,240,003	1,268,555	122	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	10,952	20,418	31,370	46	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	8,883	0	8,883	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,920,884	3,992,838	7,103,424	13,017,146	31,362	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	DATA PROCESSING	OTHER ADMINISTRATIVE AND GENERAL	ADMITTING	
			5.01	5.03	5.04	5.05	5.06	
		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	00540	NONPATIENT TELEPHONES	4,709					5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00550	DATA PROCESSING	73	0	73			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	610	0	0	3,030,324		5.05
5.06	00570	ADMITTING	110	0	0	204	5,230	5.06
6.00	00600	MAINTENANCE & REPAIRS	126	0	0	164,759	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	24	0	0	46,206	0	9.00
10.00	01000	DIETARY	81	0	0	56,492	0	10.00
11.00	01100	CAFETERIA	16	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	94	0	0	38,627	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4	0	0	18,344	0	14.00
15.00	01500	PHARMACY	65	0	0	61,853	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	142	0	0	139	0	16.00
17.00	01700	SOCIAL SERVICE	175	0	0	27,948	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	9,559	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	496	0	0	343,046	302	30.00
31.00	03100	INTENSIVE CARE UNIT	49	0	0	61,772	51	31.00
32.00	03200	CORONARY CARE UNIT	33	0	0	46,338	38	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	24,803	20	40.00
41.00	04100	SUBPROVIDER - IRF	118	0	0	33,763	28	41.00
43.00	04300	NURSERY	53	0	0	5,656	2	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	167	0	73	251,544	1,018	50.00
50.01	05001	REHAB MEDICINE	8	0	0	25,006	31	50.01
51.00	05100	RECOVERY ROOM	24	0	0	13,927	33	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,682	10	52.00
53.00	05300	ANESTHESIOLOGY	4	0	0	6,764	78	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	203	0	0	77,129	383	54.00
54.01	03630	ULTRA SOUND	8	0	0	7,455	51	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8	0	0	6,786	94	56.01
57.00	05700	CT SCAN	12	0	0	17,805	233	57.00
59.00	05900	CARDIAC CATHETERIZATION	171	0	0	62,089	200	59.00
60.00	06000	LABORATORY	252	0	0	118,576	334	60.00
64.00	06400	INTRAVENOUS THERAPY	4	0	0	8,025	18	64.00
65.00	06500	RESPIRATORY THERAPY	20	0	0	31,617	132	65.00
66.00	06600	PHYSICAL THERAPY	4	0	0	23,864	25	66.00
67.00	06700	OCCUPATIONAL THERAPY	41	0	0	5,522	7	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	0	4,452	8	68.00
69.00	06900	ELECTROCARDIOLOGY	57	0	0	33,641	198	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45	0	0	11,670	47	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	176,121	148	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	340,224	623	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	233,797	499	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	48,789	0	73.01
74.00	07400	RENAL DIALYSIS	12	0	0	16,061	15	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	28	0	0	23,500	58	76.02
76.03	03020	PICC LINE TEAM	0	0	0	3,376	10	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	5,407	11	90.01
90.02	09002	PAIN MANAGEMENT	77	0	0	28,222	106	90.02
91.00	09100	EMERGENCY	155	0	0	86,338	419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	1,039	0	95.00
101.00	10100	HOME HEALTH AGENCY	240	0	0	153,292	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	183	0	0	188,697	0	116.00
116.01	11601	HOSPICE II	0	0	0	14,430	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,996	0	73	2,989,356	5,230	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	355	0	190.00

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		Cost Center Description	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	DATA PROCESSING	OTHER ADMINISTRATIVE AND GENERAL	ADMITTING	
			5.01	5.03	5.04	5.05	5.06	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	33,968	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	5,715	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	713	0	0	694	0	194.01
194.02	07952	FOUNDATION	0	0	0	236	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	4,709	0	73	3,030,324	5,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
		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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMITTING						5.06
6.00	00600	MAINTENANCE & REPAIRS	455,440					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	4,091	0	77,984			9.00
10.00	01000	DIETARY	15,888	0	0	177,271		10.00
11.00	01100	CAFETERIA	6,809	0	0	128,726	134,644	11.00
13.00	01300	NURSING ADMINISTRATION	1,882	0	340	0	3,090	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,309	0	1,319	0	0	14.00
15.00	01500	PHARMACY	4,710	0	851	0	4,777	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	746	0	128	0	2,407	17.00
18.00	01850	PATIENT TRANSPORT	1,093	0	213	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	132,342	0	24,165	35,837	39,926	30.00
31.00	03100	INTENSIVE CARE UNIT	17,938	0	3,276	2,632	5,386	31.00
32.00	03200	CORONARY CARE UNIT	12,251	0	2,255	1,946	3,964	32.00
40.00	04000	SUBPROVIDER - IPF	11,145	0	2,042	2,020	3,018	40.00
41.00	04100	SUBPROVIDER - IRF	24,011	0	4,382	6,110	3,643	41.00
43.00	04300	NURSERY	572	0	85	0	493	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	57,522	0	10,508	0	13,961	50.00
50.01	05001	REHAB MEDICINE	7,410	0	1,361	0	2,348	50.01
51.00	05100	RECOVERY ROOM	6,594	0	1,191	0	1,144	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,177	0	766	0	2,152	52.00
53.00	05300	ANESTHESIOLOGY	648	0	128	0	175	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,499	0	5,020	0	7,329	54.00
54.01	03630	ULTRA SOUND	481	0	85	0	702	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,663	0	298	0	498	56.01
57.00	05700	CT SCAN	1,825	0	340	0	1,495	57.00
59.00	05900	CARDIAC CATHETERIZATION	18,551	0	3,404	0	3,842	59.00
60.00	06000	LABORATORY	12,521	0	2,297	0	8,120	60.00
64.00	06400	INTRAVENOUS THERAPY	2,732	0	511	0	613	64.00
65.00	06500	RESPIRATORY THERAPY	1,725	0	298	0	3,214	65.00
66.00	06600	PHYSICAL THERAPY	357	0	85	0	2,414	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	460	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	389	68.00
69.00	06900	ELECTROCARDIOLOGY	7,769	0	1,404	0	3,067	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	573	0	85	0	391	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	1,963	76.02
76.03	03020	PICC LINE TEAM	76	0	0	0	275	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	6,767	0	1,234	0	471	90.01
90.02	09002	PAIN MANAGEMENT	5,612	0	1,021	0	2,847	90.02
91.00	09100	EMERGENCY	26,168	0	4,765	0	7,862	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						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
116.00	11600	HOSPICE	13,856	0	2,510	0	0	116.00
116.01	11601	HOSPICE II	0	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	445,313	0	76,367	177,271	133,740	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,748	0	511	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

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		Cost Center Description	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,354	0	808	0	344	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	1,670	0	298	0	560	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	1,355	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	45,555	201.00
202.00		TOTAL (sum lines 118-201)	455,440	0	77,984	177,271	180,199	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMITTING						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	256,397					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	74,904				14.00
15.00	01500	PHARMACY	4	349	105,049			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	281		16.00
17.00	01700	SOCIAL SERVICE	6,871	3	0	0	47,277	17.00
18.00	01850	PATIENT TRANSPORT	0	11	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	104,102	1,753	0	110	35,077	30.00
31.00	03100	INTENSIVE CARE UNIT	22,343	511	0	8	1,307	31.00
32.00	03200	CORONARY CARE UNIT	17,668	261	0	6	1,307	32.00
40.00	04000	SUBPROVIDER - IPF	5,787	18	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,726	104	0	14	0	41.00
43.00	04300	NURSERY	0	0	0	2	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,265	14,307	0	27	0	50.00
50.01	05001	REHAB MEDICINE	891	15	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,660	94	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	555	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,275	2,643	0	45	0	54.00
54.01	03630	ULTRA SOUND	0	34	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	57	0	0	0	56.01
57.00	05700	CT SCAN	825	326	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	8,978	3,472	0	10	0	59.00
60.00	06000	LABORATORY	0	4,068	0	24	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,969	73	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	549	0	4	0	65.00
66.00	06600	PHYSICAL THERAPY	6	10	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5	0	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,282	71	0	10	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	41	0	4	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,595	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,287	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	105,049	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	34	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	5,728	142	0	0	0	76.02
76.03	03020	PICC LINE TEAM	1,269	280	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	1,135	1	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	7,865	314	0	0	0	90.02
91.00	09100	EMERGENCY	25,748	908	0	15	9,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	6	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	529	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	414	0	0	0	116.00
116.01	11601	HOSPICE II	0	52	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	256,397	74,892	105,049	281	47,277	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

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		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	12	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	256,397	74,904	105,049	281	47,277	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B Part II Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			18.00	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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMITTING						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORT	18,041					18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,109	1,655,446	0	1,655,446		30.00
31.00	03100	INTENSIVE CARE UNIT	186	242,918	0	242,918		31.00
32.00	03200	CORONARY CARE UNIT	139	246,311	0	246,311		32.00
40.00	04000	SUBPROVIDER - IPF	73	122,477	0	122,477		40.00
41.00	04100	SUBPROVIDER - IRF	103	239,684	0	239,684		41.00
43.00	04300	NURSERY	8	10,721	0	10,721		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,592	4,897,845	0	4,897,845		50.00
50.01	05001	REHAB MEDICINE	113	88,015	0	88,015		50.01
51.00	05100	RECOVERY ROOM	122	114,500	0	114,500		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35	59,659	0	59,659		52.00
53.00	05300	ANESTHESIOLOGY	286	20,776	0	20,776		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,404	567,853	0	567,853		54.00
54.01	03630	ULTRA SOUND	187	60,802	0	60,802		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	345	34,465	0	34,465		56.01
57.00	05700	CT SCAN	855	101,687	0	101,687		57.00
59.00	05900	CARDIAC CATHETERIZATION	732	284,930	0	284,930		59.00
60.00	06000	LABORATORY	1,226	308,237	0	308,237		60.00
64.00	06400	INTRAVENOUS THERAPY	68	35,297	0	35,297		64.00
65.00	06500	RESPIRATORY THERAPY	483	50,639	0	50,639		65.00
66.00	06600	PHYSICAL THERAPY	92	42,522	0	42,522		66.00
67.00	06700	OCCUPATIONAL THERAPY	24	6,958	0	6,958		67.00
68.00	06800	SPEECH PATHOLOGY	31	8,063	0	8,063		68.00
69.00	06900	ELECTROCARDIOLOGY	726	346,086	0	346,086		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173	32,473	0	32,473		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	544	200,923	0	200,923		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,283	368,417	0	368,417		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,830	341,548	0	341,548		73.00
73.01	07301	RETAIL PHARMACY	0	53,698	0	53,698		73.01
74.00	07400	RENAL DIALYSIS	57	16,179	0	16,179		74.00
76.00	03951	DIABETES	0	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0		76.01
76.02	03030	WOUNDCARE	212	35,268	0	35,268		76.02
76.03	03020	PICC LINE TEAM	37	5,876	0	5,876		76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	42	59,534	0	59,534		90.01
90.02	09002	PAIN MANAGEMENT	389	94,359	0	94,359		90.02
91.00	09100	EMERGENCY	1,535	357,615	0	357,615		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,045	0	1,045		95.00
101.00	10100	HOME HEALTH AGENCY	0	156,682	0	156,682		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	306,106	0	306,106		116.00

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		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			18.00	24.00	25.00	26.00		
116.01	11601	HOSPICE II	0	14,641	0	14,641		116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,041	11,590,255	0	11,590,255		118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,633	0	21,633		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,308,151	0	1,308,151		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	39,671	0	39,671		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	1,407	0	1,407		194.01
194.02	07952	FOUNDATION	0	10,474	0	10,474		194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0		194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0		194.04
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	45,555	0	45,555		201.00
202.00		TOTAL (sum lines 118-201)	18,041	13,017,146	0	13,017,146		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
			1.00	2.00	4.00	5.01	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	409,047					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,984,643				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,165	328	57,093,585			4.00
5.01	00540	NONPATIENT TELEPHONES	471	0	201,837	1,158		5.01
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	3,461,118	5.03
5.04	00550	DATA PROCESSING	0	0	0	18	0	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	72,537	279,870	3,534,908	150	368,331	5.05
5.06	00570	ADMITTING	0	3,450	0	27	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	26,920	19,281	551,786	31	693,259	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,748	589	0	6	167,699	9.00
10.00	01000	DIETARY	10,673	0	1,141,170	20	1,232,803	10.00
11.00	01100	CAFETERIA	4,574	0	0	4	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,264	139,898	1,207,632	23	14,057	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,910	0	0	1	7,186	14.00
15.00	01500	PHARMACY	3,164	274	2,122,328	16	39,237	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	35	0	16.00
17.00	01700	SOCIAL SERVICE	501	2,580	787,204	43	5,066	17.00
18.00	01850	PATIENT TRANSPORT	734	0	0	0	4,445	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	88,907	44,323	11,198,837	122	191,486	30.00
31.00	03100	INTENSIVE CARE UNIT	12,050	6,143	1,969,864	12	28,727	31.00
32.00	03200	CORONARY CARE UNIT	8,230	55,391	1,516,667	8	10,571	32.00
40.00	04000	SUBPROVIDER - IPF	7,487	0	853,035	0	16,996	40.00
41.00	04100	SUBPROVIDER - IRF	16,130	1,151	1,078,134	29	13,508	41.00
43.00	04300	NURSERY	384	0	186,638	13	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,642	2,905,374	4,232,327	41	176,317	50.00
50.01	05001	REHAB MEDICINE	4,978	1,255	823,519	2	9,009	50.01
51.00	05100	RECOVERY ROOM	4,430	30,343	413,818	6	4,370	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,806	0	814,792	0	0	52.00
53.00	05300	ANESTHESIOLOGY	435	5,527	28,539	1	5,835	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,473	184,097	2,281,352	50	49,336	54.00
54.01	03630	ULTRA SOUND	323	34,047	231,943	2	3,294	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,117	9,615	202,931	2	1,289	56.01
57.00	05700	CT SCAN	1,226	46,131	480,184	3	701	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,462	42,799	1,538,212	42	26,597	59.00
60.00	06000	LABORATORY	8,411	54,479	1,969,828	62	39,839	60.00
64.00	06400	INTRAVENOUS THERAPY	1,835	1,569	247,312	1	12,566	64.00
65.00	06500	RESPIRATORY THERAPY	1,159	533	955,051	5	9,177	65.00
66.00	06600	PHYSICAL THERAPY	240	9,019	854,549	1	7,953	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	556	202,431	10	273	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,165	160,257	1	922	68.00
69.00	06900	ELECTROCARDIOLOGY	5,219	171,481	994,037	14	9,314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,333	345,014	11	11,558	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,572	0	0	1,040	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	262	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	385	0	185,688	0	5,269	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3	366	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	2,330	576,913	7	16,013	76.02
76.03	03020	PICC LINE TEAM	51	0	100,886	0	350	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	4,546	0	165,820	0	4,210	90.01
90.02	09002	PAIN MANAGEMENT	3,770	7,470	839,579	19	31,124	90.02
91.00	09100	EMERGENCY	17,579	14,825	2,540,327	38	81,373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	1,600	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	4,774,913	59	50,670	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,308	5,115	4,187,368	45	55,411	116.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
			1.00	2.00	4.00	5.01	5.03	
116.01	11601	HOSPICE II	0	0	290,359	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	402,244	4,100,175	56,787,989	983	3,409,147	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,925	870,140	222,692	0	2,234	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	1,122	14,328	82,904	0	48,736	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	175	0	194.01
194.02	07952	FOUNDATION	910	0	0	0	1,001	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,992,838	7,103,424	20,665,322	233,408	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.761318	1.425062	0.361955	201.561313	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			31,362	4,709	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000549	4.066494	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	DATA PROCESSING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMITTING (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	6.00	
		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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING	834,884,064					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	-35,221,732	153,941,245			5.05
5.06	00570	ADMITTING	0	0	10,358	812,020,779		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,369,776	0	305,954	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,347,248	0	2,748	9.00
10.00	01000	DIETARY	0	0	2,869,775	0	10,673	10.00
11.00	01100	CAFETERIA	0	718,116	0	0	4,574	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,962,234	0	1,264	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	931,891	0	4,910	14.00
15.00	01500	PHARMACY	0	0	3,142,125	0	3,164	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7,055	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,419,785	0	501	17.00
18.00	01850	PATIENT TRANSPORT	0	0	485,599	0	734	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,410,207	0	17,427,494	50,410,207	88,907	30.00
31.00	03100	INTENSIVE CARE UNIT	8,441,430	0	3,138,009	8,441,430	12,050	31.00
32.00	03200	CORONARY CARE UNIT	6,335,860	0	2,353,950	6,335,860	8,230	32.00
40.00	04000	SUBPROVIDER - IPF	3,300,762	0	1,259,974	3,300,762	7,487	40.00
41.00	04100	SUBPROVIDER - IRF	4,659,373	0	1,715,164	4,659,373	16,130	41.00
43.00	04300	NURSERY	365,415	0	287,302	365,415	384	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	109,889,894	0	12,778,449	109,889,894	38,642	50.00
50.01	05001	REHAB MEDICINE	5,117,237	0	1,270,314	5,117,237	4,978	50.01
51.00	05100	RECOVERY ROOM	5,559,345	0	707,514	5,559,345	4,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,595,270	0	1,253,841	1,595,270	2,806	52.00
53.00	05300	ANESTHESIOLOGY	12,985,564	0	343,600	12,985,564	435	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,795,512	0	3,918,182	63,795,512	18,473	54.00
54.01	03630	ULTRA SOUND	8,492,707	0	378,698	8,492,707	323	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	15,662,303	0	344,729	15,662,303	1,117	56.01
57.00	05700	CT SCAN	38,883,771	0	904,477	38,883,771	1,226	57.00
59.00	05900	CARDIAC CATHETERIZATION	33,283,614	0	3,154,141	33,283,614	12,462	59.00
60.00	06000	LABORATORY	55,747,338	0	6,023,654	55,747,338	8,411	60.00
64.00	06400	INTRAVENOUS THERAPY	3,078,404	0	407,655	3,078,404	1,835	64.00
65.00	06500	RESPIRATORY THERAPY	21,947,712	0	1,606,143	21,947,712	1,159	65.00
66.00	06600	PHYSICAL THERAPY	4,177,480	0	1,212,269	4,177,480	240	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,105,337	0	280,494	1,105,337	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,398,904	0	226,178	1,398,904	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,998,104	0	1,708,980	32,998,104	5,219	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,871,763	0	592,820	7,871,763	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,749,286	0	8,946,961	24,749,286	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,761,385	0	17,283,412	103,761,385	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,179,750	0	11,876,933	83,179,750	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	2,478,465	0	385	73.01
74.00	07400	RENAL DIALYSIS	2,572,398	0	815,921	2,572,398	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	9,617,764	0	1,193,802	9,617,764	0	76.02
76.03	03020	PICC LINE TEAM	1,678,988	0	171,476	1,678,988	51	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	1,894,112	0	274,662	1,894,112	4,546	90.01
90.02	09002	PAIN MANAGEMENT	17,700,620	0	1,433,674	17,700,620	3,770	90.02
91.00	09100	EMERGENCY	69,763,170	0	4,385,992	69,763,170	17,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	52,764	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	10,289,368	0	7,787,258	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,761,042	0	9,585,830	0	9,308	116.00
116.01	11601	HOSPICE II	1,812,875	0	733,040	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	834,884,064	-34,503,616	151,860,067	812,020,779	299,151	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	DATA PROCESSING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMITTING (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	6.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,019	0	1,846	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,725,560	0	2,925	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	290,341	0	1,122	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	35,273	0	0	194.01
194.02	07952	FOUNDATION	0	0	11,985	0	910	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,628		35,221,732	12,728	10,284,781	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000004		0.228800	0.000016	33.615449	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	73		3,030,324	5,230	455,440	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		0.019685	0.000006	1.488590	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMITTING						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0					8.00
9.00	00900	HOUSEKEEPING	0	1,833				9.00
10.00	01000	DIETARY	0	0	480,536			10.00
11.00	01100	CAFETERIA	0	0	348,942	74,022		11.00
13.00	01300	NURSING ADMINISTRATION	0	8	0	1,699	536,623	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31	0	0	0	14.00
15.00	01500	PHARMACY	0	20	0	2,626	9	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3	0	1,323	14,381	17.00
18.00	01850	PATIENT TRANSPORT	0	5	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	568	97,146	21,951	217,876	30.00
31.00	03100	INTENSIVE CARE UNIT	0	77	7,136	2,961	46,762	31.00
32.00	03200	CORONARY CARE UNIT	0	53	5,274	2,179	36,978	32.00
40.00	04000	SUBPROVIDER - IPF	0	48	5,476	1,659	12,112	40.00
41.00	04100	SUBPROVIDER - IRF	0	103	16,562	2,003	16,171	41.00
43.00	04300	NURSERY	0	2	0	271	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	247	0	7,675	54,971	50.00
50.01	05001	REHAB MEDICINE	0	32	0	1,291	1,864	50.01
51.00	05100	RECOVERY ROOM	0	28	0	629	9,753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18	0	1,183	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3	0	96	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	118	0	4,029	4,762	54.00
54.01	03630	ULTRA SOUND	0	2	0	386	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	7	0	274	0	56.01
57.00	05700	CT SCAN	0	8	0	822	1,727	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	80	0	2,112	18,790	59.00
60.00	06000	LABORATORY	0	54	0	4,464	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	12	0	337	6,214	64.00
65.00	06500	RESPIRATORY THERAPY	0	7	0	1,767	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2	0	1,327	12	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	253	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	214	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33	0	1,686	6,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	717	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	2	0	215	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	1,079	11,988	76.02
76.03	03020	PICC LINE TEAM	0	0	0	151	2,655	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	29	0	259	2,376	90.01
90.02	09002	PAIN MANAGEMENT	0	24	0	1,565	16,462	90.02
91.00	09100	EMERGENCY	0	112	0	4,322	53,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						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
116.00	11600	HOSPICE	0	59	0	0	0	116.00
116.01	11601	HOSPICE II	0	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,795	480,536	73,525	536,623	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19	0	189	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	7	0	308	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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	2,976,673	3,885,158	2,256,854	2,518,475	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1,623.935079	8.085051	30.488963	4.693192	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	77,984	177,271	180,199	256,397	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	42.544463	0.368903	1.818973	0.477797	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)	
			14.00	15.00	16.00	17.00	18.00	
		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	00540	NONPATIENT TELEPHONES						5.01
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00550	DATA PROCESSING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00570	ADMITTING						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,067,988					14.00
15.00	01500	PHARMACY	177,353	100				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,938			16.00
17.00	01700	SOCIAL SERVICE	1,677	0	0	27,062		17.00
18.00	01850	PATIENT TRANSPORT	5,672	0	0	0	812,020,779	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	890,736	0	2,314	20,079	50,410,207	30.00
31.00	03100	INTENSIVE CARE UNIT	259,908	0	172	748	8,441,430	31.00
32.00	03200	CORONARY CARE UNIT	132,522	0	125	748	6,335,860	32.00
40.00	04000	SUBPROVIDER - IPF	9,173	0	0	0	3,300,762	40.00
41.00	04100	SUBPROVIDER - IRF	52,718	0	296	0	4,659,373	41.00
43.00	04300	NURSERY	0	0	44	0	365,415	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,269,648	0	571	0	109,889,894	50.00
50.01	05001	REHAB MEDICINE	7,579	0	0	0	5,117,237	50.01
51.00	05100	RECOVERY ROOM	47,846	0	0	0	5,559,345	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,595,270	52.00
53.00	05300	ANESTHESIOLOGY	282,092	0	0	0	12,985,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,342,865	0	958	0	63,795,512	54.00
54.01	03630	ULTRA SOUND	17,259	0	0	0	8,492,707	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	29,103	0	0	0	15,662,303	56.01
57.00	05700	CT SCAN	165,671	0	0	0	38,883,771	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,764,209	0	212	0	33,283,614	59.00
60.00	06000	LABORATORY	2,067,114	0	503	0	55,747,338	60.00
64.00	06400	INTRAVENOUS THERAPY	37,268	0	0	0	3,078,404	64.00
65.00	06500	RESPIRATORY THERAPY	279,148	0	92	0	21,947,712	65.00
66.00	06600	PHYSICAL THERAPY	5,120	0	0	0	4,177,480	66.00
67.00	06700	OCCUPATIONAL THERAPY	140	0	16	0	1,105,337	67.00
68.00	06800	SPEECH PATHOLOGY	2,420	0	13	0	1,398,904	68.00
69.00	06900	ELECTROCARDIOLOGY	36,326	0	217	0	32,998,104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,754	0	95	0	7,871,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,940,347	0	0	0	24,749,286	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,855,795	0	0	0	103,761,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	83,179,750	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	17,057	0	0	0	2,572,398	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	72,062	0	0	0	9,617,764	76.02
76.03	03020	PICC LINE TEAM	142,383	0	0	0	1,678,988	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	739	0	0	0	1,894,112	90.01
90.02	09002	PAIN MANAGEMENT	159,392	0	0	0	17,700,620	90.02
91.00	09100	EMERGENCY	461,423	0	310	5,487	69,763,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,030	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	268,779	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	210,195	0	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet B-1 | Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)	
			14.00	15.00	16.00	17.00	18.00	
116.01	11601	HOSPICE II	26,251	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,061,774	100	5,938	27,062	812,020,779	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	74	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	6,140	0	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	1,360,502	4,086,325	8,669	1,874,235	629,701	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.035739	40,863.250000	1.459919	69.257076	0.000775	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	74,904	105,049	281	47,277	18,041	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001968	1,050.490000	0.047322	1.746988	0.000022	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,268,847		29,268,847	0	29,268,847	30.00
31.00	03100	INTENSIVE CARE UNIT	4,821,551		4,821,551	0	4,821,551	31.00
32.00	03200	CORONARY CARE UNIT	3,599,612		3,599,612	0	3,599,612	32.00
40.00	04000	SUBPROVIDER - IPF	2,032,522		2,032,522	0	2,032,522	40.00
41.00	04100	SUBPROVIDER - IRF	3,093,946		3,093,946	0	3,093,946	41.00
43.00	04300	NURSERY	377,809		377,809	0	377,809	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,241,915		18,241,915	0	18,241,915	50.00
50.01	05001	REHAB MEDICINE	1,832,694		1,832,694	0	1,832,694	50.01
51.00	05100	RECOVERY ROOM	1,134,837		1,134,837	0	1,134,837	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,701,606		1,701,606	0	1,701,606	52.00
53.00	05300	ANESTHESIOLOGY	464,992		464,992	0	464,992	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,872,308		5,872,308	0	5,872,308	54.00
54.01	03630	ULTRA SOUND	498,554		498,554	0	498,554	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	494,302		494,302	0	494,302	56.01
57.00	05700	CT SCAN	1,235,470		1,235,470	0	1,235,470	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,666,906		4,666,906	0	4,666,906	59.00
60.00	06000	LABORATORY	8,027,108		8,027,108	0	8,027,108	60.00
64.00	06400	INTRAVENOUS THERAPY	625,302		625,302	0	625,302	64.00
65.00	06500	RESPIRATORY THERAPY	2,105,301	0	2,105,301	0	2,105,301	65.00
66.00	06600	PHYSICAL THERAPY	1,544,955	0	1,544,955	0	1,544,955	66.00
67.00	06700	OCCUPATIONAL THERAPY	353,288	0	353,288	0	353,288	67.00
68.00	06800	SPEECH PATHOLOGY	285,664	0	285,664	0	285,664	68.00
69.00	06900	ELECTROCARDIOLOGY	2,440,387		2,440,387	0	2,440,387	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	757,426		757,426	0	757,426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,333,122		11,333,122	0	11,333,122	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,779,375		21,779,375	0	21,779,375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,746,495		18,746,495	0	18,746,495	73.00
73.01	07301	RETAIL PHARMACY	3,068,283		3,068,283	0	3,068,283	73.01
74.00	07400	RENAL DIALYSIS	1,005,249		1,005,249	0	1,005,249	74.00
76.00	03951	DIABETES	0		0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01
76.02	03030	WOUNDCARE	1,566,287		1,566,287	0	1,566,287	76.02
76.03	03020	PICC LINE TEAM	235,905		235,905	0	235,905	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	557,987		557,987	0	557,987	90.01
90.02	09002	PAIN MANAGEMENT	2,072,075		2,072,075	0	2,072,075	90.02
91.00	09100	EMERGENCY	6,999,143		6,999,143	0	6,999,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,981,747		1,981,747		1,981,747	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	64,944		64,944	0	64,944	95.00
101.00	10100	HOME HEALTH AGENCY	9,578,589		9,578,589		9,578,589	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,195,285		12,195,285		12,195,285	116.00
116.01	11601	HOSPICE II	901,698		901,698		901,698	116.01
200.00		Subtotal (see instructions)	187,563,486	0	187,563,486	0	187,563,486	200.00
201.00		Less Observation Beds	1,981,747		1,981,747		1,981,747	201.00
202.00		Total (see instructions)	185,581,739	0	185,581,739	0	185,581,739	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/27/2017 3:46 pm

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	46,437,434		46,437,434			30.00
31.00	03100	INTENSIVE CARE UNIT	8,441,430		8,441,430			31.00
32.00	03200	CORONARY CARE UNIT	6,335,860		6,335,860			32.00
40.00	04000	SUBPROVIDER - IPF	3,300,762		3,300,762			40.00
41.00	04100	SUBPROVIDER - IRF	4,659,373		4,659,373			41.00
43.00	04300	NURSERY	365,415		365,415			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	58,484,077	51,405,817	109,889,894	0.166002	0.000000	50.00
50.01	05001	REHAB MEDICINE	5,117,237	0	5,117,237	0.358141	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,241,981	3,317,364	5,559,345	0.204131	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,590,823	4,447	1,595,270	1.066657	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	7,191,535	5,794,029	12,985,564	0.035808	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,055,944	49,739,568	63,795,512	0.092049	0.000000	54.00
54.01	03630	ULTRA SOUND	1,761,475	6,731,232	8,492,707	0.058704	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,413,800	13,248,503	15,662,303	0.031560	0.000000	56.01
57.00	05700	CT SCAN	11,495,458	27,388,313	38,883,771	0.031773	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,956,921	20,326,693	33,283,614	0.140216	0.000000	59.00
60.00	06000	LABORATORY	30,224,448	25,522,890	55,747,338	0.143991	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	917,820	2,160,584	3,078,404	0.203125	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	20,122,251	1,825,461	21,947,712	0.095923	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,933,048	1,244,432	4,177,480	0.369829	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,019,279	86,058	1,105,337	0.319620	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	932,857	466,046	1,398,903	0.204206	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,856,377	24,141,727	32,998,104	0.073955	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	616,958	7,254,805	7,871,763	0.096221	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,625,179	12,124,107	24,749,286	0.457917	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,217,823	21,543,563	103,761,386	0.209899	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,191,902	43,987,848	83,179,750	0.225373	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	2,424,801	2,424,801	1.265375	0.000000	73.01
74.00	07400	RENAL DIALYSIS	1,830,167	742,231	2,572,398	0.390783	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0.000000	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000	76.01
76.02	03030	WOUNDCARE	106,551	9,511,213	9,617,764	0.162854	0.000000	76.02
76.03	03020	PICC LINE TEAM	1,580,948	98,040	1,678,988	0.140504	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	13,103	1,881,009	1,894,112	0.294590	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	26,939	17,673,681	17,700,620	0.117062	0.000000	90.02
91.00	09100	EMERGENCY	14,856,284	54,906,886	69,763,170	0.100327	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	808,190	3,164,584	3,972,774	0.498832	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	10,289,368	10,289,368			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,204,983	9,556,059	10,761,042			116.00
116.01	11601	HOSPICE II	0	1,812,875	1,812,875			116.01
200.00		Subtotal (see instructions)	406,934,632	430,374,234	837,308,866			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	406,934,632	430,374,234	837,308,866			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/27/2017 3:46 pm
	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
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.166002		50.00
50.01	05001	REHAB MEDICINE	0.358141		50.01
51.00	05100	RECOVERY ROOM	0.204131		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.066657		52.00
53.00	05300	ANESTHESIOLOGY	0.035808		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092049		54.00
54.01	03630	ULTRA SOUND	0.058704		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.031560		56.01
57.00	05700	CT SCAN	0.031773		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.140216		59.00
60.00	06000	LABORATORY	0.143991		60.00
64.00	06400	INTRAVENOUS THERAPY	0.203125		64.00
65.00	06500	RESPIRATORY THERAPY	0.095923		65.00
66.00	06600	PHYSICAL THERAPY	0.369829		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319620		67.00
68.00	06800	SPEECH PATHOLOGY	0.204206		68.00
69.00	06900	ELECTROCARDIOLOGY	0.073955		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.096221		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457917		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209899		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225373		73.00
73.01	07301	RETAIL PHARMACY	1.265375		73.01
74.00	07400	RENAL DIALYSIS	0.390783		74.00
76.00	03951	DIABETES	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0.000000		76.01
76.02	03030	WOUNDCARE	0.162854		76.02
76.03	03020	PICC LINE TEAM	0.140504		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.294590		90.01
90.02	09002	PAIN MANAGEMENT	0.117062		90.02
91.00	09100	EMERGENCY	0.100327		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.498832		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
116.01	11601	HOSPICE II			116.01
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: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX Hospital Cost Costs: Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,268,847		29,268,847	0	29,268,847	30.00
31.00	03100	INTENSIVE CARE UNIT	4,821,551		4,821,551	0	4,821,551	31.00
32.00	03200	CORONARY CARE UNIT	3,599,612		3,599,612	0	3,599,612	32.00
40.00	04000	SUBPROVIDER - IPF	2,032,522		2,032,522	0	2,032,522	40.00
41.00	04100	SUBPROVIDER - IRF	3,093,946		3,093,946	0	3,093,946	41.00
43.00	04300	NURSERY	377,809		377,809	0	377,809	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,241,915		18,241,915	0	18,241,915	50.00
50.01	05001	REHAB MEDICINE	1,832,694		1,832,694	0	1,832,694	50.01
51.00	05100	RECOVERY ROOM	1,134,837		1,134,837	0	1,134,837	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,701,606		1,701,606	0	1,701,606	52.00
53.00	05300	ANESTHESIOLOGY	464,992		464,992	0	464,992	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,872,308		5,872,308	0	5,872,308	54.00
54.01	03630	ULTRA SOUND	498,554		498,554	0	498,554	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	494,302		494,302	0	494,302	56.01
57.00	05700	CT SCAN	1,235,470		1,235,470	0	1,235,470	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,666,906		4,666,906	0	4,666,906	59.00
60.00	06000	LABORATORY	8,027,108		8,027,108	0	8,027,108	60.00
64.00	06400	INTRAVENOUS THERAPY	625,302		625,302	0	625,302	64.00
65.00	06500	RESPIRATORY THERAPY	2,105,301	0	2,105,301	0	2,105,301	65.00
66.00	06600	PHYSICAL THERAPY	1,544,955	0	1,544,955	0	1,544,955	66.00
67.00	06700	OCCUPATIONAL THERAPY	353,288	0	353,288	0	353,288	67.00
68.00	06800	SPEECH PATHOLOGY	285,664	0	285,664	0	285,664	68.00
69.00	06900	ELECTROCARDIOLOGY	2,440,387		2,440,387	0	2,440,387	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	757,426		757,426	0	757,426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,333,122		11,333,122	0	11,333,122	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,779,375		21,779,375	0	21,779,375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,746,495		18,746,495	0	18,746,495	73.00
73.01	07301	RETAIL PHARMACY	3,068,283		3,068,283	0	3,068,283	73.01
74.00	07400	RENAL DIALYSIS	1,005,249		1,005,249	0	1,005,249	74.00
76.00	03951	DIABETES	0		0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01
76.02	03030	WOUNDCARE	1,566,287		1,566,287	0	1,566,287	76.02
76.03	03020	PICC LINE TEAM	235,905		235,905	0	235,905	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	557,987		557,987	0	557,987	90.01
90.02	09002	PAIN MANAGEMENT	2,072,075		2,072,075	0	2,072,075	90.02
91.00	09100	EMERGENCY	6,999,143		6,999,143	0	6,999,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,981,747		1,981,747		1,981,747	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	64,944		64,944	0	64,944	95.00
101.00	10100	HOME HEALTH AGENCY	9,578,589		9,578,589		9,578,589	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,195,285		12,195,285		12,195,285	116.00
116.01	11601	HOSPICE II	901,698		901,698		901,698	116.01
200.00		Subtotal (see instructions)	187,563,486	0	187,563,486	0	187,563,486	200.00
201.00		Less Observation Beds	1,981,747		1,981,747		1,981,747	201.00
202.00		Total (see instructions)	185,581,739	0	185,581,739	0	185,581,739	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part I Date/Time Prepared: 5/27/2017 3:46 pm

Title XIX | Hospital | Cost

		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	46,437,434		46,437,434			30.00
31.00	03100	INTENSIVE CARE UNIT	8,441,430		8,441,430			31.00
32.00	03200	CORONARY CARE UNIT	6,335,860		6,335,860			32.00
40.00	04000	SUBPROVIDER - IPF	3,300,762		3,300,762			40.00
41.00	04100	SUBPROVIDER - IRF	4,659,373		4,659,373			41.00
43.00	04300	NURSERY	365,415		365,415			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	58,484,077	51,405,817	109,889,894	0.166002	0.000000	50.00
50.01	05001	REHAB MEDICINE	5,117,237	0	5,117,237	0.358141	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,241,981	3,317,364	5,559,345	0.204131	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,590,823	4,447	1,595,270	1.066657	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	7,191,535	5,794,029	12,985,564	0.035808	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,055,944	49,739,568	63,795,512	0.092049	0.000000	54.00
54.01	03630	ULTRA SOUND	1,761,475	6,731,232	8,492,707	0.058704	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,413,800	13,248,503	15,662,303	0.031560	0.000000	56.01
57.00	05700	CT SCAN	11,495,458	27,388,313	38,883,771	0.031773	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,956,921	20,326,693	33,283,614	0.140216	0.000000	59.00
60.00	06000	LABORATORY	30,224,448	25,522,890	55,747,338	0.143991	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	917,820	2,160,584	3,078,404	0.203125	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	20,122,251	1,825,461	21,947,712	0.095923	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,933,048	1,244,432	4,177,480	0.369829	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,019,279	86,058	1,105,337	0.319620	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	932,857	466,046	1,398,903	0.204206	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,856,377	24,141,727	32,998,104	0.073955	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	616,958	7,254,805	7,871,763	0.096221	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,625,179	12,124,107	24,749,286	0.457917	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,217,823	21,543,563	103,761,386	0.209899	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,191,902	43,987,848	83,179,750	0.225373	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	2,424,801	2,424,801	1.265375	0.000000	73.01
74.00	07400	RENAL DIALYSIS	1,830,167	742,231	2,572,398	0.390783	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0.000000	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000	76.01
76.02	03030	WOUNDCARE	106,551	9,511,213	9,617,764	0.162854	0.000000	76.02
76.03	03020	PICC LINE TEAM	1,580,948	98,040	1,678,988	0.140504	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	13,103	1,881,009	1,894,112	0.294590	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	26,939	17,673,681	17,700,620	0.117062	0.000000	90.02
91.00	09100	EMERGENCY	14,856,284	54,906,886	69,763,170	0.100327	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	808,190	3,164,584	3,972,774	0.498832	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	10,289,368	10,289,368			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,204,983	9,556,059	10,761,042			116.00
116.01	11601	HOSPICE II	0	1,812,875	1,812,875			116.01
200.00		Subtotal (see instructions)	406,934,632	430,374,234	837,308,866			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	406,934,632	430,374,234	837,308,866			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Hospital	Cost

		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
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	REHAB MEDICINE	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301	RETAIL PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	DIABETES	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0.000000		76.01
76.02	03030	WOUNDCARE	0.000000		76.02
76.03	03020	PICC LINE TEAM	0.000000		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000		90.01
90.02	09002	PAIN MANAGEMENT	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
116.01	11601	HOSPICE II			116.01
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: 18-0102

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

Worksheet C Part II Date/Time Prepared: 5/27/2017 3:46 pm

		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	Cost	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,241,915	4,897,845	13,344,070	244,892	667,204	50.00
50.01	05001	REHAB MEDICINE	1,832,694	88,015	1,744,679	4,401	87,234	50.01
51.00	05100	RECOVERY ROOM	1,134,837	114,500	1,020,337	5,725	51,017	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,701,606	59,659	1,641,947	2,983	82,097	52.00
53.00	05300	ANESTHESIOLOGY	464,992	20,776	444,216	1,039	22,211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,872,308	567,853	5,304,455	28,393	265,223	54.00
54.01	03630	ULTRA SOUND	498,554	60,802	437,752	3,040	21,888	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	494,302	34,465	459,837	1,723	22,992	56.01
57.00	05700	CT SCAN	1,235,470	101,687	1,133,783	5,084	56,689	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,666,906	284,930	4,381,976	14,247	219,099	59.00
60.00	06000	LABORATORY	8,027,108	308,237	7,718,871	15,412	385,944	60.00
64.00	06400	INTRAVENOUS THERAPY	625,302	35,297	590,005	1,765	29,500	64.00
65.00	06500	RESPIRATORY THERAPY	2,105,301	50,639	2,054,662	2,532	102,733	65.00
66.00	06600	PHYSICAL THERAPY	1,544,955	42,522	1,502,433	2,126	75,122	66.00
67.00	06700	OCCUPATIONAL THERAPY	353,288	6,958	346,330	348	17,317	67.00
68.00	06800	SPEECH PATHOLOGY	285,664	8,063	277,601	403	13,880	68.00
69.00	06900	ELECTROCARDIOLOGY	2,440,387	346,086	2,094,301	17,304	104,715	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	757,426	32,473	724,953	1,624	36,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,333,122	200,923	11,132,199	10,046	556,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,779,375	368,417	21,410,958	18,421	1,070,548	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,746,495	341,548	18,404,947	17,077	920,247	73.00
73.01	07301	RETAIL PHARMACY	3,068,283	53,698	3,014,585	2,685	150,729	73.01
74.00	07400	RENAL DIALYSIS	1,005,249	16,179	989,070	809	49,454	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	1,566,287	35,268	1,531,019	1,763	76,551	76.02
76.03	03020	PICC LINE TEAM	235,905	5,876	230,029	294	11,501	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	557,987	59,534	498,453	2,977	24,923	90.01
90.02	09002	PAIN MANAGEMENT	2,072,075	94,359	1,977,716	4,718	98,886	90.02
91.00	09100	EMERGENCY	6,999,143	357,615	6,641,528	17,881	332,076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,981,747	112,088	1,869,659	5,604	93,483	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	64,944	1,045	63,899	52	3,195	95.00
101.00	10100	HOME HEALTH AGENCY	9,578,589	156,682	9,421,907	7,834	471,095	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,195,285	306,106	11,889,179	15,305	594,459	116.00
116.01	11601	HOSPICE II	901,698	14,641	887,057	732	44,353	116.01
200.00		Subtotal (sum of lines 50 thru 199)	144,369,199	9,184,786	135,184,413	459,239	6,759,223	200.00
201.00		Less Observation Beds	1,981,747	112,088	1,869,659	5,604	93,483	201.00
202.00		Total (line 200 minus line 201)	142,387,452	9,072,698	133,314,754	453,635	6,665,740	202.00

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

Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet C Part II Date/Time Prepared: 5/27/2017 3:46 pm

Title XIX | Hospital | Cost

		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	17,329,819	109,889,894	0.157702		50.00
50.01	05001	REHAB MEDICINE	1,741,059	5,117,237	0.340234		50.01
51.00	05100	RECOVERY ROOM	1,078,095	5,559,345	0.193925		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,616,526	1,595,270	1.013324		52.00
53.00	05300	ANESTHESIOLOGY	441,742	12,985,564	0.034018		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,578,692	63,795,512	0.087446		54.00
54.01	03630	ULTRA SOUND	473,626	8,492,707	0.055769		54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	469,587	15,662,303	0.029982		56.01
57.00	05700	CT SCAN	1,173,697	38,883,771	0.030185		57.00
59.00	05900	CARDIAC CATHETERIZATION	4,433,560	33,283,614	0.133205		59.00
60.00	06000	LABORATORY	7,625,752	55,747,338	0.136791		60.00
64.00	06400	INTRAVENOUS THERAPY	594,037	3,078,404	0.192969		64.00
65.00	06500	RESPIRATORY THERAPY	2,000,036	21,947,712	0.091127		65.00
66.00	06600	PHYSICAL THERAPY	1,467,707	4,177,480	0.351338		66.00
67.00	06700	OCCUPATIONAL THERAPY	335,623	1,105,337	0.303639		67.00
68.00	06800	SPEECH PATHOLOGY	271,381	1,398,903	0.193996		68.00
69.00	06900	ELECTROCARDIOLOGY	2,318,368	32,998,104	0.070258		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	719,554	7,871,763	0.091410		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,766,466	24,749,286	0.435021		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,690,406	103,761,386	0.199404		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,809,171	83,179,750	0.214105		73.00
73.01	07301	RETAIL PHARMACY	2,914,869	2,424,801	1.202106		73.01
74.00	07400	RENAL DIALYSIS	954,986	2,572,398	0.371243		74.00
76.00	03951	DIABETES	0	0	0.000000		76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000		76.01
76.02	03030	WOUNDCARE	1,487,973	9,617,764	0.154711		76.02
76.03	03020	PICC LINE TEAM	224,110	1,678,988	0.133479		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	530,087	1,894,112	0.279860		90.01
90.02	09002	PAIN MANAGEMENT	1,968,471	17,700,620	0.111209		90.02
91.00	09100	EMERGENCY	6,649,186	69,763,170	0.095311		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,882,660	3,972,774	0.473891		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	61,697	0	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	9,099,660	10,289,368	0.884375		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	11,585,521	10,761,042	1.076617		116.00
116.01	11601	HOSPICE II	856,613	1,812,875	0.472516		116.01
200.00		Subtotal (sum of lines 50 thru 199)	137,150,737	767,768,592			200.00
201.00		Less Observation Beds	1,882,660	0			201.00
202.00		Total (line 200 minus line 201)	135,268,077	767,768,592			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0102

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

Worksheet D Part I Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII Hospital PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,655,446	0	1,655,446	38,666	42.81	30.00
31.00	INTENSIVE CARE UNIT	242,918		242,918	3,251	74.72	31.00
32.00	CORONARY CARE UNIT	246,311		246,311	2,403	102.50	32.00
40.00	SUBPROVIDER - IPF	122,477	0	122,477	2,495	49.09	40.00
41.00	SUBPROVIDER - IRF	239,684	0	239,684	5,184	46.24	41.00
43.00	NURSERY	10,721		10,721	953	11.25	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	2,517,557		2,517,557	52,952		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	17,327	741,769	30.00
31.00	INTENSIVE CARE UNIT	1,606	120,000	31.00
32.00	CORONARY CARE UNIT	1,326	135,915	32.00
40.00	SUBPROVIDER - IPF	1,035	50,808	40.00
41.00	SUBPROVIDER - IRF	3,472	160,545	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	24,766	1,209,037	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part II Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,897,845	109,889,894	0.044570	28,438,236	1,267,492	50.00
50.01	05001	REHAB MEDICINE	88,015	5,117,237	0.017200	1,547	27	50.01
51.00	05100	RECOVERY ROOM	114,500	5,559,345	0.020596	1,005,412	20,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,659	1,595,270	0.037397	11,208	419	52.00
53.00	05300	ANESTHESIOLOGY	20,776	12,985,564	0.001600	3,218,993	5,150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	567,853	63,795,512	0.008901	7,645,756	68,055	54.00
54.01	03630	ULTRA SOUND	60,802	8,492,707	0.007159	807,954	5,784	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	34,465	15,662,303	0.002201	1,422,077	3,130	56.01
57.00	05700	CT SCAN	101,687	38,883,771	0.002615	5,827,764	15,240	57.00
59.00	05900	CARDIAC CATHETERIZATION	284,930	33,283,614	0.008561	6,945,901	59,464	59.00
60.00	06000	LABORATORY	308,237	55,747,338	0.005529	14,311,748	79,130	60.00
64.00	06400	INTRAVENOUS THERAPY	35,297	3,078,404	0.011466	894,264	10,254	64.00
65.00	06500	RESPIRATORY THERAPY	50,639	21,947,712	0.002307	10,491,879	24,205	65.00
66.00	06600	PHYSICAL THERAPY	42,522	4,177,480	0.010179	1,630,041	16,592	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,958	1,105,337	0.006295	556,010	3,500	67.00
68.00	06800	SPEECH PATHOLOGY	8,063	1,398,903	0.005764	580,868	3,348	68.00
69.00	06900	ELECTROCARDIOLOGY	346,086	32,998,104	0.010488	5,092,005	53,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,473	7,871,763	0.004125	317,652	1,310	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	200,923	24,749,286	0.008118	6,328,967	51,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	368,417	103,761,386	0.003551	39,222,024	139,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	341,548	83,179,750	0.004106	18,281,198	75,063	73.00
73.01	07301	RETAIL PHARMACY	53,698	2,424,801	0.022145	0	0	73.01
74.00	07400	RENAL DIALYSIS	16,179	2,572,398	0.006289	1,126,470	7,084	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUNDCARE	35,268	9,617,764	0.003667	86,718	318	76.02
76.03	03020	PICC LINE TEAM	5,876	1,678,988	0.003500	785,160	2,748	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	59,534	1,894,112	0.031431	0	0	90.01
90.02	09002	PAIN MANAGEMENT	94,359	17,700,620	0.005331	10,515	56	90.02
91.00	09100	EMERGENCY	357,615	69,763,170	0.005126	5,691,459	29,174	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	112,088	3,972,774	0.028214	402,563	11,358	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	8,706,312	744,905,307		161,134,389	1,953,669	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102

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

Worksheet D Part III Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII Hospital PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
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
44.00	04400	SKILLED NURSING FACILITY	0	0			0	44.00
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	38,666	0.00	17,327	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,251	0.00	1,606	0		31.00
32.00	03200	CORONARY CARE UNIT	2,403	0.00	1,326	0		32.00
40.00	04000	SUBPROVIDER - IPF	2,495	0.00	1,035	0		40.00
41.00	04100	SUBPROVIDER - IRF	5,184	0.00	3,472	0		41.00
43.00	04300	NURSERY	953	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	52,952		24,766	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102

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

Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		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: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm

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	109,889,894	0.000000	0.000000	28,438,236	50.00
50.01	05001	REHAB MEDICINE	0	5,117,237	0.000000	0.000000	1,547	50.01
51.00	05100	RECOVERY ROOM	0	5,559,345	0.000000	0.000000	1,005,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,595,270	0.000000	0.000000	11,208	52.00
53.00	05300	ANESTHESIOLOGY	0	12,985,564	0.000000	0.000000	3,218,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,795,512	0.000000	0.000000	7,645,756	54.00
54.01	03630	ULTRA SOUND	0	8,492,707	0.000000	0.000000	807,954	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,662,303	0.000000	0.000000	1,422,077	56.01
57.00	05700	CT SCAN	0	38,883,771	0.000000	0.000000	5,827,764	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,283,614	0.000000	0.000000	6,945,901	59.00
60.00	06000	LABORATORY	0	55,747,338	0.000000	0.000000	14,311,748	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,078,404	0.000000	0.000000	894,264	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,947,712	0.000000	0.000000	10,491,879	65.00
66.00	06600	PHYSICAL THERAPY	0	4,177,480	0.000000	0.000000	1,630,041	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,105,337	0.000000	0.000000	556,010	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,398,903	0.000000	0.000000	580,868	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,998,104	0.000000	0.000000	5,092,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,871,763	0.000000	0.000000	317,652	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,749,286	0.000000	0.000000	6,328,967	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,761,386	0.000000	0.000000	39,222,024	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,179,750	0.000000	0.000000	18,281,198	73.00
73.01	07301	RETAIL PHARMACY	0	2,424,801	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,572,398	0.000000	0.000000	1,126,470	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0.000000	0	76.01
76.02	03030	WOUNDCARE	0	9,617,764	0.000000	0.000000	86,718	76.02
76.03	03020	PICC LINE TEAM	0	1,678,988	0.000000	0.000000	785,160	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	1,894,112	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	17,700,620	0.000000	0.000000	10,515	90.02
91.00	09100	EMERGENCY	0	69,763,170	0.000000	0.000000	5,691,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,972,774	0.000000	0.000000	402,563	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	744,905,307			161,134,389	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	13,600,743	0		50.00
50.01	05001	REHAB MEDICINE	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	770,472	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,431,028	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,083,469	0		54.00
54.01	03630	ULTRA SOUND	0	1,596,823	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	6,412,804	0		56.01
57.00	05700	CT SCAN	0	7,932,900	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,700,865	0		59.00
60.00	06000	LABORATORY	0	9,610	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,652,302	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	557,247	0		65.00
66.00	06600	PHYSICAL THERAPY	0	23,036	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,038	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	15,279	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,247,841	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,175,935	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,576,039	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,644,312	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,418,535	0		73.00
73.01	07301	RETAIL PHARMACY	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	316,528	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0		76.01
76.02	03030	WOUNDCARE	0	4,856,291	0		76.02
76.03	03020	PICC LINE TEAM	0	29,541	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	350,742	0		90.01
90.02	09002	PAIN MANAGEMENT	0	8,913,111	0		90.02
91.00	09100	EMERGENCY	0	8,931,463	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	970,024	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	132,220,978	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

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

Worksheet D Part V Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII Hospital PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.166002	13,600,743	0	0	2,257,751	50.00
50.01	05001	REHAB MEDICINE	0.358141	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.204131	770,472	0	0	157,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.066657	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035808	1,431,028	0	0	51,242	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092049	19,083,469	0	0	1,756,614	54.00
54.01	03630	ULTRA SOUND	0.058704	1,596,823	0	0	93,740	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.031560	6,412,804	0	0	202,388	56.01
57.00	05700	CT SCAN	0.031773	7,932,900	0	0	252,052	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.140216	9,700,865	0	0	1,360,216	59.00
60.00	06000	LABORATORY	0.143991	9,610	825	0	1,384	60.00
64.00	06400	INTRAVENOUS THERAPY	0.203125	4,652,302	0	0	944,999	64.00
65.00	06500	RESPIRATORY THERAPY	0.095923	557,247	0	0	53,453	65.00
66.00	06600	PHYSICAL THERAPY	0.369829	23,036	0	0	8,519	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319620	4,038	0	0	1,291	67.00
68.00	06800	SPEECH PATHOLOGY	0.204206	15,279	0	0	3,120	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073955	11,247,841	0	0	831,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.096221	2,175,935	0	0	209,371	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457917	4,576,039	0	0	2,095,446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209899	8,644,312	0	0	1,814,432	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225373	15,418,535	38	36,942	3,474,921	73.00
73.01	07301	RETAIL PHARMACY	1.265375	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.390783	316,528	0	0	123,694	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0.162854	4,856,291	0	0	790,866	76.02
76.03	03020	PICC LINE TEAM	0.140504	29,541	0	0	4,151	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.294590	350,742	0	0	103,325	90.01
90.02	09002	PAIN MANAGEMENT	0.117062	8,913,111	0	0	1,043,387	90.02
91.00	09100	EMERGENCY	0.100327	8,931,463	0	0	896,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.498832	970,024	0	0	483,879	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		132,220,978	863	36,942	19,015,419	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		132,220,978	863	36,942	19,015,419	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	119	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9	8,326		73.00
73.01	07301	RETAIL PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUNDCARE	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	128	8,326		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	128	8,326		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0102
Component CCN: 18-S102

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

Worksheet D
Part II
Date/Time Prepared:
5/27/2017 3:46 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,897,845	109,889,894	0.044570	0	0	50.00
50.01	05001	REHAB MEDICINE	88,015	5,117,237	0.017200	0	0	50.01
51.00	05100	RECOVERY ROOM	114,500	5,559,345	0.020596	37,819	779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,659	1,595,270	0.037397	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,776	12,985,564	0.001600	9,418	15	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	567,853	63,795,512	0.008901	34,481	307	54.00
54.01	03630	ULTRA SOUND	60,802	8,492,707	0.007159	6,223	45	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	34,465	15,662,303	0.002201	4,692	10	56.01
57.00	05700	CT SCAN	101,687	38,883,771	0.002615	69,433	182	57.00
59.00	05900	CARDIAC CATHETERIZATION	284,930	33,283,614	0.008561	0	0	59.00
60.00	06000	LABORATORY	308,237	55,747,338	0.005529	288,813	1,597	60.00
64.00	06400	INTRAVENOUS THERAPY	35,297	3,078,404	0.011466	5,602	64	64.00
65.00	06500	RESPIRATORY THERAPY	50,639	21,947,712	0.002307	26,601	61	65.00
66.00	06600	PHYSICAL THERAPY	42,522	4,177,480	0.010179	7,709	78	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,958	1,105,337	0.006295	1,142	7	67.00
68.00	06800	SPEECH PATHOLOGY	8,063	1,398,903	0.005764	2,150	12	68.00
69.00	06900	ELECTROCARDIOLOGY	346,086	32,998,104	0.010488	20,522	215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,473	7,871,763	0.004125	4,184	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	200,923	24,749,286	0.008118	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	368,417	103,761,386	0.003551	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	341,548	83,179,750	0.004106	151,769	623	73.00
73.01	07301	RETAIL PHARMACY	53,698	2,424,801	0.022145	0	0	73.01
74.00	07400	RENAL DIALYSIS	16,179	2,572,398	0.006289	0	0	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUNDCARE	35,268	9,617,764	0.003667	0	0	76.02
76.03	03020	PICC LINE TEAM	5,876	1,678,988	0.003500	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	59,534	1,894,112	0.031431	613	19	90.01
90.02	09002	PAIN MANAGEMENT	94,359	17,700,620	0.005331	0	0	90.02
91.00	09100	EMERGENCY	357,615	69,763,170	0.005126	270,035	1,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,972,774	0.000000	312	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	8,594,224	744,905,307		941,518	5,415	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	109,889,894	0.000000	0.000000	0	50.00
50.01	05001	REHAB MEDICINE	0	5,117,237	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	5,559,345	0.000000	0.000000	37,819	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,595,270	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,985,564	0.000000	0.000000	9,418	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,795,512	0.000000	0.000000	34,481	54.00
54.01	03630	ULTRA SOUND	0	8,492,707	0.000000	0.000000	6,223	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,662,303	0.000000	0.000000	4,692	56.01
57.00	05700	CT SCAN	0	38,883,771	0.000000	0.000000	69,433	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,283,614	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	55,747,338	0.000000	0.000000	288,813	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,078,404	0.000000	0.000000	5,602	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,947,712	0.000000	0.000000	26,601	65.00
66.00	06600	PHYSICAL THERAPY	0	4,177,480	0.000000	0.000000	7,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,105,337	0.000000	0.000000	1,142	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,398,903	0.000000	0.000000	2,150	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,998,104	0.000000	0.000000	20,522	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,871,763	0.000000	0.000000	4,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,749,286	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,761,386	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,179,750	0.000000	0.000000	151,769	73.00
73.01	07301	RETAIL PHARMACY	0	2,424,801	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,572,398	0.000000	0.000000	0	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0.000000	0	76.01
76.02	03030	WOUNDCARE	0	9,617,764	0.000000	0.000000	0	76.02
76.03	03020	PICC LINE TEAM	0	1,678,988	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	1,894,112	0.000000	0.000000	613	90.01
90.02	09002	PAIN MANAGEMENT	0	17,700,620	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	69,763,170	0.000000	0.000000	270,035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,972,774	0.000000	0.000000	312	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	744,905,307			941,518	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	REHAB MEDICINE	0	0	0		50.01
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	03630	ULTRA SOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
73.01	07301	RETAIL PHARMACY	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0		76.01
76.02	03030	WOUNDCARE	0	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0	0		90.02
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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: 18-0102
Component CCN: 18-T102

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

Worksheet D Part II
Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,897,845	109,889,894	0.044570	85,697	3,820	50.00
50.01	05001	REHAB MEDICINE	88,015	5,117,237	0.017200	3,456,666	59,455	50.01
51.00	05100	RECOVERY ROOM	114,500	5,559,345	0.020596	4,629	95	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,659	1,595,270	0.037397	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,776	12,985,564	0.001600	9,978	16	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	567,853	63,795,512	0.008901	116,878	1,040	54.00
54.01	03630	ULTRA SOUND	60,802	8,492,707	0.007159	17,057	122	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	34,465	15,662,303	0.002201	16,418	36	56.01
57.00	05700	CT SCAN	101,687	38,883,771	0.002615	103,824	271	57.00
59.00	05900	CARDIAC CATHETERIZATION	284,930	33,283,614	0.008561	3,434	29	59.00
60.00	06000	LABORATORY	308,237	55,747,338	0.005529	837,560	4,631	60.00
64.00	06400	INTRAVENOUS THERAPY	35,297	3,078,404	0.011466	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	50,639	21,947,712	0.002307	619,184	1,428	65.00
66.00	06600	PHYSICAL THERAPY	42,522	4,177,480	0.010179	3,191	32	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,958	1,105,337	0.006295	2,498	16	67.00
68.00	06800	SPEECH PATHOLOGY	8,063	1,398,903	0.005764	1,192	7	68.00
69.00	06900	ELECTROCARDIOLOGY	346,086	32,998,104	0.010488	85,188	893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,473	7,871,763	0.004125	7,367	30	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	200,923	24,749,286	0.008118	12,491	101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	368,417	103,761,386	0.003551	15,131	54	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	341,548	83,179,750	0.004106	729,344	2,995	73.00
73.01	07301	RETAIL PHARMACY	53,698	2,424,801	0.022145	0	0	73.01
74.00	07400	RENAL DIALYSIS	16,179	2,572,398	0.006289	61,394	386	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUNDCARE	35,268	9,617,764	0.003667	0	0	76.02
76.03	03020	PICC LINE TEAM	5,876	1,678,988	0.003500	25,151	88	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	59,534	1,894,112	0.031431	0	0	90.01
90.02	09002	PAIN MANAGEMENT	94,359	17,700,620	0.005331	1,413	8	90.02
91.00	09100	EMERGENCY	357,615	69,763,170	0.005126	2,340	12	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,972,774	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	8,594,224	744,905,307		6,218,025	75,565	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		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: 18-0102
Component CCN: 18-T102

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

Worksheet D Part IV
Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	109,889,894	0.000000	0.000000	85,697	50.00
50.01	05001	REHAB MEDICINE	0	5,117,237	0.000000	0.000000	3,456,666	50.01
51.00	05100	RECOVERY ROOM	0	5,559,345	0.000000	0.000000	4,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,595,270	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,985,564	0.000000	0.000000	9,978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,795,512	0.000000	0.000000	116,878	54.00
54.01	03630	ULTRA SOUND	0	8,492,707	0.000000	0.000000	17,057	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,662,303	0.000000	0.000000	16,418	56.01
57.00	05700	CT SCAN	0	38,883,771	0.000000	0.000000	103,824	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,283,614	0.000000	0.000000	3,434	59.00
60.00	06000	LABORATORY	0	55,747,338	0.000000	0.000000	837,560	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,078,404	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,947,712	0.000000	0.000000	619,184	65.00
66.00	06600	PHYSICAL THERAPY	0	4,177,480	0.000000	0.000000	3,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,105,337	0.000000	0.000000	2,498	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,398,903	0.000000	0.000000	1,192	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,998,104	0.000000	0.000000	85,188	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,871,763	0.000000	0.000000	7,367	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,749,286	0.000000	0.000000	12,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,761,386	0.000000	0.000000	15,131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,179,750	0.000000	0.000000	729,344	73.00
73.01	07301	RETAIL PHARMACY	0	2,424,801	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,572,398	0.000000	0.000000	61,394	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0.000000	0	76.01
76.02	03030	WOUNDCARE	0	9,617,764	0.000000	0.000000	0	76.02
76.03	03020	PICC LINE TEAM	0	1,678,988	0.000000	0.000000	25,151	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	1,894,112	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	17,700,620	0.000000	0.000000	1,413	90.02
91.00	09100	EMERGENCY	0	69,763,170	0.000000	0.000000	2,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,972,774	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	744,905,307			6,218,025	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	REHAB MEDICINE	0	0	0		50.01
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	03630	ULTRA SOUND	0	1,910	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	480	0		73.00
73.01	07301	RETAIL PHARMACY	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0		76.01
76.02	03030	WOUNDCARE	0	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0	0		90.02
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	2,390	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102
Component CCN: 18-T102

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

Worksheet D Part V
Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.166002	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0.358141	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.204131	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.066657	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035808	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092049	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.058704	1,910	0	0	112	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.031560	0	0	0	0	56.01
57.00	05700	CT SCAN	0.031773	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.140216	0	0	0	0	59.00
60.00	06000	LABORATORY	0.143991	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.203125	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.095923	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.369829	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319620	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.204206	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073955	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.096221	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457917	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209899	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225373	480	0	445	108	73.00
73.01	07301	RETAIL PHARMACY	1.265375	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.390783	0	0	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0.162854	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0.140504	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.294590	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.117062	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.100327	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.498832	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		2,390	0	445	220	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		2,390	0	445	220	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100		73.00
73.01	07301	RETAIL PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUNDCARE	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	100		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	100		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102

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

Worksheet D Part III Date/Time Prepared: 5/27/2017 3:46 pm

Title XIX Hospital Cost

		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
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
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
44.00	04400	SKILLED NURSING FACILITY	0	0			0	44.00
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	38,666	0.00	413	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,251	0.00	24	0		31.00
32.00	03200	CORONARY CARE UNIT	2,403	0.00	48	0		32.00
40.00	04000	SUBPROVIDER - IPF	2,495	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	5,184	0.00	21	0		41.00
43.00	04300	NURSERY	953	0.00	3	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	52,952		509	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102

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

Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm

		Cost Center Description	Title XIX Non Physician Anesthetist Cost	Title XIX Nursing School	Title XIX Allied Health	Hospital All Other Medical Education Cost	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
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		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: 18-0102

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

Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm

Title XIX Hospital Cost

		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	109,889,894	0.000000	0.000000	282,107	50.00
50.01	05001	REHAB MEDICINE	0	5,117,237	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	5,559,345	0.000000	0.000000	7,490	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,595,270	0.000000	0.000000	2,914	52.00
53.00	05300	ANESTHESIOLOGY	0	12,985,564	0.000000	0.000000	23,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,795,512	0.000000	0.000000	99,969	54.00
54.01	03630	ULTRA SOUND	0	8,492,707	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,662,303	0.000000	0.000000	2,994	56.01
57.00	05700	CT SCAN	0	38,883,771	0.000000	0.000000	80,804	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,283,614	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	55,747,338	0.000000	0.000000	292,293	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,078,404	0.000000	0.000000	15,999	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,947,712	0.000000	0.000000	147,231	65.00
66.00	06600	PHYSICAL THERAPY	0	4,177,480	0.000000	0.000000	27,421	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,105,337	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,398,903	0.000000	0.000000	17,049	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,998,104	0.000000	0.000000	62,128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,871,763	0.000000	0.000000	2,496	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,749,286	0.000000	0.000000	75,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,761,386	0.000000	0.000000	159,852	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,179,750	0.000000	0.000000	306,705	73.00
73.01	07301	RETAIL PHARMACY	0	2,424,801	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,572,398	0.000000	0.000000	43,955	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0.000000	0	76.01
76.02	03030	WOUNDCARE	0	9,617,764	0.000000	0.000000	0	76.02
76.03	03020	PICC LINE TEAM	0	1,678,988	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	1,894,112	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	17,700,620	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	69,763,170	0.000000	0.000000	102,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,972,774	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	744,905,307			1,753,507	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102

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

Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm

Title XIX Hospital Cost

		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
50.01	05001	REHAB MEDICINE	0	0	0		50.01
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	03630	ULTRA SOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
73.01	07301	RETAIL PHARMACY	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0		76.01
76.02	03030	WOUNDCARE	0	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0	0		90.02
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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 MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D Part V Date/Time Prepared: 5/27/2017 3:46 pm

Title XIX | Hospital | Cost

		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	0.157702	0	497,862	0	0	50.00
50.01	05001	REHAB MEDICINE	0.340234	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.193925	0	10,610	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.013324	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.034018	0	14,883	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.087446	0	168,213	0	0	54.00
54.01	03630	ULTRA SOUND	0.055769	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.029982	0	18,252	0	0	56.01
57.00	05700	CT SCAN	0.030185	0	134,234	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.133205	0	0	0	0	59.00
60.00	06000	LABORATORY	0.136791	0	139,614	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.192969	0	47,924	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.091127	0	25,769	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.351338	0	2,877	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.303639	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.193996	0	11,348	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070258	0	58,274	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.091410	0	32,276	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.435021	0	43,223	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.199404	0	38,195	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214105	0	641,501	0	0	73.00
73.01	07301	RETAIL PHARMACY	1.202106	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.371243	0	0	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0.154711	0	20,416	0	0	76.02
76.03	03020	PICC LINE TEAM	0.133479	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.279860	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.111209	0	20,792	0	0	90.02
91.00	09100	EMERGENCY	0.095311	0	352,914	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.473891	0	14,644	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00
200.00		Subtotal (see instructions)		0	2,293,821	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	2,293,821	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

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

Worksheet D Part V Date/Time Prepared: 5/27/2017 3:46 pm

Title XIX Hospital Cost

		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	78,514	0		50.00
50.01	05001	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	2,058	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	506	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,710	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	547	0		56.01
57.00	05700	CT SCAN	4,052	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	19,098	0		60.00
64.00	06400	INTRAVENOUS THERAPY	9,248	0		64.00
65.00	06500	RESPIRATORY THERAPY	2,348	0		65.00
66.00	06600	PHYSICAL THERAPY	1,011	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	2,201	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,094	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,950	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,803	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,616	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,349	0		73.00
73.01	07301	RETAIL PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUNDCARE	3,159	0		76.02
76.03	03020	PICC LINE TEAM	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	2,312	0		90.02
91.00	09100	EMERGENCY	33,637	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,940	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	351,153	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	351,153	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IPF	Cost

		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
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IPF	Cost

		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	109,889,894	0.000000	0.000000	0	50.00
50.01	05001	REHAB MEDICINE	0	5,117,237	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	5,559,345	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,595,270	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,985,564	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,795,512	0.000000	0.000000	0	54.00
54.01	03630	ULTRA SOUND	0	8,492,707	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,662,303	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	38,883,771	0.000000	0.000000	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,283,614	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	55,747,338	0.000000	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,078,404	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,947,712	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,177,480	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,105,337	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,398,903	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,998,104	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,871,763	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,749,286	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,761,386	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,179,750	0.000000	0.000000	0	73.00
73.01	07301	RETAIL PHARMACY	0	2,424,801	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,572,398	0.000000	0.000000	0	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0.000000	0	76.01
76.02	03030	WOUNDCARE	0	9,617,764	0.000000	0.000000	0	76.02
76.03	03020	PICC LINE TEAM	0	1,678,988	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	1,894,112	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	17,700,620	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	69,763,170	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,972,774	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	744,905,307			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IPF	Cost

		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
50.01	05001	REHAB MEDICINE	0	0	0		50.01
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	03630	ULTRA SOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
73.01	07301	RETAIL PHARMACY	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0		76.01
76.02	03030	WOUNDCARE	0	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0	0		90.02
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102
Component CCN: 18-T102

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2017 3:46 pm

Title XIX | Subprovider - IRF | Cost

		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
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IRF	Cost

		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	109,889,894	0.000000	0.000000	0	50.00
50.01	05001	REHAB MEDICINE	0	5,117,237	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	5,559,345	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,595,270	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,985,564	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,795,512	0.000000	0.000000	0	54.00
54.01	03630	ULTRA SOUND	0	8,492,707	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,662,303	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	38,883,771	0.000000	0.000000	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,283,614	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	55,747,338	0.000000	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,078,404	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,947,712	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,177,480	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,105,337	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,398,903	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,998,104	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,871,763	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,749,286	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,761,386	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,179,750	0.000000	0.000000	0	73.00
73.01	07301	RETAIL PHARMACY	0	2,424,801	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,572,398	0.000000	0.000000	0	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0.000000	0	76.01
76.02	03030	WOUNDCARE	0	9,617,764	0.000000	0.000000	0	76.02
76.03	03020	PICC LINE TEAM	0	1,678,988	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	1,894,112	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	17,700,620	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	69,763,170	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,972,774	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	744,905,307			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IRF	Cost

		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
50.01	05001	REHAB MEDICINE	0	0	0		50.01
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	03630	ULTRA SOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
73.01	07301	RETAIL PHARMACY	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0		76.01
76.02	03030	WOUNDCARE	0	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0	0		90.02
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	38,666	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	38,666	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)	36,048	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)	17,327	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)	29,268,847	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)	29,268,847	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)	29,268,847	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)	756.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,116,019	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)	13,116,019	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,821,551	3,251	1,483.10	1,606	2,381,859	43.00
44.00	CORONARY CARE UNIT	3,599,612	2,403	1,497.97	1,326	1,986,308	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	28,152,722	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	45,636,908	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)	997,684	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,953,669	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,951,353	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	42,685,555	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)	2,618	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	756.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,981,747	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,655,446	29,268,847	0.056560	1,981,747	112,088	90.00
91.00	Nursing School cost	0	29,268,847	0.000000	1,981,747	0	91.00
92.00	Allied health cost	0	29,268,847	0.000000	1,981,747	0	92.00
93.00	All other Medical Education	0	29,268,847	0.000000	1,981,747	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,495	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)	2,495	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)	1,035	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)	2,032,522	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)	2,032,522	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)	2,032,522	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)	814.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	843,152	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)	843,152	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IPF	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	126,436	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	969,588	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	50,808	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	5,415	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	56,223	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	913,365	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	122,477	2,032,522	0.060259	0	0	90.00
91.00	Nursing School cost	0	2,032,522	0.000000	0	0	91.00
92.00	Allied health cost	0	2,032,522	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,032,522	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,184	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,184	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,184	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,472	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)	3,093,946	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)	3,093,946	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)	3,093,946	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)	596.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,072,194	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,072,194	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,659,982	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,732,176	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)	160,545	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	75,565	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	236,110	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,496,066	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	239,684	3,093,946	0.077469	0	0	90.00
91.00	Nursing School cost	0	3,093,946	0.000000	0	0	91.00
92.00	Allied health cost	0	3,093,946	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,093,946	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Hospital	Cost

	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)	38,666	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	38,666	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)	36,048	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	413	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	953	15.00
16.00	Nursery days (title V or XIX only)	3	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)	29,268,847	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)	29,268,847	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)	29,268,847	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)	756.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	312,629	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)	312,629	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-1 | Date/Time Prepared: 5/27/2017 3:46 pm

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Cost Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	377,809	953	396.44	3	1,189	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,821,551	3,251	1,483.10	24	35,594	43.00
44.00	CORONARY CARE UNIT	3,599,612	2,403	1,497.97	48	71,903	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	306,942	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	728,257	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)	2,618	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	756.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,981,747	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		Title XIX			Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,655,446	29,268,847	0.056560	1,981,747	112,088	90.00
91.00	Nursing School cost	0	29,268,847	0.000000	1,981,747	0	91.00
92.00	Allied health cost	0	29,268,847	0.000000	1,981,747	0	92.00
93.00	All other Medical Education	0	29,268,847	0.000000	1,981,747	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IPF	Cost

	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)	2,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,495	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)	2,495	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)	953	15.00
16.00	Nursery days (title V or XIX only)	3	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)	2,032,522	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)	2,032,522	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)	2,032,522	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)	814.64	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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IPF	Cost

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

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	122,477	2,032,522	0.060259	0	0	90.00
91.00	Nursing School cost	0	2,032,522	0.000000	0	0	91.00
92.00	Allied health cost	0	2,032,522	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,032,522	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IRF	Cost

	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)	5,184	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,184	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,184	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)	21	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)	953	15.00
16.00	Nursery days (title V or XIX only)	3	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)	3,093,946	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)	3,093,946	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)	3,093,946	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)	596.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	12,533	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)	12,533	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IRF	Cost

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	12,533	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	239,684	3,093,946	0.077469	0	0	90.00
91.00	Nursing School cost	0	3,093,946	0.000000	0	0	91.00
92.00	Allied health cost	0	3,093,946	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,093,946	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/27/2017 3:46 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		20,356,329		30.00
31.00	03100	INTENSIVE CARE UNIT		3,902,835		31.00
32.00	03200	CORONARY CARE UNIT		3,227,910		32.00
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	0.166002	28,438,236	4,720,804	50.00
50.01	05001	REHAB MEDICINE	0.358141	1,547	554	50.01
51.00	05100	RECOVERY ROOM	0.204131	1,005,412	205,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.066657	11,208	11,955	52.00
53.00	05300	ANESTHESIOLOGY	0.035808	3,218,993	115,266	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092049	7,645,756	703,784	54.00
54.01	03630	ULTRA SOUND	0.058704	807,954	47,430	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.031560	1,422,077	44,881	56.01
57.00	05700	CT SCAN	0.031773	5,827,764	185,166	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.140216	6,945,901	973,926	59.00
60.00	06000	LABORATORY	0.143991	14,311,748	2,060,763	60.00
64.00	06400	INTRAVENOUS THERAPY	0.203125	894,264	181,647	64.00
65.00	06500	RESPIRATORY THERAPY	0.095923	10,491,879	1,006,413	65.00
66.00	06600	PHYSICAL THERAPY	0.369829	1,630,041	602,836	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319620	556,010	177,712	67.00
68.00	06800	SPEECH PATHOLOGY	0.204206	580,868	118,617	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073955	5,092,005	376,579	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.096221	317,652	30,565	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457917	6,328,967	2,898,142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209899	39,222,024	8,232,664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225373	18,281,198	4,120,088	73.00
73.01	07301	RETAIL PHARMACY	1.265375	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.390783	1,126,470	440,205	74.00
76.00	03951	DIABETES	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	76.01
76.02	03030	WOUNDCARE	0.162854	86,718	14,122	76.02
76.03	03020	PICC LINE TEAM	0.140504	785,160	110,318	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.294590	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.117062	10,515	1,231	90.02
91.00	09100	EMERGENCY	0.100327	5,691,459	571,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.498832	402,563	200,811	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		161,134,389	28,152,722	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)		161,134,389		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 18-0102
Component CCN: 18-S102

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

Worksheet D-3
Date/Time Prepared:
5/27/2017 3:46 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		1,347,126		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	0.166002	0	0	50.00
50.01	05001	REHAB MEDICINE	0.358141	0	0	50.01
51.00	05100	RECOVERY ROOM	0.204131	37,819	7,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.066657	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035808	9,418	337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092049	34,481	3,174	54.00
54.01	03630	ULTRA SOUND	0.058704	6,223	365	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.031560	4,692	148	56.01
57.00	05700	CT SCAN	0.031773	69,433	2,206	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.140216	0	0	59.00
60.00	06000	LABORATORY	0.143991	288,813	41,586	60.00
64.00	06400	INTRAVENOUS THERAPY	0.203125	5,602	1,138	64.00
65.00	06500	RESPIRATORY THERAPY	0.095923	26,601	2,552	65.00
66.00	06600	PHYSICAL THERAPY	0.369829	7,709	2,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319620	1,142	365	67.00
68.00	06800	SPEECH PATHOLOGY	0.204206	2,150	439	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073955	20,522	1,518	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.096221	4,184	403	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457917	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209899	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225373	151,769	34,205	73.00
73.01	07301	RETAIL PHARMACY	1.265375	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.390783	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	76.01
76.02	03030	WOUNDCARE	0.162854	0	0	76.02
76.03	03020	PICC LINE TEAM	0.140504	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.294590	613	181	90.01
90.02	09002	PAIN MANAGEMENT	0.117062	0	0	90.02
91.00	09100	EMERGENCY	0.100327	270,035	27,092	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.498832	312	156	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		941,518	126,436	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)		941,518		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		3,068,022		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.166002	85,697	14,226	50.00
50.01	05001	REHAB MEDICINE	0.358141	3,456,666	1,237,974	50.01
51.00	05100	RECOVERY ROOM	0.204131	4,629	945	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.066657	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035808	9,978	357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092049	116,878	10,759	54.00
54.01	03630	ULTRA SOUND	0.058704	17,057	1,001	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.031560	16,418	518	56.01
57.00	05700	CT SCAN	0.031773	103,824	3,299	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.140216	3,434	482	59.00
60.00	06000	LABORATORY	0.143991	837,560	120,601	60.00
64.00	06400	INTRAVENOUS THERAPY	0.203125	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.095923	619,184	59,394	65.00
66.00	06600	PHYSICAL THERAPY	0.369829	3,191	1,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319620	2,498	798	67.00
68.00	06800	SPEECH PATHOLOGY	0.204206	1,192	243	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073955	85,188	6,300	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.096221	7,367	709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457917	12,491	5,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209899	15,131	3,176	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225373	729,344	164,374	73.00
73.01	07301	RETAIL PHARMACY	1.265375	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.390783	61,394	23,992	74.00
76.00	03951	DIABETES	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	76.01
76.02	03030	WOUNDCARE	0.162854	0	0	76.02
76.03	03020	PICC LINE TEAM	0.140504	25,151	3,534	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.294590	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.117062	1,413	165	90.02
91.00	09100	EMERGENCY	0.100327	2,340	235	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.498832	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		6,218,025	1,659,982	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)		6,218,025		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet D-3 | Date/Time Prepared: 5/27/2017 3:46 pm

Title XIX | Hospital | Cost

		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		417,267		30.00
31.00	03100	INTENSIVE CARE UNIT		58,464		31.00
32.00	03200	CORONARY CARE UNIT		110,988		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		1,140		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.166002	282,107	46,830	50.00
50.01	05001	REHAB MEDICINE	0.358141	0	0	50.01
51.00	05100	RECOVERY ROOM	0.204131	7,490	1,529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.066657	2,914	3,108	52.00
53.00	05300	ANESTHESIOLOGY	0.035808	23,415	838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092049	99,969	9,202	54.00
54.01	03630	ULTRA SOUND	0.058704	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.031560	2,994	94	56.01
57.00	05700	CT SCAN	0.031773	80,804	2,567	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.140216	0	0	59.00
60.00	06000	LABORATORY	0.143991	292,293	42,088	60.00
64.00	06400	INTRAVENOUS THERAPY	0.203125	15,999	3,250	64.00
65.00	06500	RESPIRATORY THERAPY	0.095923	147,231	14,123	65.00
66.00	06600	PHYSICAL THERAPY	0.369829	27,421	10,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319620	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.204206	17,049	3,482	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073955	62,128	4,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.096221	2,496	240	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.457917	75,717	34,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209899	159,852	33,553	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225373	306,705	69,123	73.00
73.01	07301	RETAIL PHARMACY	1.265375	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.390783	43,955	17,177	74.00
76.00	03951	DIABETES	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	76.01
76.02	03030	WOUNDCARE	0.162854	0	0	76.02
76.03	03020	PICC LINE TEAM	0.140504	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.294590	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.117062	0	0	90.02
91.00	09100	EMERGENCY	0.100327	102,968	10,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.498832	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,753,507	306,942	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,753,507		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	28,715,912	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	8,847,000	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)	797,337	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	9,959,033	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	260.85	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.56	30.00
31.00	Percentage of Medicaid patient days (see instructions)	20.08	31.00
32.00	Sum of lines 30 and 31	27.64	32.00
33.00	Allowable disproportionate share percentage (see instructions)	12.02	33.00
34.00	Disproportionate share adjustment (see instructions)	1,128,765	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,229,960	1,072,118	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	920,790	270,233	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,191,023		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)	40,680,037		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)	40,680,037	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,029,703	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	10,823	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)	43,720,563	59.00
60.00	Primary payer payments	26,711	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	43,693,852	61.00
62.00	Deductibles billed to program beneficiaries	4,190,014	62.00
63.00	Coinsurance billed to program beneficiaries	102,396	63.00
64.00	Allowable bad debts (see instructions)	1,000,644	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	650,419	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	440,640	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	40,051,861	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	IDENTIFIED ON PS&R AS OTHER ADJUST	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)	80,173	70.93
70.94	HRR adjustment amount (see instructions)	-141,532	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		101,086	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,889,416	71.00
71.01	Sequestration adjustment (see instructions)		797,788	71.01
72.00	Interim payments		38,116,244	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)		975,384	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		858,185	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		40,257	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0102

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

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2017 3:46 pm

			Title XVIII		Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	28,715,912	28,715,912		28,715,912	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,847,000		8,847,000	8,847,000	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	797,337	674,833	122,504	797,337	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	9,959,033	7,452,651	2,506,382	9,959,033	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	0.1202	0.1202	0.1202		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,128,765	862,913	265,852	1,128,765	11.00
11.01	Uncompensated care payments	36.00	1,191,023	920,790	270,233	1,191,023	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	40,680,037	31,174,448	9,505,589	40,680,037	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	40,680,037	31,174,448	9,505,589	40,680,037	15.00
16.00	Payment for inpatient program capital	50.00	3,029,703	2,309,314	720,389	3,029,703	16.00
17.00	Special add-on payments for new technologies	54.00	10,823	6,680	4,143	10,823	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			33,490,442	10,230,121	43,720,563	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,978,396	2,262,320	716,076	2,978,396	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	51,307	46,994	4,313	51,307	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	3,029,703	2,309,314	720,389	3,029,703	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	80,173	117,640	-37,467	80,173	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	-141,532	-57,446	-84,086	-141,532	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	101,086	101,086	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	8,454	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	19,015,419	2.00
3.00	PPS payments	19,808,761	3.00
4.00	Outlier payment (see instructions)	54,958	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)	8,454	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	37,805	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)	37,805	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)	37,805	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	29,351	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)	8,454	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)	19,863,719	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	8	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,050,562	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	15,821,603	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)	15,821,603	30.00
31.00	Primary payer payments	6,872	31.00
32.00	Subtotal (line 30 minus line 31)	15,814,731	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)	896,220	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	582,543	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	411,450	36.00
37.00	Subtotal (see instructions)	16,397,274	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-201	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)	16,397,475	40.00
40.01	Sequestration adjustment (see instructions)	327,950	40.01
41.00	Interim payments	15,561,407	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	508,118	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)	96,612	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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	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)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	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)	0	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)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	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)	4,342	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	2,822	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	2,822	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)	2,822	40.00
40.01	Sequestration adjustment (see instructions)	56	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	2,766	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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	100	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	220	2.00
3.00	PPS payments	301	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)	100	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	445	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)	445	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)	445	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	345	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)	100	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)	301	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)	27	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)	374	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)	374	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	374	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)	374	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)	374	40.00
40.01	Sequestration adjustment (see instructions)	7	40.01
41.00	Interim payments	705	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-338	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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		38,390,359		15,693,900	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/10/2016	274,115	08/10/2016	132,493	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)		-274,115		-132,493	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)		38,116,244		15,561,407	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		975,384		508,118	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		39,091,628		16,069,525	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor	CGS	15101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		758,954		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)		758,954		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		40,363		2,766	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		799,317		2,766	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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,057,211		705	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/10/2016	9,091		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)		9,091		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)		5,066,302		705	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		64,140		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		338	6.02
7.00	Total Medicare program liability (see instructions)		5,130,442		367	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	CGS		15101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	9,874	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	20,259	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	5,656	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	41,702	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	837,308,866	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	1,875,734	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)	583,097	8.00
9.00	Sequestration adjustment amount (see instructions)	11,662	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	571,435	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	571,435	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	892,455	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	5,676	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)	6.816940	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)	898,131	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)	898,131	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	898,131	18.00
19.00	Deductibles	123,648	19.00
20.00	Subtotal (line 18 minus line 19)	774,483	20.00
21.00	Coinsurance	0	21.00
22.00	Subtotal (line 20 minus line 21)	774,483	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	63,303	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	41,147	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)	815,630	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)	815,630	31.00
31.01	Sequestration adjustment (see instructions)	16,313	31.01
32.00	Interim payments	758,954	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)	40,363	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	0	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: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	4,958,509	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0573	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	295,031	3.00
4.00	Outlier Payments	17,364	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)	14.163934	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)	5,270,904	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)	5,270,904	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	5,270,904	19.00
20.00	Deductibles	37,268	20.00
21.00	Subtotal (line 19 minus line 20)	5,233,636	21.00
22.00	Coinsurance	644	22.00
23.00	Subtotal (line 21 minus line 22)	5,232,992	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	3,312	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	2,153	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)	5,235,145	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)	5,235,145	32.00
32.01	Sequestration adjustment (see instructions)	104,703	32.01
33.00	Interim payments	5,066,302	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)	64,140	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	6,942	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	17,364	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: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2017 3:46 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		728,257		1.00
2.00	Medical and other services			351,153	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		728,257	351,153	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			14,872	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		728,257	336,281	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		587,859		8.00
9.00	Ancillary service charges		1,753,507	2,293,821	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		2,341,366	2,293,821	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		2,341,366	2,293,821	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,613,109	1,942,668	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		728,257	351,153	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		728,257	351,153	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		728,257	336,281	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	164	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		728,257	336,117	36.00
37.00	ZERO SETTLEMENT		-141,121	16,833	37.00
38.00	Subtotal (line 36 ± line 37)		587,136	352,950	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		587,136	352,950	40.00
41.00	Interim payments		587,136	352,950	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IPF	Cost

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2017 3:46 pm
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	12,533		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	12,533	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	12,533	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	12,533	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	12,533	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 18-0102

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

Worksheet G

Date/Time Prepared: 5/27/2017 3:46 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	20,568,489	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	61,887,494	0	0	0	4.00
5.00	Other receivable	34,517,033	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-32,392,387	0	0	0	6.00
7.00	Inventory	6,208,058	0	0	0	7.00
8.00	Prepaid expenses	137,075	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	90,925,762	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	453,242	0	0	0	12.00
13.00	Land improvements	3,113,611	0	0	0	13.00
14.00	Accumulated depreciation	-2,843,510	0	0	0	14.00
15.00	Buildings	119,463,189	0	0	0	15.00
16.00	Accumulated depreciation	-63,085,979	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	111,249,088	0	0	0	19.00
20.00	Accumulated depreciation	-94,765,628	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	17,238,666	0	0	0	23.00
24.00	Accumulated depreciation	-15,023,446	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	2,355,424	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	78,154,657	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	96,156,794	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	2,635,024	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	98,791,818	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	267,872,237	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	17,015,159	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,390,377	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,031,395	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	4,331,575	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,768,506	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	18,124,331	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	261,971	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,386,302	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	51,154,808	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	216,717,429				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)	216,717,429	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	267,872,237	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-1 | Date/Time Prepared: 5/27/2017 3:46 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		194,381,285		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		22,336,144				2.00
3.00	Total (sum of line 1 and line 2)		216,717,429		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		216,717,429		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		216,717,429		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 18-0102 | Period: From 01/01/2016 To 12/31/2016 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/27/2017 3:46 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	46,437,433		46,437,433	1.00
2.00	SUBPROVIDER - IPF	3,300,762		3,300,762	2.00
3.00	SUBPROVIDER - IRF	4,659,373		4,659,373	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	0		0	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)	54,397,568		54,397,568	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	8,441,430		8,441,430	11.00
12.00	CORONARY CARE UNIT	6,335,860		6,335,860	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,777,290		14,777,290	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	69,174,858		69,174,858	17.00
18.00	Ancillary services	321,333,093	353,809,046	675,142,139	18.00
19.00	Outpatient services	14,856,284	54,906,886	69,763,170	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		10,289,368	10,289,368	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	1,204,983	9,556,059	10,761,042	26.00
26.01	HOSPICE II	0	1,812,875	1,812,875	26.01
27.00	NURSERY	365,415	0	365,415	27.00
27.01	PHYSICIAN PRIVATE OFFICE	0	65,800	65,800	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	406,934,633	430,440,034	837,374,667	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		194,552,635		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)		194,552,635		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/27/2017 3:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	837,374,667	1.00
2.00	Less contractual allowances and discounts on patients' accounts	628,692,964	2.00
3.00	Net patient revenues (line 1 minus line 2)	208,681,703	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	194,552,635	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,129,068	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING AND NON-OPERATING	8,207,076	24.00
25.00	Total other income (sum of lines 6-24)	8,207,076	25.00
26.00	Total (line 5 plus line 25)	22,336,144	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,336,144	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H
Date/Time Prepared: 5/27/2017 3:46 pm

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	168,862	168,862	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	205,001	0	0	238,620	139,463	583,084	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,823,024	0	177,418	0	0	2,000,442	6.00
7.00	Physical Therapy	1,368,484	0	146,134	0	0	1,514,618	7.00
8.00	Occupational Therapy	360,587	0	28,864	0	0	389,451	8.00
9.00	Speech Pathology	109,294	0	9,083	0	0	118,377	9.00
10.00	Medical Social Services	61,912	0	2,954	0	0	64,866	10.00
11.00	Home Health Aide	54,768	0	16,097	0	0	70,865	11.00
12.00	Supplies (see instructions)	0	0	0	0	249,399	249,399	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	2,844	2,844	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)	3,983,070	0	380,550	238,620	560,568	5,162,808	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	168,862	0	168,862			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	583,084	69,439	652,523			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	377,570	2,378,012	0	2,378,012			6.00
7.00	Physical Therapy	310,994	1,825,612	0	1,825,612			7.00
8.00	Occupational Therapy	61,426	450,877	0	450,877			8.00
9.00	Speech Pathology	19,329	137,706	0	137,706			9.00
10.00	Medical Social Services	6,287	71,153	0	71,153			10.00
11.00	Home Health Aide	34,258	105,123	0	105,123			11.00
12.00	Supplies (see instructions)	0	249,399	0	249,399			12.00
13.00	Drugs	4,910	4,910	0	4,910			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	2,844	0	2,844			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)	814,774	5,977,582	69,439	6,047,021			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: 18-0102
HHA CCN: 18-7100

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

Worksheet H-1 Part I
Date/Time Prepared: 5/27/2017 3:46 pm

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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	168,862	0	0	168,862		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	652,523	0	0	168,862	0	821,385	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,378,012	0	0	0	0	2,378,012	6.00
7.00	Physical Therapy	1,825,612	0	0	0	0	1,825,612	7.00
8.00	Occupational Therapy	450,877	0	0	0	0	450,877	8.00
9.00	Speech Pathology	137,706	0	0	0	0	137,706	9.00
10.00	Medical Social Services	71,153	0	0	0	0	71,153	10.00
11.00	Home Health Aide	105,123	0	0	0	0	105,123	11.00
12.00	Supplies (see instructions)	249,399	0	0	0	0	249,399	12.00
13.00	Drugs	4,910	0	0	0		4,910	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	2,844	0	0	0	0	2,844	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)	6,047,021	0	0	168,862	0	6,047,021	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	821,385		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	373,783	2,751,795	6.00
7.00	Physical Therapy	286,957	2,112,569	7.00
8.00	Occupational Therapy	70,871	521,748	8.00
9.00	Speech Pathology	21,645	159,351	9.00
10.00	Medical Social Services	11,184	82,337	10.00
11.00	Home Health Aide	16,524	121,647	11.00
12.00	Supplies (see instructions)	39,202	288,601	12.00
13.00	Drugs	772	5,682	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	447	3,291	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)		6,047,021	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-1 Part II
Date/Time Prepared: 5/27/2017 3:46 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	1,000		0		3.00
4.00	Transportation (see instructions)	0	0	0	60,543			4.00
5.00	Administrative and General	0	0	1,000	0	-821,385	5,225,636	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	28,226	0	2,378,012	6.00
7.00	Physical Therapy	0	0	0	23,249	0	1,825,612	7.00
8.00	Occupational Therapy	0	0	0	4,592	0	450,877	8.00
9.00	Speech Pathology	0	0	0	1,445	0	137,706	9.00
10.00	Medical Social Services	0	0	0	470	0	71,153	10.00
11.00	Home Health Aide	0	0	0	2,561	0	105,123	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	249,399	12.00
13.00	Drugs	0	0	0		0	4,910	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	2,844	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	1,000	60,543	-821,385	5,225,636	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	168,862	0		821,385	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	168.862000	0.000000		0.157184	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-2 Part I
Date/Time Prepared: 5/27/2017 3:46 pm

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
		0	1.00	2.00	4.00	5.01	5.03	
1.00	Administrative and General	0	0	0	74,201	11,892	0	1.00
2.00	Skilled Nursing Care	2,751,795	0	0	793,476	0	0	2.00
3.00	Physical Therapy	2,112,569	0	0	605,391	0	0	3.00
4.00	Occupational Therapy	521,748	0	0	152,255	0	0	4.00
5.00	Speech Pathology	159,351	0	0	46,400	0	0	5.00
6.00	Medical Social Services	82,337	0	0	24,634	0	0	6.00
7.00	Home Health Aide	121,647	0	0	31,947	0	0	7.00
8.00	Supplies (see instructions)	288,601	0	0	0	0	0	8.00
9.00	Drugs	5,682	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	3,291	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)	6,047,021	0	0	1,728,304	11,892	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	DATA PROCESSING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	ADMITTING	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	
		5.04	5A.04	5.05	5.06	6.00	8.00	
1.00	Administrative and General	41	86,134	19,707	0	0	0	1.00
2.00	Skilled Nursing Care	0	3,545,271	811,159	0	0	0	2.00
3.00	Physical Therapy	0	2,717,960	621,869	0	0	0	3.00
4.00	Occupational Therapy	0	674,003	154,212	0	0	0	4.00
5.00	Speech Pathology	0	205,751	47,076	0	0	0	5.00
6.00	Medical Social Services	0	106,971	24,475	0	0	0	6.00
7.00	Home Health Aide	0	153,594	35,142	0	0	0	7.00
8.00	Supplies (see instructions)	0	288,601	66,032	0	0	0	8.00
9.00	Drugs	0	5,682	1,300	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	3,291	753	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)	41	7,787,258	1,781,725	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-2 Part I
Date/Time Prepared: 5/27/2017 3:46 pm

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	Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
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	9,606	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	9,606	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	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		16.00	17.00	18.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	105,841	0	105,841	1.00
2.00	Skilled Nursing Care	0	0	0	4,356,430	0	4,356,430	2.00
3.00	Physical Therapy	0	0	0	3,339,829	0	3,339,829	3.00
4.00	Occupational Therapy	0	0	0	828,215	0	828,215	4.00
5.00	Speech Pathology	0	0	0	252,827	0	252,827	5.00
6.00	Medical Social Services	0	0	0	131,446	0	131,446	6.00
7.00	Home Health Aide	0	0	0	188,736	0	188,736	7.00
8.00	Supplies (see instructions)	0	0	0	364,239	0	364,239	8.00
9.00	Drugs	0	0	0	6,982	0	6,982	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	4,044	0	4,044	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	9,578,589	0	9,578,589	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: 18-0102
HHA CCN: 18-7100

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

Worksheet H-2
Part I
Date/Time Prepared:
5/27/2017 3:46 pm

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	Cost Center Description	Allocated HHA A&G (see Part II)	Total HHA Costs			
		27.00	28.00			
1.00	Administrative and General					1.00
2.00	Skilled Nursing Care	48,675	4,405,105			2.00
3.00	Physical Therapy	37,316	3,377,145			3.00
4.00	Occupational Therapy	9,254	837,469			4.00
5.00	Speech Pathology	2,825	255,652			5.00
6.00	Medical Social Services	1,469	132,915			6.00
7.00	Home Health Aide	2,109	190,845			7.00
8.00	Supplies (see instructions)	4,070	368,309			8.00
9.00	Drugs	78	7,060			9.00
10.00	DME	0	0			10.00
11.00	Home Dialysis Aide Services	0	0			11.00
12.00	Respiratory Therapy	0	0			12.00
13.00	Private Duty Nursing	0	0			13.00
14.00	Clinic	0	0			14.00
15.00	Health Promotion Activities	45	4,089			15.00
16.00	Day Care Program	0	0			16.00
17.00	Home Delivered Meals Program	0	0			17.00
18.00	Homemaker Service	0	0			18.00
19.00	All Others (specify)	0	0			19.00
19.50	Telemedicine	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	105,841	9,578,589			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.	0.011173				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: 18-0102
HHA CCN: 18-7100

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

Worksheet H-2 Part II
Date/Time Prepared: 5/27/2017 3:46 pm

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	DATA PROCESSING (GROSS CHARGES)	
		1.00	2.00	4.00	5.01	5.03	5.04	
1.00	Administrative and General	0	0	205,001	59	50,670	10,289,368	1.00
2.00	Skilled Nursing Care	0	0	2,192,193	0	0	0	2.00
3.00	Physical Therapy	0	0	1,672,558	0	0	0	3.00
4.00	Occupational Therapy	0	0	420,646	0	0	0	4.00
5.00	Speech Pathology	0	0	128,193	0	0	0	5.00
6.00	Medical Social Services	0	0	68,059	0	0	0	6.00
7.00	Home Health Aide	0	0	88,263	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	4,774,913	59	50,670	10,289,368	20.00
21.00	Total cost to be allocated	0	0	1,728,304	11,892	0	41	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.361955	201.559322	0.000000	0.000004	22.00

	Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMITTING (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5A.05	5.05	5.06	6.00	8.00	9.00	
1.00	Administrative and General	0	86,134	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	3,545,271	0	0	0	0	2.00
3.00	Physical Therapy	0	2,717,960	0	0	0	0	3.00
4.00	Occupational Therapy	0	674,003	0	0	0	0	4.00
5.00	Speech Pathology	0	205,751	0	0	0	0	5.00
6.00	Medical Social Services	0	106,971	0	0	0	0	6.00
7.00	Home Health Aide	0	153,594	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	288,601	0	0	0	0	8.00
9.00	Drugs	0	5,682	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	3,291	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)		7,787,258	0	0	0	0	20.00
21.00	Total cost to be allocated		1,781,725	0	0	0	0	21.00
22.00	Unit cost multiplier		0.228800	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-2 Part II
Date/Time Prepared: 5/27/2017 3:46 pm

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	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		10.00	11.00	13.00	14.00	15.00	16.00	
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	268,779	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	268,779	0	0	20.00
21.00	Total cost to be allocated	0	0	0	9,606	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.035739	0.000000	0.000000	22.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-3 Part I
Date/Time Prepared: 5/27/2017 3:46 pm

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	4,405,105		4,405,105	28,226	156.07	1.00
2.00	Physical Therapy	3.00	3,377,145	0	3,377,145	23,249	145.26	2.00
3.00	Occupational Therapy	4.00	837,469	0	837,469	4,592	182.38	3.00
4.00	Speech Pathology	5.00	255,652	0	255,652	1,445	176.92	4.00
5.00	Medical Social Services	6.00	132,915		132,915	470	282.80	5.00
6.00	Home Health Aide	7.00	190,845		190,845	2,561	74.52	6.00
7.00	Total (sum of lines 1-6)		9,199,131	0	9,199,131	60,543		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		99914	0	1,796			8.00
8.01	Skilled Nursing Care		99918	0	15,378			8.01
9.00	Physical Therapy		99914	0	1,093			9.00
9.01	Physical Therapy		99918	0	12,527			9.01
10.00	Occupational Therapy		99914	0	270			10.00
10.01	Occupational Therapy		99918	0	2,217			10.01
11.00	Speech Pathology		99914	0	47			11.00
11.01	Speech Pathology		99918	0	644			11.01
12.00	Medical Social Services		99914	0	26			12.00
12.01	Medical Social Services		99918	0	252			12.01
13.00	Home Health Aide		99914	0	515			13.00
13.01	Home Health Aide		99918	0	1,495			13.01
14.00	Total (sum of lines 8-13)			0	36,260			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	368,309	0	368,309	365,662	1.007239	15.00
16.00	Cost of Drugs	9.00	7,060	0	7,060	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	17,174		0	2,680,346		1.00
2.00	Physical Therapy	0	13,620		0	1,978,441		2.00
3.00	Occupational Therapy	0	2,487		0	453,579		3.00
4.00	Speech Pathology	0	691		0	122,252		4.00
5.00	Medical Social Services	0	278		0	78,618		5.00
6.00	Home Health Aide	0	2,010		0	149,785		6.00
7.00	Total (sum of lines 1-6)	0	36,260		0	5,463,021		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102
HHA CCN: 18-7100

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

Worksheet H-3 Part I
Date/Time Prepared: 5/27/2017 3:46 pm

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	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	221,627	0	0	223,231	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	2,680,346	1.00
2.00	Physical Therapy	1,978,441	2.00
3.00	Occupational Therapy	453,579	3.00
4.00	Speech Pathology	122,252	4.00
5.00	Medical Social Services	78,618	5.00
6.00	Home Health Aide	149,785	6.00
7.00	Total (sum of lines 1-6)	5,463,021	7.00

	Cost Center Description		
		12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 18-0102 HHA CCN: 18-7100	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.369829	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.319620	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.204206	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.457917	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.225373	0	0	col. 2, line 16.00		5.00
5.01	Cost of Drugs 1	73.01	1.265375	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 18-0102 HHA CCN: 18-7100	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Home Health Agency I	PPS

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

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	5,418,767	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	134,773	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	72,594	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	43,124	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	43,795	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	335	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	5,713,388	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	5,713,388	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	5,713,388	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	5,713,388	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	5,713,388	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
32.00	Interim payments (see instructions)	0	5,713,388	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 18-0102 HHA CCN: 18-7100	Period: From 01/01/2016 To 12/31/2016	Worksheet H-5 Date/Time Prepared: 5/27/2017 3:46 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		5,713,388	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		5,713,388	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		5,713,388	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor	CGS	15101		8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		33,164	33,164	0	33,164	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	140,515	901,777	1,042,292	1,016,970	2,059,262	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	147,921	147,921	0	147,921	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	692	692	0	692	6.00
7.00	HOUSEKEEPING*	0	1,062	1,062	0	1,062	7.00
8.00	DIETARY*	0	3,250	3,250	0	3,250	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	246,336	246,336	0	246,336	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	199,557	199,557	0	199,557	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	890,259	890,259	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	832,350	832,350	0	832,350	26.00
27.00	NURSE PRACTITIONER**	33,109	0	33,109	0	33,109	27.00
28.00	REGISTERED NURSE**	1,880,431	0	1,880,431	-16,848	1,863,583	28.00
29.00	LPN/LVN**	327,501	0	327,501	0	327,501	29.00
30.00	PHYSICAL THERAPY**	3,372	0	3,372	0	3,372	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	285,631	0	285,631	0	285,631	33.00
34.00	SPIRITUAL COUNSELING**	187,703	0	187,703	0	187,703	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	358,581	0	358,581	0	358,581	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	195,301	195,301	0	195,301	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	14,720	14,720	0	14,720	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	328,145	328,145	0	328,145	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	3,035	3,035	-438	2,597	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	3,216,843	2,907,310	6,124,153	1,889,943	8,014,096	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	33,164		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	-51,165	2,008,097		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	147,921		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	692		6.00
7.00	HOUSEKEEPING*	0	1,062		7.00
8.00	DIETARY*	0	3,250		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	246,336		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	199,557		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	890,259		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	832,350		26.00
27.00	NURSE PRACTITIONER**	0	33,109		27.00
28.00	REGISTERED NURSE**	0	1,863,583		28.00
29.00	LPN/LVN**	0	327,501		29.00
30.00	PHYSICAL THERAPY**	0	3,372		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	285,631		33.00
34.00	SPIRITUAL COUNSELING**	0	187,703		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	358,581		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	195,301		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	14,720		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	328,145		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	2,597		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-51,165	7,962,931		100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice II

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		4,400	4,400	0	4,400	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		1,000	1,000	0	1,000	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	18,222	18,222	49,720	67,942	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	5,885	5,885	0	5,885	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	26,251	26,251	0	26,251	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	25,133	25,133	0	25,133	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	61,253	61,253	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	18,033	18,033	0	18,033	26.00
27.00	NURSE PRACTITIONER**	36,382	0	36,382	0	36,382	27.00
28.00	REGISTERED NURSE**	94,248	0	94,248	16,848	111,096	28.00
29.00	LPN/LVN**	28,357	0	28,357	0	28,357	29.00
30.00	PHYSICAL THERAPY**	402	0	402	0	402	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	16,836	0	16,836	0	16,836	33.00
34.00	SPIRITUAL COUNSELING**	20,313	0	20,313	0	20,313	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	4,764	0	4,764	0	4,764	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	24,335	0	24,335	0	24,335	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	1,349	1,349	0	1,349	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	136	136	0	136	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	173,631	173,631	0	173,631	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	438	438	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	225,637	274,040	499,677	128,259	627,936	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice II

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	4,400		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	1,000		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	67,942		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	5,885		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	26,251		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	25,133		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	61,253		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	18,033		26.00
27.00	NURSE PRACTITIONER**	0	36,382		27.00
28.00	REGISTERED NURSE**	0	111,096		28.00
29.00	LPN/LVN**	0	28,357		29.00
30.00	PHYSICAL THERAPY**	0	402		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	16,836		33.00
34.00	SPIRITUAL COUNSELING**	0	20,313		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	4,764		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	24,335		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	1,349		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	136		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	173,631		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	438		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	627,936		100.00

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

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

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-2
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	745,595	745,595	0	745,595	26.00
27.00	NURSE PRACTITIONER	29,658	0	29,658	0	29,658	27.00
28.00	REGISTERED NURSE	1,684,437	0	1,684,437	-16,848	1,667,589	28.00
29.00	LPN/LVN	293,366	0	293,366	0	293,366	29.00
30.00	PHYSICAL THERAPY	3,021	0	3,021	0	3,021	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	255,860	0	255,860	0	255,860	33.00
34.00	SPIRITUAL COUNSELING	168,139	0	168,139	0	168,139	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	321,207	0	321,207	0	321,207	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	174,945	174,945	0	174,945	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	13,186	13,186	0	13,186	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	293,943	293,943	0	293,943	46.00
100.00	TOTAL *	2,755,688	1,227,669	3,983,357	-16,848	3,966,509	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	745,595		26.00
27.00	NURSE PRACTITIONER	0	29,658		27.00
28.00	REGISTERED NURSE	0	1,667,589		28.00
29.00	LPN/LVN	0	293,366		29.00
30.00	PHYSICAL THERAPY	0	3,021		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	255,860		33.00
34.00	SPIRITUAL COUNSELING	0	168,139		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	321,207		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	174,945		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	13,186		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	293,943		46.00
100.00	TOTAL *	0	3,966,509		100.00

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

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-2
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice II

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	17,146	17,146	0	17,146	26.00
27.00	NURSE PRACTITIONER	34,593	0	34,593	0	34,593	27.00
28.00	REGISTERED NURSE	89,614	0	89,614	16,848	106,462	28.00
29.00	LPN/LVN	26,963	0	26,963	0	26,963	29.00
30.00	PHYSICAL THERAPY	382	0	382	0	382	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	16,008	0	16,008	0	16,008	33.00
34.00	SPIRITUAL COUNSELING	19,314	0	19,314	0	19,314	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	4,529	0	4,529	0	4,529	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	23,138	0	23,138	0	23,138	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,283	1,283	0	1,283	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	130	130	0	130	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	165,093	165,093	0	165,093	46.00
100.00	TOTAL *	214,541	183,652	398,193	16,848	415,041	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	17,146		26.00
27.00	NURSE PRACTITIONER	0	34,593		27.00
28.00	REGISTERED NURSE	0	106,462		28.00
29.00	LPN/LVN	0	26,963		29.00
30.00	PHYSICAL THERAPY	0	382		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	16,008		33.00
34.00	SPIRITUAL COUNSELING	0	19,314		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	4,529		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	23,138		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	1,283		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	130		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	165,093		46.00
100.00	TOTAL *	0	415,041		100.00

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

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

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-3
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	7,988	7,988	0	7,988	26.00
27.00	NURSE PRACTITIONER	318	0	318	0	318	27.00
28.00	REGISTERED NURSE	18,046	0	18,046	0	18,046	28.00
29.00	LPN/LVN	3,143	0	3,143	0	3,143	29.00
30.00	PHYSICAL THERAPY	32	0	32	0	32	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,741	0	2,741	0	2,741	33.00
34.00	SPIRITUAL COUNSELING	1,801	0	1,801	0	1,801	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	3,441	0	3,441	0	3,441	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	1,874	1,874	0	1,874	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	141	141	0	141	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,149	3,149	0	3,149	46.00
100.00	TOTAL *	29,522	13,152	42,674	0	42,674	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	7,988		26.00
27.00	NURSE PRACTITIONER	0	318		27.00
28.00	REGISTERED NURSE	0	18,046		28.00
29.00	LPN/LVN	0	3,143		29.00
30.00	PHYSICAL THERAPY	0	32		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,741		33.00
34.00	SPIRITUAL COUNSELING	0	1,801		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	3,441		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	1,874		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	141		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,149		46.00
100.00	TOTAL *	0	42,674		100.00

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

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-3
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice II

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	52	52	0	52	26.00
27.00	NURSE PRACTITIONER	104	0	104	0	104	27.00
28.00	REGISTERED NURSE	270	0	270	0	270	28.00
29.00	LPN/LVN	81	0	81	0	81	29.00
30.00	PHYSICAL THERAPY	1	0	1	0	1	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	48	0	48	0	48	33.00
34.00	SPIRITUAL COUNSELING	58	0	58	0	58	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	14	0	14	0	14	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	70	0	70	0	70	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	4	4	0	4	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	498	498	0	498	46.00
100.00	TOTAL *	646	554	1,200	0	1,200	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	52		26.00
27.00	NURSE PRACTITIONER	0	104		27.00
28.00	REGISTERED NURSE	0	270		28.00
29.00	LPN/LVN	0	81		29.00
30.00	PHYSICAL THERAPY	0	1		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	48		33.00
34.00	SPIRITUAL COUNSELING	0	58		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	14		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	70		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	4		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	498		46.00
100.00	TOTAL *	0	1,200		100.00

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

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

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-4
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	78,767	78,767	0	78,767	26.00
27.00	NURSE PRACTITIONER	3,133	0	3,133	0	3,133	27.00
28.00	REGISTERED NURSE	177,948	0	177,948	0	177,948	28.00
29.00	LPN/LVN	30,992	0	30,992	0	30,992	29.00
30.00	PHYSICAL THERAPY	319	0	319	0	319	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	27,030	0	27,030	0	27,030	33.00
34.00	SPIRITUAL COUNSELING	17,763	0	17,763	0	17,763	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	33,933	0	33,933	0	33,933	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	18,482	18,482	0	18,482	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1,393	1,393	0	1,393	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	31,053	31,053	0	31,053	46.00
100.00	TOTAL *	291,118	129,695	420,813	0	420,813	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	78,767		26.00
27.00	NURSE PRACTITIONER	0	3,133		27.00
28.00	REGISTERED NURSE	0	177,948		28.00
29.00	LPN/LVN	0	30,992		29.00
30.00	PHYSICAL THERAPY	0	319		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	27,030		33.00
34.00	SPIRITUAL COUNSELING	0	17,763		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	33,933		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	18,482		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	1,393		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	31,053		46.00
100.00	TOTAL *	0	420,813		100.00

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

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-4
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice II

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	835	835	0	835	26.00
27.00	NURSE PRACTITIONER	1,685	0	1,685	0	1,685	27.00
28.00	REGISTERED NURSE	4,364	0	4,364	0	4,364	28.00
29.00	LPN/LVN	1,313	0	1,313	0	1,313	29.00
30.00	PHYSICAL THERAPY	19	0	19	0	19	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	780	0	780	0	780	33.00
34.00	SPIRITUAL COUNSELING	941	0	941	0	941	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	221	0	221	0	221	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	1,127	0	1,127	0	1,127	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	62	62	0	62	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	6	6	0	6	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	8,040	8,040	0	8,040	46.00
100.00	TOTAL *	10,450	8,943	19,393	0	19,393	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	835		26.00
27.00	NURSE PRACTITIONER	0	1,685		27.00
28.00	REGISTERED NURSE	0	4,364		28.00
29.00	LPN/LVN	0	1,313		29.00
30.00	PHYSICAL THERAPY	0	19		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	780		33.00
34.00	SPIRITUAL COUNSELING	0	941		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	221		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	1,127		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	62		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	6		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	8,040		46.00
100.00	TOTAL *	0	19,393		100.00

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

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

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-5
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	90,858	90,858	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	33,164	7,289	40,453	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	1,515,639	1,515,639	3.00
4.00	ADMINISTRATIVE & GENERAL	2,008,097	2,202,351	4,210,448	4.00
5.00	PLANT OPERATION & MAINTENANCE	147,921	312,893	460,814	5.00
6.00	LAUNDRY & LINEN SERVICE	692	0	692	6.00
7.00	HOUSEKEEPING	1,062	95,812	96,874	7.00
8.00	DIETARY	3,250	0	3,250	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	246,336	7,512	253,848	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	199,557		199,557	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	890,259	0	890,259	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,966,509		3,966,509	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	42,674		42,674	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	420,813		420,813	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	2,597		2,597	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	7,962,931	4,232,354	12,195,285	100.00

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-5
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice II

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	4,400	0	4,400	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,000	0	1,000	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	105,097	105,097	3.00
4.00	ADMINISTRATIVE & GENERAL	67,942	167,727	235,669	4.00
5.00	PLANT OPERATION & MAINTENANCE	5,885	0	5,885	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	26,251	938	27,189	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	25,133		25,133	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	61,253	0	61,253	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	415,041		415,041	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,200		1,200	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	19,393		19,393	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	438		438	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	627,936	273,762	901,698	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-6 Part I
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	90,858	90,858				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,453		40,453			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,515,639	0	0	1,515,639		3.00
4.00	ADMINISTRATIVE & GENERAL	4,210,448	90,858	40,453	66,204	4,407,963	4.00
5.00	PLANT OPERATION & MAINTENANCE	460,814	0	0	0	460,814	5.00
6.00	LAUNDRY & LINEN SERVICE	692	0	0	0	692	6.00
7.00	HOUSEKEEPING	96,874	0	0	0	96,874	7.00
8.00	DIETARY	3,250	0	0	0	3,250	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	253,848	0	0	0	253,848	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	199,557	0	0	0	199,557	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	890,259	0	0	0	890,259	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,966,509			1,298,363	5,264,872	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	42,674	0	0	13,910	56,584	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	420,813	0	0	137,162	557,975	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	2,597	0	0	0	2,597	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	12,195,285	90,858	40,453	1,515,639	12,195,285	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-6
Part I
Date/Time Prepared:
5/27/2017 3:46 pm

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	4,407,963					4.00
5.00	PLANT OPERATION & MAINTENANCE	260,841	721,655				5.00
6.00	LAUNDRY & LINEN SERVICE	392	0	1,084			6.00
7.00	HOUSEKEEPING	54,835	0		151,709		7.00
8.00	DIETARY	1,840	0		0	5,090	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	143,689	721,655		151,709		10.00
11.00	MEDICAL RECORDS	0	0		0		11.00
12.00	STAFF TRANSPORTATION	112,958	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	503,925	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	2,980,146					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	32,029	0	284	0	1,334	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	315,838	0	800	0	3,756	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	1,470	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	4,407,963	721,655	1,084	151,709	5,090	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-6
Part I
Date/Time Prepared:
5/27/2017 3:46 pm

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	1,270,901				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			312,515		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	1,222,867	0	279,941	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	12,592	0	2,999	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	35,442	0	29,575	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	1,270,901	0	312,515	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

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Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	1,394,184					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,341,490	0	0		11,089,316	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	13,814	0	0	0	119,636	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	38,880	0	0	0	982,266	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		4,067	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,394,184	0	0	0	12,195,285	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

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Hospice II

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,400	4,400				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,000		1,000			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	105,097	0	0	105,097		3.00
4.00	ADMINISTRATIVE & GENERAL	235,669	4,400	1,000	0	241,069	4.00
5.00	PLANT OPERATION & MAINTENANCE	5,885	0	0	0	5,885	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	27,189	0	0	0	27,189	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	25,133	0	0	0	25,133	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	61,253	0	0	0	61,253	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	415,041			99,929	514,970	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,200	0	0	301	1,501	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	19,393	0	0	4,867	24,260	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	438	0	0	0	438	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	901,698	4,400	1,000	105,097	901,698	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

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Hospice II

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	241,069					4.00
5.00	PLANT OPERATION & MAINTENANCE	2,147	8,032				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,921	8,032		0		10.00
11.00	MEDICAL RECORDS	0	0		0		11.00
12.00	STAFF TRANSPORTATION	9,171	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	22,352	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	187,917					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	548	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,853	0	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	160	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	241,069	8,032	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102
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Hospice II

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	45,142				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			34,304		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	44,550	0	32,618	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	122	0	99	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	470	0	1,587	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	45,142	0	34,304	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102
Hospice CCN: 14-1548

Period:
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Hospice II

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	83,605					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	82,508	0	0		862,563	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	227	0	0	0	2,497	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	870	0	0	0	36,040	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		598	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	83,605	0	0	0	901,698	100.00

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

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

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Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	9,308					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		9,308				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	3,216,843			3.00
4.00	ADMINISTRATIVE & GENERAL	9,308	9,308	140,514	-4,407,963	7,787,322	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	460,814	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	692	6.00
7.00	HOUSEKEEPING	0	0	0	0	96,874	7.00
8.00	DIETARY	0	0	0	0	3,250	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	253,848	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	199,557	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	890,259	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			2,755,688	0	5,264,872	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	29,523	0	56,584	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	291,118	0	557,975	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	2,597	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	90,858	40,453	1,515,639		4,407,963	100.00
101.00	UNIT COST MULTIPLIER	9.761281	4.346046	0.471157		0.566043	101.00

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

Provider CCN: 18-0102
Hospice CCN: 18-1507

Period:
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Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	9,308					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,934				6.00
7.00	HOUSEKEEPING	0		9,308			7.00
8.00	DIETARY	0		0	1,934		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,308		9,308		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	507	0	507	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,427	0	1,427	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	721,655	1,084	151,709	5,090	0	100.00
101.00	UNIT COST MULTIPLIER	77.530619	0.560496	16.298775	2.631851	0.000000	101.00

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

Provider CCN: 18-0102
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Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	51,170					10.00
11.00	MEDICAL RECORDS		51,170				11.00
12.00	STAFF TRANSPORTATION			107,761			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	51,170	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	49,236	49,236	96,529	0	49,236	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	507	507	1,034	0	507	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,427	1,427	10,198	0	1,427	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	1,270,901	0	312,515	0	1,394,184	100.00
101.00	UNIT COST MULTIPLIER	24.836838	0.000000	2.900075	0.000000	27.246121	101.00

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

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-6
Part II
Date/Time Prepared:
5/27/2017 3:46 pm

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	51,170				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,934		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	49,236	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	507	0	507		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,427	0	1,427		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-6
Part II
Date/Time Prepared:
5/27/2017 3:46 pm

Hospice II

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	225,637			3.00
4.00	ADMINISTRATIVE & GENERAL	100	100	0	-241,069	660,629	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5,885	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	27,189	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	25,133	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	61,253	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			214,541	0	514,970	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	647	0	1,501	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	10,449	0	24,260	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	438	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	4,400	1,000	105,097		241,069	100.00
101.00	UNIT COST MULTIPLIER	44.000000	10.000000	0.465779		0.364908	101.00

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-6
Part II
Date/Time Prepared:
5/27/2017 3:46 pm

Hospice II

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	121				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	121		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	100		100		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	25	0	25	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	96	0	96	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	8,032	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	80.320000	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-6
Part II
Date/Time Prepared:
5/27/2017 3:46 pm

Hospice II

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,225					10.00
11.00	MEDICAL RECORDS		9,225				11.00
12.00	STAFF TRANSPORTATION			13,571			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	9,225	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	9,104	9,104	12,904	0	9,104	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	25	25	39	0	25	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	96	96	628	0	96	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	45,142	0	34,304	0	83,605	100.00
101.00	UNIT COST MULTIPLIER	4.893442	0.000000	2.527743	0.000000	9.062873	101.00

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-6
Part II
Date/Time Prepared:
5/27/2017 3:46 pm

Hospice II

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	9,225				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			121		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	9,104	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	25	0	25		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	96	0	96		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

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

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-7
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.369829	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.319620	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.204206	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.225373	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	1.265375	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.143991	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.457917	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.162854	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.140504	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

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

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-7
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice II

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.369829	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.319620	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.204206	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.225373	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	1.265375	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.143991	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.457917	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.162854	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.140504	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102
Hospice CCN: 18-1507

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

Worksheet O-8
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			11,089,316	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			49,236	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			225.23	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	42,426	1,862		9.00
10.00	Program cost (line 8 times line 9)	9,555,608	419,378		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			119,636	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			507	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			235.97	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	432	26		14.00
15.00	Program cost (line 13 times line 14)	101,939	6,135		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			982,266	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,427	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			688.34	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,013	195		19.00
20.00	Program cost (line 18 times line 19)	697,288	134,226		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			12,191,218	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			51,170	22.00
23.00	Average cost per diem (line 21 divided by line 22)			238.25	23.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102
Hospice CCN: 14-1548

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

Worksheet O-8
Date/Time Prepared: 5/27/2017 3:46 pm

Hospice II

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			862,563	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			9,104	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			94.75	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	8,795	182		9.00
10.00	Program cost (line 8 times line 9)	833,326	17,245		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			2,497	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			25	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			99.88	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	25	0		14.00
15.00	Program cost (line 13 times line 14)	2,497	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			36,040	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			96	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			375.42	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	96	0		19.00
20.00	Program cost (line 18 times line 19)	36,040	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			901,100	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			9,225	22.00
23.00	Average cost per diem (line 21 divided by line 22)			97.68	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 18-0102	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/27/2017 3:46 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,978,396	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	51,307	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)	114.44	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)	3,029,703	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