

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: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/30/2017 2:36 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2017 Time: 2:36 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MONROE CLINIC ( 52-0028 ) 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 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	445,104	443,401	0	1,349,186	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	445,104	443,401	0	1,349,186	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 52-0028		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 2:13 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 515 22ND AVENUE			PO Box:							1.00
2.00	City: MONROE			State: WI		Zip Code: 53566		County: GREEN			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MONROE CLINIC	520028	31540	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										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		MONROE CLINIC HOMECARE	527157	31540		05/21/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		MONROE CLINIC HOSPICE	521523	31540		09/01/1988				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						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)						N	N		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 days	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 IPFS 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.			234	0	638	0	633	0		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid 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.			0	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 2:13 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	Y		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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		
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	Y			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
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					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.									
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

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		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
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
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.			N		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)				0	76.00
				1.00	2.00	3.00
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	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	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00		
<b>Rural Providers</b>								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	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	
<b>Miscellaneous Cost Reporting Information</b>								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00		
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	365,913		0		0		
					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		
<b>Transplant Center Information</b>								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 2:13 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)	N				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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - I PF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		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	
						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	
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	
168.01	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)					9.99	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 2:13 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2015	09/30/2016	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. 1, 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		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 2:13 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/10/2017	Y	05/10/2017		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: 52-0028

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2017 2:13 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		21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	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.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	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				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	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.				Y	35.00
				Y/N	Date	
				1.00	2.00	
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?				N	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
<b>Cost Report Preparer Contact Information</b>						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD			DONKLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	RURAL WISCONSIN HEALTH COOPERATIVE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-643-2343			RDONKLE@RWHC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 2:13 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCIAL CONSULTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					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	89	32,574	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)		89	32,574	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,196	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		95	34,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		95				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,495	197	7,256			1.00
2.00 HMO and other (see instructions)	911	889				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,495	197	7,256			7.00
8.00 INTENSIVE CARE UNIT	531	0	970			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		419	877			13.00
14.00 Total (see instructions)	4,026	616	9,103	0.89	987.58	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	6,151	0	11,026	0.00	21.32	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				0.89	1,008.90	27.00
28.00 Observation Bed Days		0	564			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,121	63	2,580	1.00
2.00 HMO and other (see instructions)			252	327		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,121	63	2,580	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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: 52-0028

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	80,888,060	0	80,888,060	2,098,512.00	38.55
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		30,156,794	0	30,156,794	221,270.40	136.29
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	52,558	52,558	1,851.20	28.39
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,215,466	3,905	4,219,371	134,908.80	31.28
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		395,254	0	395,254	6,058.00	65.24
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		13,009,174	0	13,009,174		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,101,529	0	1,101,529		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,944,758	0	3,944,758		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	893,128	752,718	1,645,846	35,006.40	47.02
27.00	Administrative & General	5.00	10,756,347	-752,718	10,003,629	290,596.80	34.42

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	1,245,731	0	1,245,731	48,755.20	25.55	29.00
30.00	Operation of Plant	237,638	0	237,638	6,177.60	38.47	30.00
31.00	Laundry & Linen Service	140,252	0	140,252	12,043.20	11.65	31.00
32.00	Housekeeping	626,190	0	626,190	48,505.60	12.91	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	806,052	0	806,052	57,220.80	14.09	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	132,218	0	132,218	3,328.00	39.73	38.00
39.00	Central Services and Supply	411,352	0	411,352	25,147.20	16.36	39.00
40.00	Pharmacy	1,709,772	0	1,709,772	43,825.60	39.01	40.00
41.00	Medical Records & Medical Records Library	394,842	0	394,842	24,793.60	15.93	41.00
42.00	Social Service	150,456	0	150,456	5,366.40	28.04	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2017 2:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	50,731,266	-52,558	50,678,708	1,875,390.40	27.02	1.00
2.00	Excluded area salaries (see instructions)	4,215,466	3,905	4,219,371	134,908.80	31.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,515,800	-56,463	46,459,337	1,740,481.60	26.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	395,254	0	395,254	6,058.00	65.24	4.00
5.00	Subtotal wage-related costs (see inst.)	13,009,174	0	13,009,174	0.00	28.00	5.00
6.00	Total (sum of lines 3 thru 5)	59,920,228	-56,463	59,863,765	1,746,539.60	34.28	6.00
7.00	Total overhead cost (see instructions)	17,503,978	0	17,503,978	600,766.40	29.14	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2017 2:13 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,903,590	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,695,549	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	7,954,600	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	285,798	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	73,583	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)	485,172	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	375,979	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,847,842	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	26,153	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	407,196	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,055,462	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 52-0028

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	395,254	18,055,462	1.00
2.00	Hospital	395,254	18,055,462	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 52-0028 Component CCN: 52-7157		Period: From 01/01/2016 To 12/31/2016		Worksheet S-4 Date/Time Prepared: 5/30/2017 2:13 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			GREEN		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	861	30	169	1,060	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	278.00	22.00	146.00	446.00	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)			1.23	0.00	1.23	4.00
5.00	Other Administrative Personnel			3.14	0.00	3.14	5.00
6.00	Direct Nursing Service			9.98	0.00	9.98	6.00
7.00	Nursing Supervisor			1.96	0.00	1.96	7.00
8.00	Physical Therapy Service			1.97	0.05	2.02	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.74	0.00	1.74	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.09	0.09	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.06	0.00	0.06	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.24	0.00	1.24	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.			7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	27500					20.00
20.01		31540					20.01
20.02		40420					20.02
20.03		50184					20.03
20.04		50185					20.04
20.05		99914					20.05
20.06		99952					20.06
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,058	390	81	15	3,544	21.00
22.00	Skilled Nursing Visit Charges	587,199	74,880	15,552	2,880	680,511	22.00
23.00	Physical Therapy Visits	895	22	18	0	935	23.00
24.00	Physical Therapy Visit Charges	180,790	4,444	3,636	0	188,870	24.00
25.00	Occupational Therapy Visits	761	45	11	3	820	25.00
26.00	Occupational Therapy Visit Charges	176,552	10,440	2,552	696	190,240	26.00
27.00	Speech Pathology Visits	46	0	1	0	47	27.00
28.00	Speech Pathology Visit Charges	11,178	0	243	0	11,421	28.00
29.00	Medical Social Service Visits	33	4	2	0	39	29.00
30.00	Medical Social Service Visit Charges	7,425	900	450	0	8,775	30.00
31.00	Home Health Aide Visits	495	270	1	0	766	31.00
32.00	Home Health Aide Visit Charges	45,540	24,840	92	0	70,472	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,288	731	114	18	6,151	33.00
34.00	Other Charges	42,990	7,273	516	1,221	52,000	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,051,674	122,777	23,041	4,797	1,202,289	35.00
36.00	Total Number of Episodes (standard/non outlier)	363		38	2	403	36.00
37.00	Total Number of Outlier Episodes		17		0	17	37.00
38.00	Total Non-Routine Medical Supply Charges	51,471	8,273	625	139	60,508	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2016 To 12/31/2016	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/30/2017 2:13 pm
			Hospice I	

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
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	
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
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	4.00
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>					
10.00	Hospice Continuous Home Care	0	0	0	0
11.00	Hospice Routine Home Care	10,925	17	0	10,942
12.00	Hospice Inpatient Respite Care	8	0	0	8
13.00	Hospice General Inpatient Care	8	0	0	8
14.00	Total Hospice Days	10,941	17	0	10,958
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>					
15.00	Hospice Inpatient Respite Care	0	0	0	0
16.00	Hospice General Inpatient Care	0	0	0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/30/2017 2:13 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.353230	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		2,908,054	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		34,078,476	6.00
7.00	Medicaid cost (line 1 times line 6)		12,037,540	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)		9,129,486	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
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
<b>Other state or local government indigent care program (see instructions for each line)</b>				
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
<b>Uncompensated care (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,129,486	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)	3,404,072	0	3,404,072
21.00	Cost of patients approved for charity care (line 1 times line 20)	1,202,420	0	1,202,420
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,202,420	0	1,202,420
				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)		5,459,335	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		352,642	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,106,693	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,803,837	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,006,257	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,135,743	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		6,053,057	6,053,057	-978,372	5,074,685	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	893,128	1,918,259	2,811,387	2,343,150	5,154,537	4.00
5.01 00550 DATA PROCESSING	3,256,898	6,268,385	9,525,283	-413,071	9,112,212	5.01
5.02 00540 NONPATIENT TELEPHONES	152,239	93,130	245,369	242,886	488,255	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	143,334	34,098	177,432	0	177,432	5.03
5.04 00570 ADMITTING	0	0	0	0	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	674,943	381,260	1,056,203	0	1,056,203	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	6,528,933	14,262,753	20,791,686	-3,058,694	17,732,992	5.06
6.00 00600 MAINTENANCE & REPAIRS	1,245,731	3,682,447	4,928,178	-1,730,206	3,197,972	6.00
7.00 00700 OPERATION OF PLANT	237,638	143,888	381,526	1,318,417	1,699,943	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	140,252	134,943	275,195	0	275,195	8.00
9.00 00900 HOUSEKEEPING	626,190	708,631	1,334,821	-255,266	1,079,555	9.00
10.00 01000 DIETARY	806,052	793,176	1,599,228	0	1,599,228	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	132,218	111,439	243,657	0	243,657	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	411,352	865,711	1,277,063	-313,687	963,376	14.00
15.00 01500 PHARMACY	1,709,772	2,404,455	4,114,227	0	4,114,227	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	394,842	228,839	623,681	0	623,681	16.00
17.00 01700 SOCIAL SERVICE	150,456	32,637	183,093	0	183,093	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	46,458	46,458	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02301 PARAMED PRGM- PHARMACY	195,286	49,233	244,519	4,553	249,072	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	4,900,646	2,150,047	7,050,693	-12,794	7,037,899	30.00
31.00 03100 INTENSIVE CARE UNIT	888,260	470,334	1,358,594	-6,474	1,352,120	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	368,064	136,050	504,114	0	504,114	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,478,821	5,311,253	6,790,074	-3,053,897	3,736,177	50.00
51.00 05100 RECOVERY ROOM	285,448	110,574	396,022	-2,974	393,048	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	444,216	164,198	608,414	-22,642	585,772	52.00
53.00 05300 ANESTHESIOLOGY	2,027,735	942,818	2,970,553	-68,171	2,902,382	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,367,836	1,938,072	3,305,908	-486,786	2,819,122	54.00
57.00 05700 CT SCAN	315,537	433,912	749,449	-60,130	689,319	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	276,594	635,985	912,579	-54,492	858,087	58.00
59.00 05900 CARDIAC CATHETERIZATION	458,936	1,194,245	1,653,181	-764,888	888,293	59.00
60.00 06000 LABORATORY	2,974,210	3,374,397	6,348,607	0	6,348,607	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	620,790	295,919	916,709	-19,938	896,771	65.00
66.00 06600 PHYSICAL THERAPY	1,136,329	337,408	1,473,737	-5,012	1,468,725	66.00
67.00 06700 OCCUPATIONAL THERAPY	285,091	76,260	361,351	-418	360,933	67.00
68.00 06800 SPEECH PATHOLOGY	0	161,060	161,060	0	161,060	68.00
69.00 06900 ELECTROCARDIOLOGY	324,848	191,352	516,200	-9	516,191	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,000,185	3,000,185	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,062,697	2,062,697	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,138,958	310,191	1,449,149	-4,230	1,444,919	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	328,588	454,245	782,833	-166,585	616,248	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	35,146,359	19,814,784	54,961,143	2,526,603	57,487,746	90.00
91.00 09100 EMERGENCY	4,179,950	1,135,597	5,315,547	-19,564	5,295,983	91.00
91.01 09101 CARDIAC REHAB	221,400	83,743	305,143	-191	304,952	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	342,691	285,320	628,011	-46,458	581,553	100.00
101.00 10100 HOME HEALTH AGENCY	1,387,427	533,034	1,920,461	0	1,920,461	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	658,659	580,494	1,239,153	0	1,239,153	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	79,256,657	79,287,633	158,544,290	0	158,544,290	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 52-0028		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/30/2017 2:13 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	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	117,593	306,139	423,732	0	423,732	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,513,810	5,531,893	7,045,703	0	7,045,703	194.04
200.00		TOTAL (SUM OF LINES 118-199)	80,888,060	85,125,665	166,013,725	0	166,013,725	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A  
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5/30/2017 2:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-4,845,415	229,270	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,154,537	4.00
5.01	00550	DATA PROCESSING	0	9,112,212	5.01
5.02	00540	NONPATIENT TELEPHONES	0	488,255	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	177,432	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,056,203	5.05
5.06	00590	OTHER ADMINISTRATION & GENERAL	-606,967	17,126,025	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,197,972	6.00
7.00	00700	OPERATION OF PLANT	-1,860	1,698,083	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-4,017	271,178	8.00
9.00	00900	HOUSEKEEPING	0	1,079,555	9.00
10.00	01000	DIETARY	-606,047	993,181	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-134	243,523	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-15,078	948,298	14.00
15.00	01500	PHARMACY	0	4,114,227	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	623,681	16.00
17.00	01700	SOCIAL SERVICE	0	183,093	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	46,458	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	249,072	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,915,007	4,122,892	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,352,120	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	504,114	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	3,736,177	50.00
51.00	05100	RECOVERY ROOM	0	393,048	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	585,772	52.00
53.00	05300	ANESTHESIOLOGY	-2,731,016	171,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,819,122	54.00
57.00	05700	CT SCAN	0	689,319	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	858,087	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	888,293	59.00
60.00	06000	LABORATORY	-884,361	5,464,246	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	896,771	65.00
66.00	06600	PHYSICAL THERAPY	0	1,468,725	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	360,933	67.00
68.00	06800	SPEECH PATHOLOGY	0	161,060	68.00
69.00	06900	ELECTROCARDIOLOGY	0	516,191	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,000,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,062,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,444,919	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	616,248	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-25,534,146	31,953,600	90.00
91.00	09100	EMERGENCY	-1,907,264	3,388,719	91.00
91.01	09101	CARDIAC REHAB	0	304,952	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	-346,824	234,729	100.00
101.00	10100	HOME HEALTH AGENCY	0	1,920,461	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,239,153	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-40,398,136	118,146,154	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	423,732	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00



RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2017 2:13 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - TO RECLASSIFY PHONE COSTS</b>						
1.00	NONPATIENT TELEPHONES	5.02	0	413,071	1.00	
	TOTALS		0	413,071		
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO	72.00	0	2,062,697	1.00	
	PATIENT					
2.00		0.00	0	0	2.00	
	TOTALS		0	2,062,697		
<b>C - TO RECLASS M/S COSTS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	3,000,272	1.00	
	PATIENTS					
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
	TOTALS		0	3,000,272		
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,153	1.00	
	TOTALS		0	26,153		
<b>E - TO RECLASSIFY WORKERS COMP</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	182,706	1.00	
	TOTALS		0	182,706		
<b>F - TO RECLASSIFY RETIREMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,381,573	1.00	
	TOTALS		0	1,381,573		
<b>G - INTEREST EXPENSE</b>						
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	1,174	1.00	
	FIXT					
	TOTALS		0	1,174		
<b>H - PHARMACY RESIDENT PRECEPTOR</b>						
1.00	PARAMED ED PRGM- PHARMACY	23.00	3,905	648	1.00	
	TOTALS		3,905	648		
<b>I - TO RECLASSIFY RENTAL SPD</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	87	1.00	
	TOTALS		0	87		
<b>J - TO RECLASS CLINIC DEPRECIATION</b>						
1.00	CLINIC	90.00	0	979,546	1.00	
	TOTALS		0	979,546		
<b>L - TO RECLASS CLINIC HSKPG</b>						
1.00	CLINIC	90.00	0	255,266	1.00	
	TOTALS		0	255,266		
<b>M - TO RECLASS PROP TAXES</b>						
1.00	CLINIC	90.00	0	598,228	1.00	
	TOTALS		0	598,228		
<b>Q - TO RECLASS UTILITIES TO PLANT</b>						
1.00	OPERATION OF PLANT	7.00	0	1,730,206	1.00	
	TOTALS		0	1,730,206		
<b>P - TO RECLASS GAIN SHARE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	752,718	0	1.00	
	TOTALS		752,718	0		
<b>Q - TO RECLASS PROPERTY INSURANCE</b>						
1.00	CLINIC	90.00	0	116,142	1.00	
	TOTALS		0	116,142		
<b>S - TO RECLASSIFY RESIDENT SALARIES</b>						
1.00	I&R SERVICES-SALARY &	21.00	0	46,458	1.00	
	FRINGES APPRVD					
	TOTALS		0	46,458		

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:  
5/30/2017 2:13 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
	T - TO RECLASS CLINIC PHONE EXPENSE					
1.00	CLINIC		90.00	0	170,185	1.00
	TOTALS			0	170,185	
	U - TO RECLASSIFY CLINIC UTILITIES					
1.00	CLINIC		90.00	0	411,789	1.00
	TOTALS			0	411,789	
500.00	Grand Total: Increases			756,623	11,376,201	500.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - TO RECLASSIFY PHONE COSTS</b>							
1.00	DATA PROCESSING	5.01	0	413,071	0		1.00
	TOTALS		0	413,071			
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	1,442,549	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	620,148	0		2.00
	TOTALS		0	2,062,697			
<b>C - TO RECLASS M/S COSTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	313,774	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	12,794	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	6,474	0		3.00
4.00	OPERATING ROOM	50.00	0	1,611,348	0		4.00
5.00	RECOVERY ROOM	51.00	0	2,974	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,642	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	68,171	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	486,786	0		8.00
9.00	CT SCAN	57.00	0	60,130	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	54,492	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	144,740	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	19,938	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	5,012	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	418	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	9	0		15.00
16.00	ASC (NON-DISTINCT PART)	75.00	0	4,230	0		16.00
17.00	PROCTO/ENTERO/GASTRO	75.01	0	166,585	0		17.00
18.00	EMERGENCY	91.00	0	19,564	0		18.00
19.00	CARDIAC REHAB	91.01	0	191	0		19.00
	TOTALS		0	3,000,272			
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	26,153	0		1.00
	TOTALS		0	26,153			
<b>E - TO RECLASSIFY WORKERS COMP</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	182,706	0		1.00
	TOTALS		0	182,706			
<b>F - TO RECLASSIFY RETIREMENT</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,381,573	0		1.00
	TOTALS		0	1,381,573			
<b>G - INTEREST EXPENSE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,174	11		1.00
	TOTALS		0	1,174			
<b>H - PHARMACY RESIDENT PRECEPTOR</b>							
1.00	CLINIC	90.00	3,905	648	0		1.00
	TOTALS		3,905	648			
<b>I - TO RECLASSIFY RENTAL SPD</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	87	0		1.00
	TOTALS		0	87			
<b>J - TO RECLASS CLINIC DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	979,546	9		1.00
	TOTALS		0	979,546			
<b>L - TO RECLASS CLINIC HSKPG</b>							
1.00	HOUSEKEEPING	9.00	0	255,266	0		1.00
	TOTALS		0	255,266			
<b>M - TO RECLASS PROP TAXES</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	598,228	0		1.00
	TOTALS		0	598,228			
<b>O - TO RECLASS UTILITIES TO PLANT</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,730,206	0		1.00
	TOTALS		0	1,730,206			
<b>P - TO RECLASS GAIN SHARE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	752,718	0	0		1.00
	TOTALS		752,718	0			
<b>Q - TO RECLASS PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	116,142	12		1.00
	TOTALS		0	116,142			

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:  
5/30/2017 2:13 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
S - TO RECLASSIFY RESIDENT SALARIES						
1.00	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0	46,458	0	1.00
	TOTALS		0	46,458		
T - TO RECLASS CLINIC PHONE EXPENSE						
1.00	NONPATIENT TELEPHONES	5.02	0	170,185	0	1.00
	TOTALS		0	170,185		
U - TO RECLASSIFY CLINIC UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	411,789	0	1.00
	TOTALS		0	411,789		
500.00	Grand Total: Decreases		756,623	11,376,201		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,570,302	115,000	0	115,000	0 1.00
2.00	Land Improvements	6,289,860	37,521	0	37,521	0 2.00
3.00	Buildings and Fixtures	88,266,302	4,087,763	0	4,087,763	0 3.00
4.00	Building Improvements	43,915,502	178,667	0	178,667	3,000 4.00
5.00	Fixed Equipment	9,001,236	11,684	0	11,684	4,565 5.00
6.00	Movable Equipment	80,529,537	2,275,294	0	2,275,294	1,320,391 6.00
7.00	HIT designated Assets	3,731,958	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	233,304,697	6,705,929	0	6,705,929	1,327,956 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	233,304,697	6,705,929	0	6,705,929	1,327,956 10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,685,302	0			0 1.00
2.00	Land Improvements	6,327,381	0			0 2.00
3.00	Buildings and Fixtures	92,354,065	0			0 3.00
4.00	Building Improvements	44,091,169	0			0 4.00
5.00	Fixed Equipment	9,008,355	0			0 5.00
6.00	Movable Equipment	81,484,440	0			0 6.00
7.00	HIT designated Assets	3,731,958	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	238,682,670	0			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	238,682,670	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2017 2:13 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	NEW CAP REL COSTS-BLDG & FIXT	6,053,057	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,053,057	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,053,057				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,053,057				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2017 2:13 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	NEW CAP REL COSTS-BLDG & FIXT	153,466,272	0	153,466,272	0.642972	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	85,216,398	0	85,216,398	0.357028	0	2.00
3.00	Total (sum of lines 1-2)	238,682,670	0	238,682,670	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,073,511	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,073,511	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-4,844,241	0	0	0	229,270	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	-4,844,241	0	0	0	229,270	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:  
5/30/2017 2:13 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-4,845,415	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-15,078	CENTRAL SERVICES & SUPPLY		14.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		7.00
8.00 Television and radio service (chapter 21)		0			0.00		8.00
9.00 Parking lot (chapter 21)		0			0.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-30,378,943					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0					12.00
13.00 Laundry and linen service	B	-4,017	LAUNDRY & LINEN SERVICE		8.00		13.00
14.00 Cafeteria-employees and guests	B	-606,047	DIETARY		10.00		14.00
15.00 Rental of quarters to employee and others		0			0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00 Sale of drugs to other than patients		0			0.00		17.00
18.00 Sale of medical records and abstracts		0			0.00		18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00		19.00
20.00 Vending machines	B	-1,860	OPERATION OF PLANT		7.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00		26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant					0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00		32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 HOSPITALIST MID LEVEL SALARIES	A	-399,196	ADULTS & PEDIATRICS	30.00	0 33.00
34.00 HOSPITALIST MID LEVEL FRINGES	A	-109,380	ADULTS & PEDIATRICS	30.00	0 34.00
35.00 OUTREACH REVENUE	B	-134	NURSING ADMINISTRATION	13.00	0 35.00
35.01 ADVERTISING EXPENSE	A	-41,416	OTHER ADMINISTRATIVE & GENERAL	5.06	0 35.01
36.00 MISC REVENUE	B	-60,887	OTHER ADMINISTRATIVE & GENERAL	5.06	0 36.00
37.00 MID LEVEL SALARIES	A	-3,100,738	CLINIC	90.00	0 37.00
38.00 MID LEVEL FRINGE BENEFITS	A	-86,413	CLINIC	90.00	0 38.00
39.00 E/R MID LEVEL	A	-315,375	CLINIC	90.00	0 39.00
40.00 E/R MID LEVEL FRINGES	A	-86,413	CLINIC	90.00	0 40.00
41.00 RURAL RESIDENCY GRANT	B	-346,824	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0 41.00
42.00		0		0.00	0 42.00
43.00		0		0.00	0 43.00
44.00		0		0.00	0 44.00
45.00		0		0.00	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-40,398,136			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-0028

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2017 2:13 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	91.00	EMERGENCY	1,717,473	1,717,473	0	0	0	1.00
2.00	91.00	EMERGENCY	164,521	164,521	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	256,453	256,453	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	248,211	248,211	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,990,731	1,990,731	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	171,714	171,714	0	0	0	6.00
7.00	60.00	LABORATORY	818,334	818,334	0	0	0	7.00
8.00	60.00	LABORATORY	66,027	66,027	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,412,656	1,412,656	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	141,436	141,436	0	0	0	10.00
11.00	90.00	CLINIC	18,978,725	18,978,725	0	0	0	11.00
12.00	90.00	CLINIC	2,261,068	2,261,068	0	0	0	12.00
13.00	91.00	EMERGENCY	25,270	25,270	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	568,571	568,571	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	852,339	852,339	0	0	0	15.00
16.00	90.00	CLINIC	705,414	705,414	0	0	0	16.00
200.00			30,378,943	30,378,943	0	0	0	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	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
200.00			0	0	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	91.00	EMERGENCY	0	0	0	1,717,473		1.00
2.00	91.00	EMERGENCY	0	0	0	164,521		2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	256,453		3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	248,211		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,990,731		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	171,714		6.00
7.00	60.00	LABORATORY	0	0	0	818,334		7.00
8.00	60.00	LABORATORY	0	0	0	66,027		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,412,656		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	141,436		10.00
11.00	90.00	CLINIC	0	0	0	18,978,725		11.00
12.00	90.00	CLINIC	0	0	0	2,261,068		12.00
13.00	91.00	EMERGENCY	0	0	0	25,270		13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	568,571		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	852,339		15.00
16.00	90.00	CLINIC	0	0	0	705,414		16.00
200.00			0	0	0	30,378,943		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2017 2: 13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	229,270	229,270				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,154,537	3,442	0	5,157,979		4.00
5.01 00550 DATA PROCESSING	9,112,212	1,781	0	211,995	9,325,988	5.01
5.02 00540 NONPATIENT TELEPHONES	488,255	178	0	9,909	15,115	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	177,432	237	0	9,330	45,345	5.03
5.04 00570 ADMINISTRATION	0	1,067	0	0	90,690	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,056,203	2,960	0	43,933	272,071	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	17,126,025	7,557	0	375,980	831,328	5.06
6.00 00600 MAINTENANCE & REPAIRS	3,197,972	3,620	0	81,086	332,531	6.00
7.00 00700 OPERATION OF PLANT	1,698,083	91,113	0	15,468	45,345	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	271,178	3,187	0	9,129	30,230	8.00
9.00 00900 HOUSEKEEPING	1,079,555	1,859	0	40,759	30,230	9.00
10.00 01000 DIETARY	993,181	5,045	0	52,467	45,345	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	243,523	832	0	8,606	15,115	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	948,298	2,853	0	26,775	90,690	14.00
15.00 01500 PHARMACY	4,114,227	1,161	0	111,291	211,611	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	623,681	7,262	0	25,701	181,381	16.00
17.00 01700 SOCIAL SERVICE	183,093	439	0	9,793	30,230	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	46,458	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02301 PARAMED ED PRGM- PHARMACY	249,072	64	0	12,966	30,230	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	4,122,892	23,353	0	318,988	1,042,939	30.00
31.00 03100 INTENSIVE CARE UNIT	1,352,120	3,255	0	57,818	196,496	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	504,114	465	0	23,958	15,115	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,736,177	8,703	0	96,258	347,646	50.00
51.00 05100 RECOVERY ROOM	393,048	1,224	0	18,580	45,345	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	585,772	995	0	28,914	15,115	52.00
53.00 05300 ANESTHESIOLOGY	171,366	0	0	131,987	75,575	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,819,122	5,740	0	89,034	166,266	54.00
57.00 05700 CT SCAN	689,319	957	0	20,539	15,115	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	858,087	2,870	0	18,004	15,115	58.00
59.00 05900 CARDIAC CATHETERIZATION	888,293	2,216	0	29,873	90,690	59.00
60.00 06000 LABORATORY	5,464,246	4,852	0	193,594	423,221	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	896,771	523	0	40,408	45,345	65.00
66.00 06600 PHYSICAL THERAPY	1,468,725	6,453	0	73,965	120,920	66.00
67.00 06700 OCCUPATIONAL THERAPY	360,933	303	0	18,557	60,460	67.00
68.00 06800 SPEECH PATHOLOGY	161,060	160	0	0	15,115	68.00
69.00 06900 ELECTROCARDIOLOGY	516,191	0	0	21,145	30,230	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,000,185	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	2,062,697	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,444,919	4,154	0	74,136	151,151	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	616,248	1,139	0	21,388	45,345	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	31,953,600	0	0	2,287,480	2,932,323	90.00
91.00 09100 EMERGENCY	3,388,719	8,020	0	272,077	483,682	91.00
91.01 09101 CARDIAC REHAB	304,952	2,496	0	14,411	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	234,729	95	0	22,306	15,115	100.00
101.00 10100 HOME HEALTH AGENCY	1,920,461	5,418	0	90,309	317,416	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	1,239,153	117	0	42,873	136,035	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1-117)	118,146,154	218,165	0	5,051,790	9,099,262	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	423,732	1,224	0	7,654	30,230	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	3,315	0	0	0	192.00
194.00	07950 MONROE CLINIC INN	0	3,963	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	7,045,703	2,603	0	98,535	196,496	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)	125,615,589	229,270	0	5,157,979	9,325,988	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B Part I Date/Time Prepared: 5/30/2017 2:13 pm

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES	513,457					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,482	237,826				5.03
5.04	00570	ADMINISTRATIVE	5,482	0	97,239			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	32,890	88	0	1,408,145		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	85,881	912	0	0	18,427,683	5.06
6.00	00600	MAINTENANCE & REPAIRS	9,136	1,417	0	0	3,625,762	6.00
7.00	00700	OPERATION OF PLANT	5,482	11	0	0	1,855,502	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,654	662	0	0	318,040	8.00
9.00	00900	HOUSEKEEPING	3,654	1,354	0	0	1,157,411	9.00
10.00	01000	DIETARY	5,482	336	0	0	1,101,856	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,827	28	0	0	269,931	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,482	4,044	0	0	1,078,142	14.00
15.00	01500	PHARMACY	7,309	17,429	0	0	4,463,028	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,136	11	0	0	847,172	16.00
17.00	01700	SOCIAL SERVICE	3,654	0	0	0	227,209	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	46,458	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	1,827	0	0	0	294,159	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	21,927	980	4,783	59,750	5,595,612	30.00
31.00	03100	INTENSIVE CARE UNIT	7,309	345	1,066	13,316	1,631,725	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,827	0	398	4,973	550,850	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,963	39,940	20,719	257,932	4,518,338	50.00
51.00	05100	RECOVERY ROOM	3,654	149	1,382	17,268	480,650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,827	0	1,507	18,823	652,953	52.00
53.00	05300	ANESTHESIOLOGY	3,654	1,001	7,054	88,113	478,750	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,445	5,709	6,961	86,947	3,196,224	54.00
57.00	05700	CT SCAN	1,827	891	9,942	124,193	862,783	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,827	594	6,857	85,655	989,009	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,309	8,164	2,365	29,538	1,058,448	59.00
60.00	06000	LABORATORY	21,927	1,130	7,484	273,951	6,390,405	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,482	762	3,452	43,118	1,035,861	65.00
66.00	06600	PHYSICAL THERAPY	10,963	332	3,614	58,314	1,743,286	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,654	35	1,008	13,343	458,293	67.00
68.00	06800	SPEECH PATHOLOGY	1,827	5	526	6,566	185,259	68.00
69.00	06900	ELECTROCARDIOLOGY	1,827	721	3,633	45,376	619,123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,000,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,062,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,654	326	1,963	24,522	1,704,825	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	1,827	2,734	0	0	688,681	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	153,496	91,435	0	0	37,418,334	90.00
91.00	09100	EMERGENCY	12,791	1,365	12,274	153,315	4,332,243	91.00
91.01	09101	CARDIAC REHAB	0	91	251	3,132	325,333	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	1,827	5	0	0	274,077	100.00
101.00	10100	HOME HEALTH AGENCY	7,309	505	0	0	2,341,418	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,654	1,448	0	0	1,423,280	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	495,185	184,959	97,239	1,408,145	117,730,995	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	3,654	2,608	0	0	469,102	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,315	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
194.00	07950 MONROE CLINIC INN	0	0	0	0	3,963	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	14,618	50,259	0	0	7,408,214	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)	513,457	237,826	97,239	1,408,145	125,615,589	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	18,427,683					5.06
6.00	00600	MAINTENANCE & REPAIRS	623,337	4,249,099				6.00
7.00	00700	OPERATION OF PLANT	318,996	833,157	3,007,655			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	54,677	519,498	81,696	973,911		8.00
9.00	00900	HOUSEKEEPING	198,981	169,082	47,655	106,577	1,679,706	9.00
10.00	01000	DIETARY	189,430	338,164	129,336	33,337	32,200	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	46,406	33,081	21,338	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	185,353	183,785	73,152	11,661	9,200	14.00
15.00	01500	PHARMACY	767,279	52,685	29,761	0	2,017	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	145,645	36,757	186,188	0	7,077	16.00
17.00	01700	SOCIAL SERVICE	39,062	0	11,261	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,987	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	50,572	0	1,639	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	961,992	366,344	598,722	423,362	516,617	30.00
31.00	03100	INTENSIVE CARE UNIT	280,525	53,910	83,441	55,257	150,384	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	94,702	0	11,929	0	49,538	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	776,788	289,154	223,112	29,622	176,640	50.00
51.00	05100	RECOVERY ROOM	82,633	7,351	31,370	77,846	3,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	112,255	0	25,497	0	51,661	52.00
53.00	05300	ANESTHESIOLOGY	82,306	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	549,492	398,200	147,153	20,010	24,769	54.00
57.00	05700	CT SCAN	148,329	0	24,526	0	21,018	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	170,029	11,027	73,577	0	21,018	58.00
59.00	05900	CARDIAC CATHETERIZATION	181,967	7,351	56,806	0	49,114	59.00
60.00	06000	LABORATORY	1,098,632	283,028	124,388	5,977	44,160	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	178,084	17,153	13,416	8,302	14,154	65.00
66.00	06600	PHYSICAL THERAPY	299,704	156,829	165,441	27,757	33,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	78,789	1,225	7,770	0	38,074	67.00
68.00	06800	SPEECH PATHOLOGY	31,850	0	4,098	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	106,439	0	0	0	17,692	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	515,789	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	354,617	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	293,092	89,442	106,510	0	77,846	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	118,397	23,279	29,200	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	6,432,967	0	0	124,183	220,800	90.00
91.00	09100	EMERGENCY	744,795	167,857	205,614	40,657	106,154	91.00
91.01	09101	CARDIAC REHAB	55,931	33,081	64,000	0	12,915	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	47,119	0	2,428	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	402,534	17,153	138,912	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	244,689	29,406	3,005	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,072,171	4,117,999	2,722,941	964,548	1,679,706	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	80,648	19,604	31,370	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	570	0	84,989	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.00	07950 MONROE CLINIC INN	681	6,126	101,608	9,363	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	1,273,613	105,370	66,747	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)	18,427,683	4,249,099	3,007,655	973,911	1,679,706	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,824,323					10.00
11.00	01100	1,537,156					11.00
13.00	01300	0	4,683	375,439			13.00
14.00	01400	0	35,386	0	1,576,679		14.00
15.00	01500	0	61,669	25,698	0	5,402,137	15.00
16.00	01600	0	34,888	0	0	0	16.00
17.00	01700	0	7,551	3,147	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	9,249	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	233,874	206,314	85,974	66,338	172	30.00
31.00	03100	31,858	34,800	14,502	38,007	154	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	62,401	26,003	317,103	0	50.00
51.00	05100	0	9,307	3,879	7,433	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	16,098	6,708	124,261	0	53.00
54.00	05400	0	60,410	25,174	6,592	329	54.00
57.00	05700	0	12,029	5,013	0	2,503	57.00
58.00	05800	0	12,146	5,062	0	0	58.00
59.00	05900	0	16,303	6,794	4,067	0	59.00
60.00	06000	0	131,240	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	29,649	12,355	22,300	0	65.00
66.00	06600	0	46,215	19,259	43,898	0	66.00
67.00	06700	0	12,820	5,342	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	14,283	5,952	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	461,700	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	5,018,643	73.00
75.00	07500	21,096	45,981	19,161	27,208	0	75.00
75.01	07501	0	13,493	5,623	287,510	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	408,882	0	0	0	90.00
91.00	09100	339	124,304	51,799	95,930	1,410	91.00
91.01	09101	0	9,512	3,964	1,543	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	14,956	6,233	0	0	100.00
101.00	10100	0	62,401	26,003	61,990	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	28,303	11,794	10,799	378,926	116.00
118.00		1,824,323	1,525,273	375,439	1,576,679	5,402,137	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	11,883	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	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)	1,824,323	1,537,156	375,439	1,576,679	5,402,137	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00540 NONPATIENT TELEPHONES						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,257,727					16.00
17.00 01700 SOCIAL SERVICE	15,305	303,535				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	54,445			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0	0			355,619	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	337,615	250,625	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	40,514	27,847	0	0	0	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	13,505	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	382,629	0	27,223	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	13,505	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	27,009	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	31,511	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	4,502	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	36,012	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 PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	63,021	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	112,538	0	0	0	0	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	67,523	0	14,972	0	355,619	90.00
91.00 09100 EMERGENCY	112,538	13,924	12,250	0	0	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	8,354	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	2,785	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,257,727	303,535	54,445	0	355,619	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			16.00	17.00			21.00	22.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00	
194.01	07951	5 WEST	0	0	0	0	194.01	
194.02	07952	LIFELINE	0	0	0	0	194.02	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03	
194.04	07954	FREESTANDING CLINIC	0	0	0	0	194.04	
200.00		Cross Foot Adjustments			0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	1,257,727	303,535	54,445	0	355,619	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00550				5.01
5.02	00540				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02301				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	9,643,561	0	9,643,561	30.00
31.00	03100	2,442,924	0	2,442,924	31.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	720,524	0	720,524	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	6,829,013	-27,223	6,801,790	50.00
51.00	05100	704,007	0	704,007	51.00
52.00	05200	855,871	0	855,871	52.00
53.00	05300	735,132	0	735,132	53.00
54.00	05400	4,459,864	0	4,459,864	54.00
57.00	05700	1,076,201	0	1,076,201	57.00
58.00	05800	1,281,868	0	1,281,868	58.00
59.00	05900	1,380,850	0	1,380,850	59.00
60.00	06000	8,077,830	0	8,077,830	60.00
60.01	06001	0	0	0	60.01
65.00	06500	1,335,776	0	1,335,776	65.00
66.00	06600	2,571,521	0	2,571,521	66.00
67.00	06700	602,313	0	602,313	67.00
68.00	06800	221,207	0	221,207	68.00
69.00	06900	763,489	0	763,489	69.00
70.00	07000	0	0	0	70.00
71.00	07100	3,977,674	0	3,977,674	71.00
72.00	07200	2,417,314	0	2,417,314	72.00
73.00	07300	5,081,664	0	5,081,664	73.00
75.00	07500	2,497,699	0	2,497,699	75.00
75.01	07501	1,166,183	0	1,166,183	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	45,043,280	-14,972	45,028,308	90.00
91.00	09100	6,009,814	-12,250	5,997,564	91.00
91.01	09101	506,279	0	506,279	91.01
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	0	0	0	99.10
100.00	10000	344,813	0	344,813	100.00
101.00	10100	3,058,765	0	3,058,765	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
116.00	11600	2,132,987	0	2,132,987	116.00
118.00		115,938,423	-54,445	115,883,978	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	612,607	0	612,607	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,874	0	88,874	192.00
194.00	07950	MONROE CLINIC INN	121,741	0	121,741	194.00
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	8,853,944	0	8,853,944	194.04
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	125,615,589	-54,445	125,561,144	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT				1. 00
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	3,442	0	4. 00
5. 01	00550	DATA PROCESSING	0	1,781	0	5. 01
5. 02	00540	NONPATIENT TELEPHONES	0	178	0	5. 02
5. 03	00560	PURCHASING RECEIVING AND STORES	0	237	0	5. 03
5. 04	00570	ADMITTING	0	1,067	0	5. 04
5. 05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,960	0	5. 05
5. 06	00590	OTHER ADMINISTRATION & GENERAL	0	7,557	0	5. 06
6. 00	00600	MAINTENANCE & REPAIRS	0	3,620	0	6. 00
7. 00	00700	OPERATION OF PLANT	0	91,113	0	7. 00
8. 00	00800	LAUNDRY & LINEN SERVICE	0	3,187	0	8. 00
9. 00	00900	HOUSEKEEPING	0	1,859	0	9. 00
10. 00	01000	DIETARY	0	5,045	0	10. 00
11. 00	01100	CAFETERIA	0	0	0	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	832	0	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	2,853	0	14. 00
15. 00	01500	PHARMACY	0	1,161	0	15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	7,262	0	16. 00
17. 00	01700	SOCIAL SERVICE	0	439	0	17. 00
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22. 00
23. 00	02301	PARAMED PRGM- PHARMACY	0	64	0	23. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00	03000	ADULTS & PEDIATRICS	0	23,353	0	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	3,255	0	31. 00
41. 00	04100	SUBPROVIDER - I RF	0	0	0	41. 00
42. 00	04200	SUBPROVIDER	0	0	0	42. 00
43. 00	04300	NURSERY	0	465	0	43. 00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00	05000	OPERATING ROOM	0	8,703	0	50. 00
51. 00	05100	RECOVERY ROOM	0	1,224	0	51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	995	0	52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	5,740	0	54. 00
57. 00	05700	CT SCAN	0	957	0	57. 00
58. 00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,870	0	58. 00
59. 00	05900	CARDIAC CATHETERIZATION	0	2,216	0	59. 00
60. 00	06000	LABORATORY	0	4,852	0	60. 00
60. 01	06001	BLOOD LABORATORY	0	0	0	60. 01
65. 00	06500	RESPIRATORY THERAPY	0	523	0	65. 00
66. 00	06600	PHYSICAL THERAPY	0	6,453	0	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	303	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	160	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 PATIENTS	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73. 00
75. 00	07500	ASC (NON-DISTINCT PART)	0	4,154	0	75. 00
75. 01	07501	PROCTO/ENTERO/GASTRO	0	1,139	0	75. 01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88. 00	08800	RURAL HEALTH CLINIC	0	0	0	88. 00
89. 00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89. 00
90. 00	09000	CLINIC	0	0	0	90. 00
91. 00	09100	EMERGENCY	0	8,020	0	91. 00
91. 01	09101	CARDIAC REHAB	0	2,496	0	91. 01
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92. 00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99. 10	09910	CORF	0	0	0	99. 10
100. 00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	95	0	100. 00
101. 00	10100	HOME HEALTH AGENCY	0	5,418	0	101. 00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109. 00	10900	PANCREAS ACQUISITION	0	0	0	109. 00
110. 00	11000	INTESTINAL ACQUISITION	0	0	0	110. 00
111. 00	11100	ISLET ACQUISITION	0	0	0	111. 00
113. 00	11300	INTEREST EXPENSE	0	0	0	113. 00
116. 00	11600	HOSPICE	0	117	0	116. 00
118. 00		SUBTOTALS (SUM OF LINES 1-117)	0	218,165	0	118. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,224	0	1,224	5	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	3,315	0	3,315	0	192.00
194.00 07950 MONROE CLINIC INN	0	3,963	0	3,963	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	2,603	0	2,603	65	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)	0	229,270	0	229,270	3,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:  
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Part II  
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Cost Center Description			DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING	1,921					5.01
5.02	00540	NONPATIENT TELEPHONES	3	188				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	9	2	254			5.03
5.04	00570	ADMINISTRATIVE	19	2	0	1,088		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	56	12	0	0	3,057	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	171	31	1	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	68	3	2	0	0	6.00
7.00	00700	OPERATION OF PLANT	9	2	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6	1	1	0	0	8.00
9.00	00900	HOUSEKEEPING	6	1	1	0	0	9.00
10.00	01000	DIETARY	9	2	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3	1	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19	2	4	0	0	14.00
15.00	01500	PHARMACY	44	3	19	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	3	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6	1	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	6	1	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	215	8	1	51	133	30.00
31.00	03100	INTENSIVE CARE UNIT	40	3	0	11	30	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3	1	0	4	11	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	72	4	44	271	574	50.00
51.00	05100	RECOVERY ROOM	9	1	0	15	38	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3	1	0	16	42	52.00
53.00	05300	ANESTHESIOLOGY	16	1	1	75	196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34	6	6	74	193	54.00
57.00	05700	CT SCAN	3	1	1	106	276	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3	1	1	73	190	58.00
59.00	05900	CARDIAC CATHETERIZATION	19	3	9	25	66	59.00
60.00	06000	LABORATORY	87	8	1	80	533	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	9	2	1	37	96	65.00
66.00	06600	PHYSICAL THERAPY	25	4	0	39	130	66.00
67.00	06700	OCCUPATIONAL THERAPY	12	1	0	11	30	67.00
68.00	06800	SPEECH PATHOLOGY	3	1	0	6	15	68.00
69.00	06900	ELECTROCARDIOLOGY	6	1	1	39	101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	31	1	0	21	55	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	9	1	3	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	609	56	95	0	0	90.00
91.00	09100	EMERGENCY	100	5	1	131	341	91.00
91.01	09101	CARDIAC REHAB	0	0	0	3	7	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	3	1	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	65	3	1	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	28	1	2	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,875	182	196	1,088	3,057	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	1	3	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
194.00	07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	40	5	55	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)	1,921	188	254	1,088	3,057	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B Part II Date/Time Prepared: 5/30/2017 2:13 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	8,008					5.06
6.00	00600	MAINTENANCE & REPAIRS	272	4,019				6.00
7.00	00700	OPERATION OF PLANT	139	787	92,060			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24	491	2,501	6,217		8.00
9.00	00900	HOUSEKEEPING	87	160	1,459	680	4,280	9.00
10.00	01000	DIETARY	83	320	3,959	213	82	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	20	31	653	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	81	174	2,239	74	23	14.00
15.00	01500	PHARMACY	335	50	911	0	5	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	64	35	5,699	0	18	16.00
17.00	01700	SOCIAL SERVICE	17	0	345	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	22	0	50	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	420	347	18,326	2,702	1,317	30.00
31.00	03100	INTENSIVE CARE UNIT	122	51	2,554	353	383	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	41	0	365	0	126	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	339	273	6,829	189	450	50.00
51.00	05100	RECOVERY ROOM	36	7	960	497	9	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49	0	780	0	132	52.00
53.00	05300	ANESTHESIOLOGY	36	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	240	377	4,504	128	63	54.00
57.00	05700	CT SCAN	65	0	751	0	54	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	74	10	2,252	0	54	58.00
59.00	05900	CARDIAC CATHETERIZATION	79	7	1,739	0	125	59.00
60.00	06000	LABORATORY	479	268	3,807	38	113	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	78	16	411	53	36	65.00
66.00	06600	PHYSICAL THERAPY	131	148	5,064	177	84	66.00
67.00	06700	OCCUPATIONAL THERAPY	34	1	238	0	97	67.00
68.00	06800	SPEECH PATHOLOGY	14	0	125	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	46	0	0	0	45	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	225	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	155	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	128	85	3,260	0	198	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	52	22	894	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,774	0	0	793	563	90.00
91.00	09100	EMERGENCY	325	159	6,294	260	270	91.00
91.01	09101	CARDIAC REHAB	24	31	1,959	0	33	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	21	0	74	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	176	16	4,252	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	107	28	92	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,417	3,894	83,346	6,157	4,280	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35	19	960	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,601	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

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Part II  
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Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
194.00	07950 MONROE CLINIC INN	0	6	3,110	60	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	556	100	2,043	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)	8,008	4,019	92,060	6,217	4,280	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:  
From 01/01/2016  
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Part II  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	9,748					10.00
11.00	01100	8,213					11.00
13.00	01300	0	25	1,571			13.00
14.00	01400	0	189	0	5,676		14.00
15.00	01500	0	329	108	0	3,039	15.00
16.00	01600	0	186	0	0	0	16.00
17.00	01700	0	40	13	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	49	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,250	1,102	359	239	0	30.00
31.00	03100	170	186	61	137	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	333	109	1,142	0	50.00
51.00	05100	0	50	16	27	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	86	28	447	0	53.00
54.00	05400	0	323	105	24	0	54.00
57.00	05700	0	64	21	0	1	57.00
58.00	05800	0	65	21	0	0	58.00
59.00	05900	0	87	28	15	0	59.00
60.00	06000	0	701	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	158	52	80	0	65.00
66.00	06600	0	247	81	158	0	66.00
67.00	06700	0	68	22	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	76	25	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	1,661	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	2,824	73.00
75.00	07500	113	246	80	98	0	75.00
75.01	07501	0	72	24	1,035	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	2,189	0	0	0	90.00
91.00	09100	2	664	217	345	1	91.00
91.01	09101	0	51	17	6	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	80	26	0	0	100.00
101.00	10100	0	333	109	223	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	151	49	39	213	116.00
118.00		9,748	8,150	1,571	5,676	3,039	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	63	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.00 07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	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)	9,748	8,213	1,571	5,676	3,039	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00540 NONPATIENT TELEPHONES						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	13,321					16.00
17.00 01700 SOCIAL SERVICE	162	1,029				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0	0			201	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	3,576	851				30.00
31.00 03100 INTENSIVE CARE UNIT	429	94				31.00
41.00 04100 SUBPROVIDER - IRF	0	0				41.00
42.00 04200 SUBPROVIDER	0	0				42.00
43.00 04300 NURSERY	143	0				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	4,053	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	143	0				52.00
53.00 05300 ANESTHESIOLOGY	286	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	334	0				54.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00 06000 LABORATORY	0	0				60.00
60.01 06001 BLOOD LABORATORY	0	0				60.01
65.00 06500 RESPIRATORY THERAPY	48	0				65.00
66.00 06600 PHYSICAL THERAPY	381	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 PATIENTS	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	667	0				73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,192	0				75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0				75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	715	0				90.00
91.00 09100 EMERGENCY	1,192	47				91.00
91.01 09101 CARDIAC REHAB	0	0				91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0				99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0				100.00
101.00 10100 HOME HEALTH AGENCY	0	28				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0				109.00
110.00 11000 INTESTINAL ACQUISITION	0	0				110.00
111.00 11100 ISLET ACQUISITION	0	0				111.00
113.00 11300 INTEREST EXPENSE	0	0				113.00
116.00 11600 HOSPICE	0	9				116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,321	1,029	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/30/2017 2:13 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			16.00	17.00			21.00	22.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00	
194.00	07950	MONROE CLINIC INN	0	0			194.00	
194.01	07951	5 WEST	0	0			194.01	
194.02	07952	LIFELINE	0	0			194.02	
194.03	07953	PHARMACY NURSING HOME	0	0			194.03	
194.04	07954	FREESTANDING CLINIC	0	0			194.04	
200.00		Cross Foot Adjustments			3	0	201	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,321	1,029	3	0	201	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00550				5.01
5.02	00540				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02301				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	54,461	0	54,461	30.00
31.00	03100	7,917	0	7,917	31.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	1,175	0	1,175	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	23,449	0	23,449	50.00
51.00	05100	2,901	0	2,901	51.00
52.00	05200	2,180	0	2,180	52.00
53.00	05300	1,259	0	1,259	53.00
54.00	05400	12,210	0	12,210	54.00
57.00	05700	2,314	0	2,314	57.00
58.00	05800	5,626	0	5,626	58.00
59.00	05900	4,438	0	4,438	59.00
60.00	06000	11,095	0	11,095	60.00
60.01	06001	0	0	0	60.01
65.00	06500	1,627	0	1,627	65.00
66.00	06600	13,171	0	13,171	66.00
67.00	06700	829	0	829	67.00
68.00	06800	324	0	324	68.00
69.00	06900	354	0	354	69.00
70.00	07000	0	0	0	70.00
71.00	07100	1,886	0	1,886	71.00
72.00	07200	155	0	155	72.00
73.00	07300	3,491	0	3,491	73.00
75.00	07500	9,711	0	9,711	75.00
75.01	07501	3,265	0	3,265	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	9,336	0	9,336	90.00
91.00	09100	18,554	0	18,554	91.00
91.01	09101	4,637	0	4,637	91.01
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	0	0	0	99.10
100.00	10000	315	0	315	100.00
101.00	10100	10,684	0	10,684	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
116.00	11600	864	0	864	116.00
118.00		208,228	0	208,228	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,316	0	2,316	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,916	0	5,916	192.00
194.00	07950	MONROE CLINIC INN	7,139	0	7,139	194.00
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	5,467	0	5,467	194.04
200.00		Cross Foot Adjustments	204	0	204	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	229,270	0	229,270	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	387,302	0			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,814	0	79,242,214		4.00
5.01 00550	DATA PROCESSING	3,008	0	3,256,898	617	5.01
5.02 00540	NONPATIENT TELEPHONES	300	0	152,239	1	2,810 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	400	0	143,334	3	30 5.03
5.04 00570	ADMINISTRATIVE	1,802	0	0	6	30 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	5,000	0	674,943	18	180 5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	12,766	0	5,776,215	55	470 5.06
6.00 00600	MAINTENANCE & REPAIRS	6,115	0	1,245,731	22	50 6.00
7.00 00700	OPERATION OF PLANT	153,921	0	237,638	3	30 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,383	0	140,252	2	20 8.00
9.00 00900	HOUSEKEEPING	3,140	0	626,190	2	20 9.00
10.00 01000	DIETARY	8,522	0	806,052	3	30 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,406	0	132,218	1	10 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,820	0	411,352	6	30 14.00
15.00 01500	PHARMACY	1,961	0	1,709,772	14	40 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,268	0	394,842	12	50 16.00
17.00 01700	SOCIAL SERVICE	742	0	150,456	2	20 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02301	PARAMED ED PRGM- PHARMACY	108	0	199,191	2	10 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	39,450	0	4,900,646	69	120 30.00
31.00 03100	INTENSIVE CARE UNIT	5,498	0	888,260	13	40 31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	786	0	368,064	1	10 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	14,701	0	1,478,821	23	60 50.00
51.00 05100	RECOVERY ROOM	2,067	0	285,448	3	20 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,680	0	444,216	1	10 52.00
53.00 05300	ANESTHESIOLOGY	0	0	2,027,735	5	20 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,696	0	1,367,836	11	90 54.00
57.00 05700	CT SCAN	1,616	0	315,537	1	10 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,848	0	276,594	1	10 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,743	0	458,936	6	40 59.00
60.00 06000	LABORATORY	8,196	0	2,974,210	28	120 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	884	0	620,790	3	30 65.00
66.00 06600	PHYSICAL THERAPY	10,901	0	1,136,329	8	60 66.00
67.00 06700	OCCUPATIONAL THERAPY	512	0	285,091	4	20 67.00
68.00 06800	SPEECH PATHOLOGY	270	0	0	1	10 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	324,848	2	10 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	7,018	0	1,138,958	10	20 75.00
75.01 07501	PROCTO/ENTERO/GASTRO	1,924	0	328,588	3	10 75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	35,142,454	194	840 90.00
91.00 09100	EMERGENCY	13,548	0	4,179,950	32	70 91.00
91.01 09101	CARDIAC REHAB	4,217	0	221,400	0	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	160	0	342,691	1	10 100.00
101.00 10100	HOME HEALTH AGENCY	9,153	0	1,387,427	21	40 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	198	0	658,659	9	20 116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
118.00	SUBTOTALS (SUM OF LINES 1-117)		368,542	0	77,610,811	602	2,710	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,067	0	117,593	2	20	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,600	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	6,695	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,398	0	1,513,810	13	80	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)		229,270	0	5,157,979	9,325,988	513,457	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.591967	0.000000	0.065091	15,115.053485	182.724911	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				3,442	1,921	188	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000043	3.113452	0.066904	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550 DATA PROCESSING						5.01
5.02	00540 NONPATIENT TELEPHONES						5.02
5.03	00560 PURCHASING RECEIVING AND STORES	23,726,381					5.03
5.04	00570 ADMITTING	0	207,622,900				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	8,781	0	240,860,788			5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL	90,942	0	0	-18,427,683	107,187,906	5.06
6.00	00600 MAINTENANCE & REPAIRS	141,389	0	0	0	3,625,762	6.00
7.00	00700 OPERATION OF PLANT	1,113	0	0	0	1,855,502	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	66,073	0	0	0	318,040	8.00
9.00	00900 HOUSEKEEPING	135,030	0	0	0	1,157,411	9.00
10.00	01000 DIETARY	33,522	0	0	0	1,101,856	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	2,766	0	0	0	269,931	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	403,472	0	0	0	1,078,142	14.00
15.00	01500 PHARMACY	1,738,749	0	0	0	4,463,028	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	1,062	0	0	0	847,172	16.00
17.00	01700 SOCIAL SERVICE	42	0	0	0	227,209	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	46,458	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301 PARAMED ED PRGM- PHARMACY	0	0	0	0	294,159	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	97,764	10,220,615	10,220,615	0	5,595,612	30.00
31.00	03100 INTENSIVE CARE UNIT	34,431	2,277,812	2,277,812	0	1,631,725	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	850,601	850,601	0	550,850	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,984,420	44,121,129	44,121,129	0	4,518,338	50.00
51.00	05100 RECOVERY ROOM	14,816	2,953,777	2,953,777	0	480,650	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,219,822	3,219,822	0	652,953	52.00
53.00	05300 ANESTHESIOLOGY	99,896	15,072,336	15,072,336	0	478,750	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	569,541	14,872,965	14,872,965	0	3,196,224	54.00
57.00	05700 CT SCAN	88,906	21,244,076	21,244,076	0	862,783	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	59,281	14,651,832	14,651,832	0	989,009	58.00
59.00	05900 CARDIAC CATHETERIZATION	814,456	5,052,756	5,052,756	0	1,058,448	59.00
60.00	06000 LABORATORY	112,766	15,992,189	46,848,920	0	6,390,405	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	76,053	7,375,599	7,375,599	0	1,035,861	65.00
66.00	06600 PHYSICAL THERAPY	33,138	7,722,318	9,975,014	0	1,743,286	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,523	2,153,933	2,282,394	0	458,293	67.00
68.00	06800 SPEECH PATHOLOGY	504	1,123,174	1,123,174	0	185,259	68.00
69.00	06900 ELECTROCARDIOLOGY	71,895	7,761,808	7,761,808	0	619,123	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,000,185	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,062,697	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	32,483	4,194,730	4,194,730	0	1,704,825	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	272,772	0	0	0	688,681	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	9,122,208	0	0	0	37,418,334	90.00
91.00	09100 EMERGENCY	136,144	26,225,613	26,225,613	0	4,332,243	91.00
91.01	09101 CARDIAC REHAB	9,118	535,815	535,815	0	325,333	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	510	0	0	0	274,077	100.00
101.00	10100 HOME HEALTH AGENCY	50,360	0	0	0	2,341,418	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600 HOSPICE	144,407	0	0	0	1,423,280	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,452,333	207,622,900	240,860,788	-18,427,683	99,303,312	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMINITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	260,134	0	0	0	469,102	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,315	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	3,963	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	5,013,914	0	0	0	7,408,214	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)	237,826	97,239	1,408,145		18,427,683	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.010024	0.000468	0.005846		0.171919	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	254	1,088	3,057		8,008	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000011	0.000005	0.000013		0.000075	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	3,468					6.00
7.00	00700	680	198,176				7.00
8.00	00800	424	5,383	514,903			8.00
9.00	00900	138	3,140	56,347	47,470		9.00
10.00	01000	276	8,522	17,625	910	166,641	10.00
11.00	01100	0	0	0	0	140,410	11.00
13.00	01300	27	1,406	0	0	0	13.00
14.00	01400	150	4,820	6,165	260	0	14.00
15.00	01500	43	1,961	0	57	0	15.00
16.00	01600	30	12,268	0	200	0	16.00
17.00	01700	0	742	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	108	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	299	39,450	223,831	14,600	21,363	30.00
31.00	03100	44	5,498	29,214	4,250	2,910	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	786	0	1,400	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	236	14,701	15,661	4,992	0	50.00
51.00	05100	6	2,067	41,157	100	0	51.00
52.00	05200	0	1,680	0	1,460	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	325	9,696	10,579	700	0	54.00
57.00	05700	0	1,616	0	594	0	57.00
58.00	05800	9	4,848	0	594	0	58.00
59.00	05900	6	3,743	0	1,388	0	59.00
60.00	06000	231	8,196	3,160	1,248	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	14	884	4,389	400	0	65.00
66.00	06600	128	10,901	14,675	936	0	66.00
67.00	06700	1	512	0	1,076	0	67.00
68.00	06800	0	270	0	0	0	68.00
69.00	06900	0	0	0	500	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	73	7,018	0	2,200	1,927	75.00
75.01	07501	19	1,924	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	65,655	6,240	0	90.00
91.00	09100	137	13,548	21,495	3,000	31	91.00
91.01	09101	27	4,217	0	365	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	160	0	0	0	100.00
101.00	10100	14	9,153	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	24	198	0	0	0	116.00
118.00		3,361	179,416	509,953	47,470	166,641	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	16	2,067	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
192.00	19200	0	5,600	0	0	0	192.00
194.00	07950	5	6,695	4,950	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	86	4,398	0	0	0	194.04
200.00							200.00
201.00							201.00
202.00							202.00
202.00		4,249,099	3,007,655	973,911	1,679,706	1,824,323	202.00
203.00							203.00
203.00		1,225.230392	15.176686	1.891446	35.384580	10.947624	203.00
204.00		4,019	92,060	6,217	4,280	9,748	204.00
205.00							205.00
205.00		1.158881	0.464537	0.012074	0.090162	0.058497	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description			CAFETERIA (NO OF FTE' S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	52,519					11.00
13.00	01300	NURSING ADMINISTRATION	160	30,782				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,209	0	1,124,200			14.00
15.00	01500	PHARMACY	2,107	2,107	0	1,789,340		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,192	0	0	0	1,397	16.00
17.00	01700	SOCIAL SERVICE	258	258	0	0	17	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	316	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,049	7,049	47,300	57	375	30.00
31.00	03100	INTENSIVE CARE UNIT	1,189	1,189	27,100	51	45	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	15	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,132	2,132	226,100	0	425	50.00
51.00	05100	RECOVERY ROOM	318	318	5,300	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	15	52.00
53.00	05300	ANESTHESIOLOGY	550	550	88,600	0	30	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,064	2,064	4,700	109	35	54.00
57.00	05700	CT SCAN	411	411	0	829	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	415	415	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	557	557	2,900	0	0	59.00
60.00	06000	LABORATORY	4,484	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,013	1,013	15,900	0	5	65.00
66.00	06600	PHYSICAL THERAPY	1,579	1,579	31,300	0	40	66.00
67.00	06700	OCCUPATIONAL THERAPY	438	438	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	488	488	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	329,200	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,662,316	70	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,571	1,571	19,400	0	125	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	461	461	205,000	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	13,970	0	0	0	75	90.00
91.00	09100	EMERGENCY	4,247	4,247	68,400	467	125	91.00
91.01	09101	CARDIAC REHAB	325	325	1,100	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	511	511	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,132	2,132	44,200	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	967	967	7,700	125,511	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,113	30,782	1,124,200	1,789,340	1,397	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	406	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	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)	1,537,156	375,439	1,576,679	5,402,137	1,257,727
203.00		Unit cost multiplier (Wkst. B, Part I)	29.268569	12.196706	1.402490	3.019067	900.305655
204.00		Cost to be allocated (per Wkst. B, Part II)	8,213	1,571	5,676	3,039	13,321
205.00		Unit cost multiplier (Wkst. B, Part II)	0.156382	0.051036	0.005049	0.001698	9.535433

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM- PHARMACY (ASSIGNED TIME)	
	SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)			
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00540 NONPATIENT TELEPHONES						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	1,090					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,000				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,000			22.00
23.00 02301 PARAMED PRGM- PHARMACY	0			100		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	900	0	1,000	0		30.00
31.00 03100 INTENSIVE CARE UNIT	100	0	0	0		31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	500	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
57.00 05700 CT SCAN	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	275	0	100		90.00
91.00 09100 EMERGENCY	50	225	0	0		91.00
91.01 09101 CARDIAC REHAB	0	0	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0		99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	30	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0		113.00
116.00 11600 HOSPICE	10	0	0	0		116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)			
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)				
		17.00	21.00			22.00	23.00
118.00		SUBTOTALS (SUM OF LINES 1-117)				118.00	
		1,090	1,000	1,000	100		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	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)	303,535	54,445	0	355,619	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	278.472477	54.445000	0.000000	3,556.190000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,029	3	0	201	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.944037	0.003000	0.000000	2.010000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	9,643,561		9,643,561	0	9,643,561	30.00
31.00	03100 INTENSIVE CARE UNIT	2,442,924		2,442,924	0	2,442,924	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	720,524		720,524	0	720,524	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	6,801,790		6,801,790	0	6,801,790	50.00
51.00	05100 RECOVERY ROOM	704,007		704,007	0	704,007	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	855,871		855,871	0	855,871	52.00
53.00	05300 ANESTHESIOLOGY	735,132		735,132	0	735,132	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,459,864		4,459,864	0	4,459,864	54.00
57.00	05700 CT SCAN	1,076,201		1,076,201	0	1,076,201	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,281,868		1,281,868	0	1,281,868	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,380,850		1,380,850	0	1,380,850	59.00
60.00	06000 LABORATORY	8,077,830		8,077,830	0	8,077,830	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,335,776	0	1,335,776	0	1,335,776	65.00
66.00	06600 PHYSICAL THERAPY	2,571,521	0	2,571,521	0	2,571,521	66.00
67.00	06700 OCCUPATIONAL THERAPY	602,313	0	602,313	0	602,313	67.00
68.00	06800 SPEECH PATHOLOGY	221,207	0	221,207	0	221,207	68.00
69.00	06900 ELECTROCARDIOLOGY	763,489		763,489	0	763,489	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,977,674		3,977,674	0	3,977,674	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,417,314		2,417,314	0	2,417,314	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,081,664		5,081,664	0	5,081,664	73.00
75.00	07500 ASC (NON-DISTINCT PART)	2,497,699		2,497,699	0	2,497,699	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	1,166,183		1,166,183	0	1,166,183	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	45,028,308		45,028,308	0	45,028,308	90.00
91.00	09100 EMERGENCY	5,997,564		5,997,564	0	5,997,564	91.00
91.01	09101 CARDIAC REHAB	506,279		506,279	0	506,279	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	695,519		695,519	0	695,519	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	344,813		344,813	0	344,813	100.00
101.00	10100 HOME HEALTH AGENCY	3,058,765		3,058,765	0	3,058,765	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600 HOSPICE	2,132,987		2,132,987	0	2,132,987	116.00
200.00	Subtotal (see instructions)	116,579,497	0	116,579,497	0	116,579,497	200.00
201.00	Less Observation Beds	695,519		695,519	0	695,519	201.00
202.00	Total (see instructions)	115,883,978	0	115,883,978	0	115,883,978	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,016,486		9,016,486		30.00
31.00	03100	INTENSIVE CARE UNIT	2,276,675		2,276,675		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	838,220		838,220		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,672,860	22,050,916	29,723,776	0.228833	50.00
51.00	05100	RECOVERY ROOM	898,596	2,031,178	2,929,774	0.240294	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,826,667	393,155	3,219,822	0.265813	52.00
53.00	05300	ANESTHESIOLOGY	852,731	2,390,090	3,242,821	0.226695	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,949,875	12,111,961	14,061,836	0.317161	54.00
57.00	05700	CT SCAN	3,456,553	17,787,523	21,244,076	0.050659	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,092,496	13,559,336	14,651,832	0.087489	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,415,534	2,031,295	3,446,829	0.400615	59.00
60.00	06000	LABORATORY	6,758,562	36,958,124	43,716,686	0.184777	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,565,895	3,064,231	5,630,126	0.237255	65.00
66.00	06600	PHYSICAL THERAPY	1,427,593	6,161,666	7,589,259	0.338837	66.00
67.00	06700	OCCUPATIONAL THERAPY	772,129	1,053,349	1,825,478	0.329948	67.00
68.00	06800	SPEECH PATHOLOGY	156,907	396,053	552,960	0.400042	68.00
69.00	06900	ELECTROCARDIOLOGY	1,150,197	6,261,611	7,411,808	0.103010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,648,334	14,862,365	24,510,699	0.162283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,537,860	2,559,040	4,096,900	0.590035	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,544,630	15,999,624	32,544,254	0.156146	73.00
75.00	07500	ASC (NON-DISTINCT PART)	37,231	4,157,499	4,194,730	0.595437	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	399,789	7,889,936	8,289,725	0.140678	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	400,723	59,963,804	60,364,527	0.745940	90.00
91.00	09100	EMERGENCY	2,388,262	14,338,525	16,726,787	0.358560	91.00
91.01	09101	CARDIAC REHAB	5,021	530,794	535,815	0.944876	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	38,707	1,150,602	1,189,309	0.584809	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	1,993,984	1,993,984		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,244,290	2,244,290		116.00
200.00		Subtotal (see instructions)	76,128,533	251,940,951	328,069,484		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	76,128,533	251,940,951	328,069,484		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/30/2017 2:13 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.228833		50.00
51.00	05100	RECOVERY ROOM	0.240294		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265813		52.00
53.00	05300	ANESTHESIOLOGY	0.226695		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317161		54.00
57.00	05700	CT SCAN	0.050659		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087489		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.400615		59.00
60.00	06000	LABORATORY	0.184777		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.237255		65.00
66.00	06600	PHYSICAL THERAPY	0.338837		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.329948		67.00
68.00	06800	SPEECH PATHOLOGY	0.400042		68.00
69.00	06900	ELECTROCARDIOLOGY	0.103010		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.162283		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.590035		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156146		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.595437		75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.140678		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.745940		90.00
91.00	09100	EMERGENCY	0.358560		91.00
91.01	09101	CARDIAC REHAB	0.944876		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584809		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		9,643,561	0	9,643,561	30.00
31.00	03100 INTENSIVE CARE UNIT		2,442,924	0	2,442,924	31.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		720,524	0	720,524	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		6,801,790	0	6,801,790	50.00
51.00	05100 RECOVERY ROOM		704,007	0	704,007	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		855,871	0	855,871	52.00
53.00	05300 ANESTHESIOLOGY		735,132	0	735,132	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,459,864	0	4,459,864	54.00
57.00	05700 CT SCAN		1,076,201	0	1,076,201	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,281,868	0	1,281,868	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,380,850	0	1,380,850	59.00
60.00	06000 LABORATORY		8,077,830	0	8,077,830	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,335,776	0	1,335,776	65.00
66.00	06600 PHYSICAL THERAPY	0	2,571,521	0	2,571,521	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	602,313	0	602,313	67.00
68.00	06800 SPEECH PATHOLOGY	0	221,207	0	221,207	68.00
69.00	06900 ELECTROCARDIOLOGY		763,489	0	763,489	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,977,674	0	3,977,674	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		2,417,314	0	2,417,314	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,081,664	0	5,081,664	73.00
75.00	07500 ASC (NON-DISTINCT PART)		2,497,699	0	2,497,699	75.00
75.01	07501 PROCTO/ENTERO/GASTRO		1,166,183	0	1,166,183	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		45,028,308	0	45,028,308	90.00
91.00	09100 EMERGENCY		5,997,564	0	5,997,564	91.00
91.01	09101 CARDIAC REHAB		506,279	0	506,279	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		695,519	0	695,519	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.		344,813	0	344,813	100.00
101.00	10100 HOME HEALTH AGENCY		3,058,765	0	3,058,765	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
116.00	11600 HOSPICE		2,132,987	0	2,132,987	116.00
200.00	Subtotal (see instructions)		116,579,497	0	116,579,497	200.00
201.00	Less Observation Beds		695,519	0	695,519	201.00
202.00	Total (see instructions)		115,883,978	0	115,883,978	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

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

Worksheet C  
Part I  
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		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,016,486		9,016,486		30.00
31.00	03100	INTENSIVE CARE UNIT	2,276,675		2,276,675		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	838,220		838,220		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,672,860	22,050,916	29,723,776	0.228833	50.00
51.00	05100	RECOVERY ROOM	898,596	2,031,178	2,929,774	0.240294	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,826,667	393,155	3,219,822	0.265813	52.00
53.00	05300	ANESTHESIOLOGY	852,731	2,390,090	3,242,821	0.226695	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,949,875	12,111,961	14,061,836	0.317161	54.00
57.00	05700	CT SCAN	3,456,553	17,787,523	21,244,076	0.050659	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,092,496	13,559,336	14,651,832	0.087489	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,415,534	2,031,295	3,446,829	0.400615	59.00
60.00	06000	LABORATORY	6,758,562	36,958,124	43,716,686	0.184777	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,565,895	3,064,231	5,630,126	0.237255	65.00
66.00	06600	PHYSICAL THERAPY	1,427,593	6,161,666	7,589,259	0.338837	66.00
67.00	06700	OCCUPATIONAL THERAPY	772,129	1,053,349	1,825,478	0.329948	67.00
68.00	06800	SPEECH PATHOLOGY	156,907	396,053	552,960	0.400042	68.00
69.00	06900	ELECTROCARDIOLOGY	1,150,197	6,261,611	7,411,808	0.103010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,648,334	14,862,365	24,510,699	0.162283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,537,860	2,559,040	4,096,900	0.590035	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,544,630	15,999,624	32,544,254	0.156146	73.00
75.00	07500	ASC (NON-DISTINCT PART)	37,231	4,157,499	4,194,730	0.595437	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	399,789	7,889,936	8,289,725	0.140678	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	400,723	59,963,804	60,364,527	0.745940	90.00
91.00	09100	EMERGENCY	2,388,262	14,338,525	16,726,787	0.358560	91.00
91.01	09101	CARDIAC REHAB	5,021	530,794	535,815	0.944876	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	38,707	1,150,602	1,189,309	0.584809	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	1,993,984	1,993,984		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,244,290	2,244,290		116.00
200.00		Subtotal (see instructions)	76,128,533	251,940,951	328,069,484		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	76,128,533	251,940,951	328,069,484		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/30/2017 2:13 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
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
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
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 PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.000000		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 CARDIAC REHAB	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/30/2017 2:13 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	54,461	0	54,461	7,820	6.96	30.00
31.00	INTENSIVE CARE UNIT	7,917		7,917	970	8.16	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	1,175		1,175	877	1.34	43.00
200.00	Total (lines 30-199)	63,553		63,553	9,667		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	3,495	24,325				
31.00	INTENSIVE CARE UNIT	531	4,333				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	4,026	28,658				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/30/2017 2:13 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,449	29,723,776	0.000789	6,239,125	4,923	50.00
51.00	05100	RECOVERY ROOM	2,901	2,929,774	0.000990	359,214	356	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,180	3,219,822	0.000677	74,854	51	52.00
53.00	05300	ANESTHESIOLOGY	1,259	3,242,821	0.000388	772,859	300	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,210	14,061,836	0.000868	1,877,964	1,630	54.00
57.00	05700	CT SCAN	2,314	21,244,076	0.000109	1,858,750	203	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,626	14,651,832	0.000384	631,737	243	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,438	3,446,829	0.001288	1,365,197	1,758	59.00
60.00	06000	LABORATORY	11,095	43,716,686	0.000254	3,187,566	810	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,627	5,630,126	0.000289	1,479,159	427	65.00
66.00	06600	PHYSICAL THERAPY	13,171	7,589,259	0.001735	860,309	1,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	829	1,825,478	0.000454	495,890	225	67.00
68.00	06800	SPEECH PATHOLOGY	324	552,960	0.000586	117,418	69	68.00
69.00	06900	ELECTROCARDIOLOGY	354	7,411,808	0.000048	859,104	41	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,886	24,510,699	0.000077	738,412	57	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	155	4,096,900	0.000038	1,486,582	56	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,491	32,544,254	0.000107	6,119,618	655	73.00
75.00	07500	ASC (NON-DISTINCT PART)	9,711	4,194,730	0.002315	1,357	3	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	3,265	8,289,725	0.000394	223,526	88	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	9,336	60,364,527	0.000155	0	0	90.00
91.00	09100	EMERGENCY	18,554	16,726,787	0.001109	1,308,317	1,451	91.00
91.01	09101	CARDIAC REHAB	4,637	535,815	0.008654	1,333	12	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,928	1,189,309	0.003303	0	0	92.00
200.00		Total (lines 50-199)	136,740	311,699,829		30,058,291	14,851	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 52-0028		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/30/2017 2:13 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,820	0.00	3,495	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	970	0.00	531	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	877	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	9,667		4,026	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:13 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	355,619	0	355,619	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	355,619	0	355,619	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:13 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	29,723,776	0.000000	0.000000	6,239,125	50.00
51.00	05100	RECOVERY ROOM	0	2,929,774	0.000000	0.000000	359,214	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,219,822	0.000000	0.000000	74,854	52.00
53.00	05300	ANESTHESIOLOGY	0	3,242,821	0.000000	0.000000	772,859	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,061,836	0.000000	0.000000	1,877,964	54.00
57.00	05700	CT SCAN	0	21,244,076	0.000000	0.000000	1,858,750	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,651,832	0.000000	0.000000	631,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,446,829	0.000000	0.000000	1,365,197	59.00
60.00	06000	LABORATORY	0	43,716,686	0.000000	0.000000	3,187,566	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,630,126	0.000000	0.000000	1,479,159	65.00
66.00	06600	PHYSICAL THERAPY	0	7,589,259	0.000000	0.000000	860,309	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,825,478	0.000000	0.000000	495,890	67.00
68.00	06800	SPEECH PATHOLOGY	0	552,960	0.000000	0.000000	117,418	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,411,808	0.000000	0.000000	859,104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,510,699	0.000000	0.000000	738,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,096,900	0.000000	0.000000	1,486,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,544,254	0.000000	0.000000	6,119,618	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,194,730	0.000000	0.000000	1,357	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	8,289,725	0.000000	0.000000	223,526	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	355,619	60,364,527	0.005891	0.005891	0	90.00
91.00	09100	EMERGENCY	0	16,726,787	0.000000	0.000000	1,308,317	91.00
91.01	09101	CARDIAC REHAB	0	535,815	0.000000	0.000000	1,333	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,189,309	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	355,619	311,699,829			30,058,291	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 2:13 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII					
Hospital					
PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	9,404,638	0	50.00
51.00	05100 RECOVERY ROOM	0	445,170	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,772,541	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,914,141	0	54.00
57.00	05700 CT SCAN	0	6,670,605	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,897,118	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,897,079	0	59.00
60.00	06000 LABORATORY	0	6,666,067	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	205,461	0	65.00
66.00	06600 PHYSICAL THERAPY	0	58,407	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	30,341	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,316	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,052,448	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	647,298	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,931,353	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,571,520	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,405,449	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	2,574,591	0	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	18,481,696	108,876	90.00
91.00	09100 EMERGENCY	0	4,726,158	0	91.00
91.01	09101 CARDIAC REHAB	0	234,054	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,260	0	92.00
200.00	Total (lines 50-199)	0	73,599,711	108,876	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 2:13 pm
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		Title XVIII		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.228833	9,404,638	0	0	2,152,092	50.00
51.00	05100	RECOVERY ROOM	0.240294	445,170	0	0	106,972	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265813	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.226695	1,772,541	0	0	401,826	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317161	4,914,141	0	0	1,558,574	54.00
57.00	05700	CT SCAN	0.050659	6,670,605	0	0	337,926	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087489	3,897,118	0	0	340,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.400615	1,897,079	0	0	759,998	59.00
60.00	06000	LABORATORY	0.184777	6,666,067	566	0	1,231,736	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.237255	205,461	0	0	48,747	65.00
66.00	06600	PHYSICAL THERAPY	0.338837	58,407	0	0	19,790	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.329948	30,341	0	0	10,011	67.00
68.00	06800	SPEECH PATHOLOGY	0.400042	5,316	0	0	2,127	68.00
69.00	06900	ELECTROCARDIOLOGY	0.103010	4,052,448	0	0	417,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.162283	647,298	0	0	105,045	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.590035	1,931,353	0	0	1,139,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156146	3,571,520	0	0	557,679	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.595437	1,405,449	0	0	836,856	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.140678	2,574,591	0	0	362,188	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.745940	18,481,696	9,585	517,821	13,786,236	90.00
91.00	09100	EMERGENCY	0.358560	4,726,158	0	0	1,694,611	91.00
91.01	09101	CARDIAC REHAB	0.944876	234,054	0	0	221,152	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584809	8,260	0	0	4,831	92.00
200.00		Subtotal (see instructions)		73,599,711	10,151	517,821	26,096,361	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		73,599,711	10,151	517,821	26,096,361	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 2:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	105	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
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 PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	7,150	386,263	90.00
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 CARDIAC REHAB	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	7,255	386,263	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	7,255	386,263	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 2:13 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.228833	0	422,956	0	0	50.00
51.00	05100 RECOVERY ROOM	0.240294	0	37,614	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.265813	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.226695	0	118,850	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.317161	0	214,183	0	0	54.00
57.00	05700 CT SCAN	0.050659	0	341,094	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.087489	0	268,466	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.400615	0	42,061	0	0	59.00
60.00	06000 LABORATORY	0.184777	0	195,592	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.237255	0	10,196	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.338837	0	157,271	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.329948	0	175,398	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.400042	0	290,345	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.103010	0	18,304	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.162283	0	113,877	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.590035	0	576	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.156146	0	125,127	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.595437	0	0	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.140678	0	116,754	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.745940	0	238,619	0	0	90.00
91.00	09100 EMERGENCY	0.358560	0	429,885	0	0	91.00
91.01	09101 CARDIAC REHAB	0.944876	0	19,105	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.584809	0	132,118	0	0	92.00
200.00	Subtotal (see instructions)		0	3,468,391	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	3,468,391	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 2:13 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	96,786	0	50.00
51.00	05100 RECOVERY ROOM	9,038	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	26,943	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	67,930	0	54.00
57.00	05700 CT SCAN	17,279	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	23,488	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	16,850	0	59.00
60.00	06000 LABORATORY	36,141	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,419	0	65.00
66.00	06600 PHYSICAL THERAPY	53,289	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	57,872	0	67.00
68.00	06800 SPEECH PATHOLOGY	116,150	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,885	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,480	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	340	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,538	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	16,425	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	177,995	0	90.00
91.00	09100 EMERGENCY	154,140	0	91.00
91.01	09101 CARDIAC REHAB	18,052	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	77,264	0	92.00
200.00	Subtotal (see instructions)	1,008,304	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)	1,008,304	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2017 2:13 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,820	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,820	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)		7,256	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)		3,495	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,643,561	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)		9,643,561	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,643,561	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,233.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,309,999	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,309,999	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 2:13 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	2,442,924	970	2,518.48	531	1,337,313	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,986,764	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,634,076	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)					28,658	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,851	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					43,509	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,590,567	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)					564	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,233.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					695,519	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 2:13 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	54,461	9,643,561	0.005647	695,519	3,928	90.00
91.00	Nursing School cost	0	9,643,561	0.000000	695,519	0	91.00
92.00	Allied health cost	0	9,643,561	0.000000	695,519	0	92.00
93.00	All other Medical Education	0	9,643,561	0.000000	695,519	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2017 2:13 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,820	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,820	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)		7,256	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)		197	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)		877	15.00
16.00	Nursery days (title V or XIX only)		419	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,643,561	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)		9,643,561	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,643,561	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,233.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		242,938	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)		242,938	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 2:13 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	720,524	877	821.58	419	344,242	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,442,924	970	2,518.48	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					564,998	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,152,178	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)					564	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,233.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					695,519	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 2:13 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	54,461	9,643,561	0.005647	695,519	3,928	90.00
91.00	Nursing School cost	0	9,643,561	0.000000	695,519	0	91.00
92.00	Allied health cost	0	9,643,561	0.000000	695,519	0	92.00
93.00	All other Medical Education	0	9,643,561	0.000000	695,519	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 2:13 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,184,093	30.00
31.00	03100	INTENSIVE CARE UNIT		1,227,961	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.228833	6,239,125	50.00
51.00	05100	RECOVERY ROOM	0.240294	359,214	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265813	74,854	52.00
53.00	05300	ANESTHESIOLOGY	0.226695	772,859	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317161	1,877,964	54.00
57.00	05700	CT SCAN	0.050659	1,858,750	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087489	631,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.400615	1,365,197	59.00
60.00	06000	LABORATORY	0.184777	3,187,566	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.237255	1,479,159	65.00
66.00	06600	PHYSICAL THERAPY	0.338837	860,309	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.329948	495,890	67.00
68.00	06800	SPEECH PATHOLOGY	0.400042	117,418	68.00
69.00	06900	ELECTROCARDIOLOGY	0.103010	859,104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.162283	738,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.590035	1,486,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156146	6,119,618	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.595437	1,357	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.140678	223,526	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.745940	0	90.00
91.00	09100	EMERGENCY	0.358560	1,308,317	91.00
91.01	09101	CARDIAC REHAB	0.944876	1,333	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584809	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		30,058,291	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)		30,058,291	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 2:13 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		190,597	30.00
31.00	03100	INTENSIVE CARE UNIT		109,886	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		33,120	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.228833	251,945	50.00
51.00	05100	RECOVERY ROOM	0.240294	23,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265813	50,023	52.00
53.00	05300	ANESTHESIOLOGY	0.226695	56,614	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317161	70,101	54.00
57.00	05700	CT SCAN	0.050659	106,405	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.087489	63,134	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.400615	1,810	59.00
60.00	06000	LABORATORY	0.184777	219,966	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.237255	85,671	65.00
66.00	06600	PHYSICAL THERAPY	0.338837	23,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.329948	15,928	67.00
68.00	06800	SPEECH PATHOLOGY	0.400042	4,015	68.00
69.00	06900	ELECTROCARDIOLOGY	0.103010	11,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.162283	123,554	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.590035	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156146	145,258	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.595437	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.140678	15,101	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.745940	393,886	90.00
91.00	09100	EMERGENCY	0.358560	57,726	91.00
91.01	09101	CARDIAC REHAB	0.944876	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584809	9,416	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,728,696	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)		1,728,696	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 2:13 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		7,440,460	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,518,431	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)		136,554	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		93.46	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		1.13	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)		1.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.89	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)		0.89	12.00
13.00	Total allowable FTE count for the prior year.		0.89	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.		0.85	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.88	15.00
16.00	Adjustment for residents in initial years of the program		1.86	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		2.74	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.029317	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.028902	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.028902	21.00
22.00	IME payment adjustment (see instructions)		156,036	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.24	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)		156,036	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.53	31.00
32.00	Sum of lines 30 and 31		16.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.03	33.00
34.00	Disproportionate share adjustment (see instructions)		747	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 2:13 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000030682	0.000028118	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	196,553	168,075	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	147,146	42,364	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	189,510		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	10,441,738		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		10,441,738	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		838,622	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).		45,374	52.00
53.00	Nursing and Allied Health Managed Care payment		10,495	53.00
54.00	Special add-on payments for new technologies		0	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 instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		11,336,229	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,336,229	61.00
62.00	Deductibles billed to program beneficiaries		1,111,152	62.00
63.00	Coinurance billed to program beneficiaries		8,694	63.00
64.00	Allowable bad debts (see instructions)		239,536	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		155,698	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,372,081	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		66,422	70.93
70.94	HRR adjustment amount (see instructions)		-15,221	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 2:13 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)	2015	615,740	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)	2016	74,829	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		11,113,851	71.00
71.01	Sequestration adjustment (see instructions)		222,277	71.01
72.00	Interim payments		10,446,470	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)		445,104	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2017 2:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,440,460	0	7,440,460		7,440,460	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,518,431	0		2,518,431	2,518,431	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	136,554	0	82,658	53,896	136,554	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.028902	0.028902	0.028902	0.028902		5.00
6.00	IME payment adjustment (see instructions)	22.00	156,036	0	116,577	39,459	156,036	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	156,036	0	116,577	39,459	156,036	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0003	0.0003	0.0003	0.0003		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	747	0	558	189	747	11.00
11.01	Uncompensated care payments	36.00	189,510	0	147,146	42,364	189,510	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	10,441,738	0	7,787,399	2,654,339	10,441,738	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	10,441,738	0	7,787,399	2,654,339	10,441,738	15.00
16.00	Payment for inpatient program capital	50.00	838,622	0	622,745	215,877	838,622	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	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	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2017 2:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	8,410,144	2,870,216	11,280,360	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	798,877	0	595,197	203,680	798,877	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	11,784	0	6,716	5,068	11,784	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0350	0.0350	0.0350	0.0350		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	27,961	0	20,832	7,129	27,961	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	838,622	0	622,745	215,877	838,622	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.073214	0.026071		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			615,740		615,740	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				74,829	74,829	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/30/2017 2:13 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		393,518	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,987,485	2.00
3.00	PPS payments		19,491,552	3.00
4.00	Outlier payment (see instructions)		830,575	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.791	5.00
6.00	Line 2 times line 5		20,556,101	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		98.86	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		108,876	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		393,518	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		527,972	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)		527,972	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		527,972	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		134,454	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)		393,518	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)		20,431,003	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,155,694	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)		16,668,827	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		95,107	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)		16,763,934	30.00
31.00	Primary payer payments		7,795	31.00
32.00	Subtotal (line 30 minus line 31)		16,756,139	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		302,991	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		196,944	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		301,066	36.00
37.00	Subtotal (see instructions)		16,953,083	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)		16,953,083	40.00
40.01	Sequestration adjustment (see instructions)		339,062	40.01
41.00	Interim payments		16,170,620	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		443,401	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0028

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2017 2:13 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		10,446,470		16,170,620	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)		10,446,470		16,170,620	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		445,104		443,401	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		10,891,574		16,614,021	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 52-0028

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/30/2017 2:13 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	2,580	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	4,026	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	911	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	8,226	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	328,069,484	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	3,404,072	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)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	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)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2017 2:13 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		1,152,178		1.00
2.00	Medical and other services			1,008,304	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,152,178	1,008,304	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)		1,152,178	1,008,304	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		302,998		8.00
9.00	Ancillary service charges		1,728,696	3,468,391	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)		2,031,694	3,468,391	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		2,031,694	3,468,391	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		879,516	2,460,087	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)		1,152,178	1,008,304	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,152,178	1,008,304	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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)		1,152,178	1,008,304	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,152,178	1,008,304	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,152,178	1,008,304	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)		1,152,178	1,008,304	40.00
41.00	Interim payments		442,351	368,945	41.00
42.00	Balance due provider/program (line 40 minus line 41)		709,827	639,359	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028		Period: From 01/01/2016 To 12/31/2016		Worksheet E-4 Date/Time Prepared: 5/30/2017 2:13 pm	
		Title XVIII		Hospital		PPS	
						1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					0.00	6.00
7.00	Enter the lesser of line 5 or line 6					0.00	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.89	0.00	0.89		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.89	0.00	0.89		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	0.89	0.00	0.89		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.89	0.00	0.89		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.18	0.00	1.18		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.99	0.00	0.99		14.00	
15.00	Adjustment for residents in initial years of new programs	1.86	0.00	1.86		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	1.86	0.00	1.86		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.01	
17.00	Adjusted rolling average FTE count	2.85	0.00	2.85		17.00	
18.00	Per resident amount	84,328.41	0.00	84,328.41		18.00	
19.00	Approved amount for resident costs	240,336	0	240,336		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locally adjustment national average per resident amount (see instructions)			84,328.41		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			240,336		25.00	
		Inpatient Part A	Managed care				
		1.00	2.00	3.00			
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>							
26.00	Inpatient Days (see instructions)	4,026	911	4,937		26.00	
27.00	Total Inpatient Days (see instructions)	8,226	8,226	16,452		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.489424	0.110746	0.599170		28.00	
29.00	Program direct GME amount	117,626	26,616	144,242		29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		3,761	3,761		30.00	
31.00	Net Program direct GME amount			140,481		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/30/2017 2:13 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		12,634,076	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		12,634,076	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		26,489,879	42.00
43.00	Primary payer payments (see instructions)		7,795	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,482,084	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		39,116,160	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.322989	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.677011	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		140,481	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		45,374	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		95,107	50.00

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

Provider CCN: 52-0028

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

Worksheet G

Date/Time Prepared:  
5/30/2017 2:13 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	15,511,188	0	0	0	1.00
2.00	Temporary investments	661,434	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	68,771,925	0	0	0	4.00
5.00	Other receivable	3,026,095	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-44,999,711	0	0	0	6.00
7.00	Inventory	3,746,621	0	0	0	7.00
8.00	Prepaid expenses	2,385,111	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)	49,102,663	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,685,352	0	0	0	12.00
13.00	Land improvements	6,327,382	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	149,901,333	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	80,982,786	0	0	0	23.00
24.00	Accumulated depreciation	-141,373,325	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	619,726	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	98,143,254	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	114,535,842	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	8,725,984	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	123,261,826	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	270,507,743	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	2,681,831	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,855,357	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,086,567	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,582,423	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,206,178	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	69,205,646	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	9,944,221	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	79,149,867	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	99,356,045	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	171,151,698				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)	171,151,698	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	270,507,743	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0028

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

Worksheet G-1

Date/Time Prepared:  
5/30/2017 2:13 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		169,391,965			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,996,074				2.00
3.00	Total (sum of line 1 and line 2)		165,395,891			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES	3,637,186		0		0	5.00
6.00	CHGS IN INTEREST IN FOUNDATION	2,118,621		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)		5,755,807			0	10.00
11.00	Subtotal (line 3 plus line 10)		171,151,698			0	11.00
12.00	CHGS IN UNREALIZED GAIN/LOSSES	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)		171,151,698			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	CHGS IN UNREALIZED GAIN/LOSSES		0				5.00
6.00	CHGS IN INTEREST IN FOUNDATION		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	CHGS IN UNREALIZED GAIN/LOSSES		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: 52-0028

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	9,854,706		9,854,706	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,854,706		9,854,706	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,276,675		2,276,675	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,276,675		2,276,675	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	12,131,381		12,131,381	17.00
18.00	Ancillary services	63,997,153	0	63,997,153	18.00
19.00	Outpatient services	0	247,702,677	247,702,677	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		1,993,984	1,993,984	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,244,290	2,244,290	26.00
27.00	PROF, CLINIC, OTHER	0	118,189,350	118,189,350	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	76,128,534	370,130,301	446,258,835	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		166,013,725		29.00
30.00		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	ROUNDING	4			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)		4		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		166,013,721		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0028

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

Worksheet G-3

Date/Time Prepared:  
5/30/2017 2:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	446,258,835	1.00
2.00	Less contractual allowances and discounts on patients' accounts	287,993,867	2.00
3.00	Net patient revenues (line 1 minus line 2)	158,264,968	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	166,013,721	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,748,753	5.00
<b>OTHER INCOME</b>			
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 INCOME	8,605,808	24.00
24.01	INVESTMENT INCOME	1,332,672	24.01
24.02	EQUITY IN EARNINGS OF AFFILIATES	466,916	24.02
24.03	GAIN ON DISPOSAL OF EQUIPMENT	228	24.03
25.00	Total other income (sum of lines 6-24)	10,405,624	25.00
26.00	Total (line 5 plus line 25)	2,656,871	26.00
27.00	LOSS ON EXTINGUISHMENT OF DEBT	6,269,666	27.00
27.01	OTHER LOSS	383,279	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	6,652,945	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,996,074	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 52-0028

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

Worksheet H

HHA CCN: 52-7157

Date/Time Prepared: 5/30/2017 2:13 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	239,765	59,332	0	0	31,617	330,714	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	835,189	175,420	70,800	0	86,386	1,167,795	6.00
7.00	143,509	29,365	11,681	0	0	184,555	7.00
8.00	126,731	25,935	10,318	0	0	162,984	8.00
9.00	0	0	0	0	0	0	9.00
10.00	4,366	894	356	0	0	5,616	10.00
11.00	37,867	14,607	7,352	0	8,971	68,797	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	1,387,427	305,553	100,507	0	126,974	1,920,461	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	330,714	0	330,714			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,167,795	0	1,167,795			6.00
7.00	0	184,555	0	184,555			7.00
8.00	0	162,984	0	162,984			8.00
9.00	0	0	0	0			9.00
10.00	0	5,616	0	5,616			10.00
11.00	0	68,797	0	68,797			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	0	1,920,461	0	1,920,461			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: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet H-1 Part I Date/Time Prepared: 5/30/2017 2:13 pm
		HHA CCN: 52-7157	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	330,714	0	0	0	330,714	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	1,167,795	0	0	0	1,167,795	6.00	
7.00	Physical Therapy	184,555	0	0	0	184,555	7.00	
8.00	Occupational Therapy	162,984	0	0	0	162,984	8.00	
9.00	Speech Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	5,616	0	0	0	5,616	10.00	
11.00	Home Health Aide	68,797	0	0	0	68,797	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,920,461	0	0	0	1,920,461	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	330,714					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	242,936	1,410,731				6.00	
7.00	Physical Therapy	38,393	222,948				7.00	
8.00	Occupational Therapy	33,905	196,889				8.00	
9.00	Speech Pathology	0	0				9.00	
10.00	Medical Social Services	1,168	6,784				10.00	
11.00	Home Health Aide	14,312	83,109				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
23.50	Telemedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		1,920,461				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 52-0028

Period: From 01/01/2016

Worksheet H-1

HHA CCN: 52-7157

To 12/31/2016

Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-330,714	1,589,747
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,167,795
7.00	Physical Therapy	0	0	0	0	0	184,555
8.00	Occupational Therapy	0	0	0	0	0	162,984
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	5,616
11.00	Home Health Aide	0	0	0	0	0	68,797
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-330,714	1,589,747
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		330,714
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.208029

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part I Date/Time Prepared: 5/30/2017 2:13 pm
		HHA CCN: 52-7157	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	5,418	0	15,607	317,416	7,309	1.00
2.00 Skilled Nursing Care	1,410,731	0	0	54,363	0	0	2.00
3.00 Physical Therapy	222,948	0	0	9,341	0	0	3.00
4.00 Occupational Therapy	196,889	0	0	8,249	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	6,784	0	0	284	0	0	6.00
7.00 Home Health Aide	83,109	0	0	2,465	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,920,461	5,418	0	90,309	317,416	7,309	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	0	345,750	59,441	17,153	1.00
2.00 Skilled Nursing Care	505	0	0	1,465,599	251,964	0	2.00
3.00 Physical Therapy	0	0	0	232,289	39,935	0	3.00
4.00 Occupational Therapy	0	0	0	205,138	35,267	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	7,068	1,215	0	6.00
7.00 Home Health Aide	0	0	0	85,574	14,712	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	505	0	0	2,341,418	402,534	17,153	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: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part I Date/Time Prepared: 5/30/2017 2:13 pm
				HHA CCN: 52-7157	Home Health Agency I	PPS

Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	138,912	0	0	0	62,401	26,003	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	138,912	0	0	0	62,401	26,003	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	14.00	15.00	16.00	17.00	21.00	22.00	
1.00 Administrative and General	61,990	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	8,354	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	61,990	0	0	8,354	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2016  
To 12/31/2016

Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

Home Health  
Agency I

PPS

Cost Center Description	PARAMED ED PRGM- PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	711,650	0	711,650			1.00
2.00 Skilled Nursing Care	0	1,717,563	0	1,717,563	520,769	2,238,332	2.00
3.00 Physical Therapy	0	272,224	0	272,224	82,539	354,763	3.00
4.00 Occupational Therapy	0	240,405	0	240,405	72,891	313,296	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	16,637	0	16,637	5,044	21,681	6.00
7.00 Home Health Aide	0	100,286	0	100,286	30,407	130,693	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	3,058,765	0	3,058,765	711,650	3,058,765	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.					0.303202		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: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/30/2017 2:13 pm
		HHA CCN: 52-7157	Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	PURCHASING RECEIVING AND STORES (SUPPLY COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	9,153	0	239,765	21	40	0	1.00
2.00 Skilled Nursing Care	0	0	835,189	0	0	50,360	2.00
3.00 Physical Therapy	0	0	143,509	0	0	0	3.00
4.00 Occupational Therapy	0	0	126,731	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	4,366	0	0	0	6.00
7.00 Home Health Aide	0	0	37,867	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)	9,153	0	1,387,427	21	40	50,360	20.00
21.00 Total cost to be allocated	5,418	0	90,309	317,416	7,309	505	21.00
22.00 Unit cost multiplier	0.591937	0.000000	0.065091	15,115.047619	182.725000	0.010028	22.00
Cost Center Description	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	0	0	345,750	14	9,153	1.00
2.00 Skilled Nursing Care	0	0	0	1,465,599	0	0	2.00
3.00 Physical Therapy	0	0	0	232,289	0	0	3.00
4.00 Occupational Therapy	0	0	0	205,138	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	7,068	0	0	6.00
7.00 Home Health Aide	0	0	0	85,574	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	2,341,418	14	9,153	20.00
21.00 Total cost to be allocated	0	0	0	402,534	17,153	138,912	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.171919	1,225.214286	15.176663	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/30/2017 2:13 pm
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	2,132	2,132	44,200	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	2,132	2,132	44,200	20.00
21.00	Total cost to be allocated	0	0	0	62,401	26,003	61,990	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	29.268762	12.196529	1.402489	22.00

Cost Center Description		INTERNS & RESIDENTS						
		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)	PARAMED PRGM- PHARMACY (ASSIGNED TIME)	
		15.00	16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	30	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	30	0	0	0	20.00
21.00	Total cost to be allocated	0	0	8,354	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	278.466667	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/30/2017 2:13 pm
		HHA CCN: 52-7157		

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,238,332		2,238,332	6,915	323.69	1.00
2.00	Physical Therapy	3.00	354,763	0	354,763	1,609	220.49	2.00
3.00	Occupational Therapy	4.00	313,296	0	313,296	1,300	241.00	3.00
4.00	Speech Pathology	5.00	0	0	0	73	0.00	4.00
5.00	Medical Social Services	6.00	21,681		21,681	69	314.22	5.00
6.00	Home Health Aide	7.00	130,693		130,693	1,060	123.30	6.00
7.00	Total (sum of lines 1-6)		3,058,765	0	3,058,765	11,026		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		27500	0	30		8.00
8.01	Skilled Nursing Care		31540	0	42		8.01
8.02	Skilled Nursing Care		40420	0	33		8.02
8.03	Skilled Nursing Care		50184	0	0		8.03
8.04	Skilled Nursing Care		50185	0	0		8.04
8.05	Skilled Nursing Care		99914	0	1,162		8.05
8.06	Skilled Nursing Care		99952	0	2,277		8.06
9.00	Physical Therapy		27500	0	19		9.00
9.01	Physical Therapy		31540	0	7		9.01
9.02	Physical Therapy		40420	0	7		9.02
9.03	Physical Therapy		50184	0	0		9.03
9.04	Physical Therapy		50185	0	0		9.04
9.05	Physical Therapy		99914	0	281		9.05
9.06	Physical Therapy		99952	0	621		9.06
10.00	Occupational Therapy		27500	0	9		10.00
10.01	Occupational Therapy		31540	0	1		10.01
10.02	Occupational Therapy		40420	0	11		10.02
10.03	Occupational Therapy		50184	0	0		10.03
10.04	Occupational Therapy		50185	0	0		10.04
10.05	Occupational Therapy		99914	0	268		10.05
10.06	Occupational Therapy		99952	0	531		10.06
11.00	Speech Pathology		27500	0	0		11.00
11.01	Speech Pathology		31540	0	0		11.01
11.02	Speech Pathology		40420	0	0		11.02
11.03	Speech Pathology		50184	0	0		11.03
11.04	Speech Pathology		50185	0	0		11.04
11.05	Speech Pathology		99914	0	11		11.05
11.06	Speech Pathology		99952	0	36		11.06
12.00	Medical Social Services		27500	0	0		12.00
12.01	Medical Social Services		31540	0	0		12.01
12.02	Medical Social Services		40420	0	1		12.02
12.03	Medical Social Services		50184	0	0		12.03
12.04	Medical Social Services		50185	0	0		12.04
12.05	Medical Social Services		99914	0	21		12.05
12.06	Medical Social Services		99952	0	17		12.06
13.00	Home Health Aide		27500	0	0		13.00
13.01	Home Health Aide		31540	0	16		13.01
13.02	Home Health Aide		40420	0	0		13.02
13.03	Home Health Aide		50184	0	0		13.03
13.04	Home Health Aide		50185	0	0		13.04
13.05	Home Health Aide		99914	0	380		13.05
13.06	Home Health Aide		99952	0	370		13.06
14.00	Total (sum of lines 8-13)			0	6,151		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/30/2017 2:13 pm
				Title XVIII	Home Health Agency I	PPS
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (From HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000
16.00	Cost of Drugs	9.00	0	0	0	0.000000
<b>Program Visits</b>						
Cost Center Description	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
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>						
<b>Cost Per Visit Computation</b>						
1.00	Skilled Nursing Care	0	3,544	0	1,147,157	1.00
2.00	Physical Therapy	0	935	0	206,158	2.00
3.00	Occupational Therapy	0	820	0	197,620	3.00
4.00	Speech Pathology	0	47	0	0	4.00
5.00	Medical Social Services	0	39	0	12,255	5.00
6.00	Home Health Aide	0	766	0	94,448	6.00
7.00	Total (sum of lines 1-6)	0	6,151	0	1,657,638	7.00
<b>Cost Center Description</b>						
	6.00	7.00	8.00	9.00	10.00	11.00
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
8.06	Skilled Nursing Care					8.06
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
9.06	Physical Therapy					9.06
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
10.06	Occupational Therapy					10.06
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
11.06	Speech Pathology					11.06
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
12.06	Medical Social Services					12.06
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
13.06	Home Health Aide					13.06
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 52-0028 HHA CCN: 52-7157		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part I Date/Time Prepared: 5/30/2017 2:13 pm	
				Title XVIII		Home Health Agency I		PPS	
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			
<b>Supplies and Drugs Cost Computations</b>									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>									
<b>Cost Per Visit Computation</b>									
1.00	Skilled Nursing Care	1,147,157							
2.00	Physical Therapy	206,158							
3.00	Occupational Therapy	197,620							
4.00	Speech Pathology	0							
5.00	Medical Social Services	12,255							
6.00	Home Health Aide	94,448							
7.00	Total (sum of lines 1-6)	1,657,638							
Cost Center Description									
		12.00							
<b>Limitation Cost Computation</b>									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
8.04	Skilled Nursing Care							8.04	
8.05	Skilled Nursing Care							8.05	
8.06	Skilled Nursing Care							8.06	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
9.04	Physical Therapy							9.04	
9.05	Physical Therapy							9.05	
9.06	Physical Therapy							9.06	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
10.04	Occupational Therapy							10.04	
10.05	Occupational Therapy							10.05	
10.06	Occupational Therapy							10.06	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
11.04	Speech Pathology							11.04	
11.05	Speech Pathology							11.05	
11.06	Speech Pathology							11.06	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
12.04	Medical Social Services							12.04	
12.05	Medical Social Services							12.05	
12.06	Medical Social Services							12.06	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
13.04	Home Health Aide							13.04	
13.05	Home Health Aide							13.05	
13.06	Home Health Aide							13.06	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/30/2017 2:13 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	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.338837	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.329948	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.400042	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.162283	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.156146	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2017 2:13 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	927,927
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	42,501
13.00	Total PPS Reimbursement - LUPA Episodes		0	16,701
14.00	Total PPS Reimbursement - PEP Episodes		0	1,251
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	8,822
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	997,202
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	997,202
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	997,202
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	997,202
30.00	OTHER ADJUSTMENTS PER PS&R		0	-320
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	996,882
31.01	Sequestration adjustment (see instructions)		0	19,938
32.00	Interim payments (see instructions)		0	976,944
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 52-0028

HHA CCN: 52-7157

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

Home Health Agency I

Worksheet H-5

Date/Time Prepared: 5/30/2017 2:13 pm

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		976,944	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		976,944	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		976,944	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 52-0028

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

Worksheet 0

Hospice CCN: 52-1523

Date/Time Prepared: 5/30/2017 2:13 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	166,508	166,508	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	49,219	26,367	75,586	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	14,370	0	14,370	0	13.00
14.00	PHARMACY*	0	125,511	125,511	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED**	0	12,641	12,641	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	466,350	229,972	696,322	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	50,843	3,580	54,423	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	37,929	6,151	44,080	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	371	371	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM *	39,948	2,801	42,749	0	60.00
61.00	VOLUNTEER PROGRAM *	0	6,592	6,592	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	658,659	580,494	1,239,153	0	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS	Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet 0
	Hospice CCN: 52-1523		Date/Time Prepared: 5/30/2017 2:13 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	166,508	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	75,586	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	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	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	14,370	13.00
14.00	PHARMACY*	0	125,511	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
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	12,641	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	696,322	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	54,423	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	44,080	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	371	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	42,749	60.00
61.00	VOLUNTEER PROGRAM *	0	6,592	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	1,239,153	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

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

Provider CCN: 52-0028

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

Worksheet 0-1

Hospice CCN: 52-1523

Date/Time Prepared: 5/30/2017 2:13 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 52-0028 Hospice CCN: 52-1523	Period: From 01/01/2016 To 12/31/2016	Worksheet 0-2 Date/Time Prepared: 5/30/2017 2:13 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	466,350	229,972	696,322	0	696,322	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	50,843	3,580	54,423	0	54,423	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	37,929	6,151	44,080	0	44,080	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	371	371	0	371	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	555,122	240,074	795,196	0	795,196	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	696,322	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	54,423	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	44,080	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	371	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	795,196	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

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

Provider CCN: 52-0028

Period: From 01/01/2016

Worksheet 0-3

Hospice CCN: 52-1523

To 12/31/2016

Date/Time Prepared: 5/30/2017 2:13 pm

		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I 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	11,141	11,141	0	11,141	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	11,141	11,141	0	11,141	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, 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	11,141	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN			38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	11,141	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE  
 Provider CCN: 52-0028  
 Hospice CCN: 52-1523  
 Period: From 01/01/2016 To 12/31/2016  
 Worksheet 0-4  
 Date/Time Prepared: 5/30/2017 2:13 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED	0	1,500	1,500	0	1,500
26.00	PHYSICIAN SERVICES	0	0	0	0	0
27.00	NURSE PRACTITIONER	0	0	0	0	0
28.00	REGISTERED NURSE	0	0	0	0	0
29.00	LPN/LVN	0	0	0	0	0
30.00	PHYSICAL THERAPY	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0
34.00	SPIRITUAL COUNSELING	0	0	0	0	0
35.00	DIETARY COUNSELING	0	0	0	0	0
36.00	COUNSELING - OTHER	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0
39.00	PATIENT TRANSPORTATION	0	0	0	0	0
40.00	IMAGING SERVICES	0	0	0	0	0
41.00	LABS & DIAGNOSTICS	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0
43.00	OUTPATIENT SERVICES	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0
100.00	TOTAL *	0	1,500	1,500	0	1,500

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>			
25.00	INPATIENT CARE-CONTRACTED	0	1,500
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	0
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	1,500

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

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

Provider CCN: 52-0028

Period: From 01/01/2016

Worksheet 0-5

Hospice CCN: 52-1523

To 12/31/2016

Date/Time Prepared: 5/30/2017 2:13 pm

Descriptions		Hospice I		
		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
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	0	117	117
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT	166,508	42,873	209,381
4.00	ADMINISTRATIVE & GENERAL	75,586	414,129	489,715
5.00	PLANT OPERATION & MAINTENANCE	0	32,411	32,411
6.00	LAUNDRY & LINEN SERVICE	0	0	0
7.00	HOUSEKEEPING	0	0	0
8.00	DIETARY	0	0	0
9.00	NURSING ADMINISTRATION	0	11,794	11,794
10.00	ROUTINE MEDICAL SUPPLIES	0	10,799	10,799
11.00	MEDICAL RECORDS	0	0	0
12.00	STAFF TRANSPORTATION	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	14,370	0	14,370
14.00	PHARMACY	125,511	378,926	504,437
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	2,785	2,785
<b>LEVEL OF CARE</b>				
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	795,196	0	795,196
52.00	HOSPICE INPATIENT RESPIRE CARE	11,141	0	11,141
53.00	HOSPICE GENERAL INPATIENT CARE	1,500	0	1,500
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM	42,749	0	42,749
61.00	VOLUNTEER PROGRAM	6,592	0	6,592
62.00	FUNDRAISING	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0
66.00	RESIDENTIAL CARE	0	0	0
67.00	ADVERTISING	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0
69.00	THRIFT STORE	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0
100.00	TOTAL	1,239,153	893,834	2,132,987

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2016

Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	117	117			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	209,381	0	0	209,381	3.00
4.00	ADMINISTRATIVE & GENERAL	489,715	117	0	0	489,832
5.00	PLANT OPERATION & MAINTENANCE	32,411	0	0	0	32,411
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	11,794	0	0	0	11,794
10.00	ROUTINE MEDICAL SUPPLIES	10,799	0	0	0	10,799
11.00	MEDICAL RECORDS	0	0	0	0	0
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	14,370	0	0	0	14,370
14.00	PHARMACY	504,437	0	0	0	504,437
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		2,785
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	795,196			209,381	1,004,577
52.00	HOSPICE INPATIENT RESPIRE CARE	11,141	0	0	0	11,141
53.00	HOSPICE GENERAL INPATIENT CARE	1,500	0	0	0	1,500
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	42,749	0	0	0	42,749
61.00	VOLUNTEER PROGRAM	6,592	0	0	0	6,592
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	2,132,987	117	0	209,381	2,132,987

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2016

Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	489,832					4.00
5.00 PLANT OPERATION & MAINTENANCE	9,662	42,073				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	3,516	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	3,219	0		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	4,284	0		0		13.00
14.00 PHARMACY	150,375	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	830	42,073		0		17.00
<b>LEVEL OF CARE</b>						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	299,469					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	3,321	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	447	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00 BEREAVEMENT PROGRAM	12,744	0		0		60.00
61.00 VOLUNTEER PROGRAM	1,965	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	489,832	42,073	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2016  
To 12/31/2016

Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	15,310					9.00
10.00	0	14,018				10.00
11.00	0		0			11.00
12.00	0			0		12.00
13.00	0			0	18,654	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
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	15,310	13,998	0	0	0	51.00
52.00	0	10	0	0	0	52.00
53.00	0	10	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0			0	0	60.00
61.00	0			0	18,654	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	15,310	14,018	0	0	18,654	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 52-1523

To 12/31/2016

Part I  
Date/Time Prepared:  
5/30/2017 2:13 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	654,812					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				45,688		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	654,812	0	0		1,988,166	51.00
52.00	0	0	0	22,844	37,316	52.00
53.00	0	0	0	22,844	24,801	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		55,493	60.00
61.00	0		0		27,211	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	654,812	0	0	45,688	2,132,987	100.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2016  
To 12/31/2016

Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	198					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	668,033			3.00
4.00	ADMINISTRATIVE & GENERAL	198	0	0	-489,832	1,643,155	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	32,411	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	11,794	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10,799	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	14,370	13.00
14.00	PHARMACY	0	0	0	0	504,437	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	2,785	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			668,033	0	1,004,577	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	11,141	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	1,500	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	42,749	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	6,592	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	117	0	209,381		489,832	100.00
101.00	UNIT COST MULTIPLIER	0.590909	0.000000	0.313429		0.298105	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2016  
To 12/31/2016

Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Descriptions		Hospice I					
		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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	198					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		15,941	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	198		0			17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					15,941	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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. 0-6, Part I)	42,073	0	0	0	15,310	100.00
101.00	UNIT COST MULTIPLIER	212.489899	0.000000	0.000000	0.000000	0.960417	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2016  
To 12/31/2016

Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Descriptions		Hospice I					
		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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	10,958					10.00
11.00	MEDICAL RECORDS		10,958				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	129,213	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
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	10,942	10,942	0	0	129,213	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	8	8	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8	8	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	100	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			0	0	0	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. 0-6, Part I)	14,018	0	0	18,654	654,812	100.00
101.00	UNIT COST MULTIPLIER	1.279248	0.000000	0.000000	186.540000	5.067694	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2016  
To 12/31/2016

Part II  
Date/Time Prepared:  
5/30/2017 2:13 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
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	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			16		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	8		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	8		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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		0			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. 0-6, Part I)		0	45,688		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	2,855.500000		101.00

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

Provider CCN: 52-0028

Period: From 01/01/2016

Worksheet 0-7

Hospice CCN: 52-1523

To 12/31/2016

Date/Time Prepared: 5/30/2017 2:13 pm

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	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.338837	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.329948	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.400042	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.156146	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.184777	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.162283	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 52-0028

Period: From 01/01/2016

Worksheet 0-8

Hospice CCN: 52-1523

To 12/31/2016

Date/Time Prepared: 5/30/2017 2:13 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
<b>HOSPICE CONTINUOUS HOME CARE</b>				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
<b>HOSPICE ROUTINE HOME CARE</b>				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,988,166
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,942
8.00	Total average cost per diem (line 6 divided by line 7)			181.70
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,925	17	10,942
10.00	Program cost (line 8 times line 9)	1,985,073	3,089	1,988,166
<b>HOSPICE INPATIENT RESPITE CARE</b>				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			37,316
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			8
13.00	Total average cost per diem (line 11 divided by line 12)			4,664.50
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	8	0	8
15.00	Program cost (line 13 times line 14)	37,316	0	37,316
<b>HOSPICE GENERAL INPATIENT CARE</b>				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			24,801
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			8
18.00	Total average cost per diem (line 16 divided by line 17)			3,100.13
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	8	0	8
20.00	Program cost (line 18 times line 19)	24,801	0	24,801
<b>TOTAL HOSPICE CARE</b>				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,050,283
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,958
23.00	Average cost per diem (line 21 divided by line 22)			187.10

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 52-0028	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/30/2017 2:13 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		798,877	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		11,784	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)		22.48	3.00
4.00	Number of interns & residents (see instructions)		2.74	4.00
5.00	Indirect medical education percentage (see instructions)		3.50	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)		27,961	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)		838,622	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00