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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/29/2017 3:20 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/29/2017 Time: 3:20 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GREAT RIVER MEDICAL CENTER (16-0057) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-97,386	8,630	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	34,616	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-62,770	8,630	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 1:45 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1221 SOUTH GEAR AVENUE	PO Box:			1.00
2.00	City: WEST BURLINGTON	State: IA	Zip Code: 52655	County: DES MOINES	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	GREAT RIVER MEDICAL CENTER	160057	99916	1	07/01/1965	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	GREAT RIVER MEDICAL CENTER	16T057	99916	5	07/01/1985	N	P	P	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	GREAT RIVER MEDICAL CENTER	165110	99916		05/01/1977	N	P	P	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	GREAT RIVER MEDICAL CENTER	167136	99916		11/08/1984	N	P	P	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	GREAT RIVER MEDICAL CENTER	161567	99916		03/06/2002				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2016	06/30/2017	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	2	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,229	0	72	40	0	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 1:45 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	78	0	0	0	181		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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

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

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
	1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 1:45 pm

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 1:45 pm

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	738,310	192,022	0	118.01

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		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
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.	Y	5.06	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		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.	N	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 1:45 pm

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2015	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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 1:45 pm

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

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

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/30/2017	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

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

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	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	11/14/2017	Y	11/14/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN		WELLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CLIFTONLARSONALLEN				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-925-4446		KEVIN.WELLEN@CLACONNECT.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 1:45 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2017 1:45 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	126	45,990	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		126	45,990	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		138	50,370	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	11	4,015		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	160	58,400		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	6	2,190			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		315				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2017 1:45 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,432	410	20,729			1.00
2.00	HMO and other (see instructions)	1,441	3,057				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	12	181				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,432	410	20,729			7.00
8.00	INTENSIVE CARE UNIT	1,161	22	1,953			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		337	1,269			13.00
14.00	Total (see instructions)	12,593	769	23,951	0.00	481.29	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	852	78	1,668	0.00	8.04	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	3,778	21	4,491	0.00	16.44	19.00
20.00	NURSING FACILITY		24,779	49,821	0.00	122.64	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	7,165	0	15,367	0.00	27.05	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	579	8	1,308	0.00	25.43	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	680.89	27.00
28.00	Observation Bed Days		0	2,016			28.00
29.00	Ambulance Trips	598					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	45	118			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2017 1:45 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,873	146	5,631	1.00
2.00	HMO and other (see instructions)			331	877		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				15		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,873	146	5,631	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	72	3	138	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	70,090,526	0	70,090,526	2,450,553.00	28.60	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	901,072	22,416	923,488	33,101.00	27.90	9.00
10.00	Excluded area salaries (see instructions)		10,743,464	210,749	10,954,213	434,711.00	25.20	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,009,007	0	1,009,007	18,110.00	55.72	11.00
12.00	Contract labor: Top level management and other management and administrative services		273,285	0	273,285	7,424.00	36.81	12.00
13.00	Contract labor: Physician-Part A - Administrative		70,200	0	70,200	566.00	124.03	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		2,868,044	0	2,868,044	9,074.00	316.07	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,258,562	0	14,258,562			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,364,195	0	3,364,195			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	714,435	0	714,435	29,258.00	24.42	26.00
27.00	Administrative & General	5.00	8,105,691	-233,165	7,872,526	259,967.00	30.28	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet S-3 Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		273,037	0	273,037	1,381.00	197.71	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,999,738	0	1,999,738	69,833.00	28.64	30.00
31.00	Laundry & Linen Service	8.00	318,457	0	318,457	17,999.00	17.69	31.00
32.00	Housekeeping	9.00	1,722,551	0	1,722,551	109,446.00	15.74	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,585,476	0	1,585,476	90,177.00	17.58	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,596,263	0	2,596,263	64,087.00	40.51	38.00
39.00	Central Services and Supply	14.00	966,098	0	966,098	54,134.00	17.85	39.00
40.00	Pharmacy	15.00	2,021,825	0	2,021,825	43,000.00	47.02	40.00
41.00	Medical Records & Medical Records Library	16.00	1,696,705	0	1,696,705	58,844.00	28.83	41.00
42.00	Social Service	17.00	492,526	0	492,526	12,585.00	39.14	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0057

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2017 1:45 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		70,363,563	0	70,363,563	2,451,934.00	28.70	1.00
2.00	Excluded area salaries (see instructions)		11,644,536	233,165	11,877,701	467,812.00	25.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)		58,719,027	-233,165	58,485,862	1,984,122.00	29.48	3.00
4.00	Subtotal other wages & related costs (see inst.)		4,220,536	0	4,220,536	35,174.00	119.99	4.00
5.00	Subtotal wage-related costs (see inst.)		14,258,562	0	14,258,562	0.00	24.38	5.00
6.00	Total (sum of lines 3 thru 5)		77,198,125	-233,165	76,964,960	2,019,296.00	38.11	6.00
7.00	Total overhead cost (see instructions)		22,492,802	-233,165	22,259,637	810,711.00	27.46	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2017 1:45 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,456,855	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	261,416	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	6,547,727	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	254,384	9.00
10.00	Dental, Hearing and Vision Plan	341,669	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	146,753	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	-53,685	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	4,100,895	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	32,998	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	128,514	22.00
23.00	Tuition Reimbursement	41,035	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,258,561	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part V Date/Time Prepared: 11/29/2017 1:45 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	1,009,007	14,258,561	1.00
2.00	Hospital	1,009,007	14,258,561	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 16-0057 Component CCN: 16-7136	Period: From 07/01/2016 To 06/30/2017	Worksheet S-4 Date/Time Prepared: 11/29/2017 1:45 pm
		Home Health Agency I	PPS

					1.00		
0.00	County				DES MOINES		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	1,093	3,964	227	5,284	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	350.00	107.00	100.00	557.00	2.00

			Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week	Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		0.18	0.00	0.18	4.00
5.00	Other Administrative Personnel		3.63	0.00	3.63	5.00
6.00	Direct Nursing Service		12.38	0.00	12.38	6.00
7.00	Nursing Supervisor		1.78	0.00	1.78	7.00
8.00	Physical Therapy Service		3.25	0.00	3.25	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		1.48	0.00	1.48	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.10	0.00	0.10	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.92	0.00	0.92	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		4.03	0.00	4.03	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		99916			20.00

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	2,289	273	31	17	2,610	21.00
22.00	Skilled Nursing Visit Charges	389,130	46,410	5,270	2,890	443,700	22.00
23.00	Physical Therapy Visits	2,071	108	40	29	2,248	23.00
24.00	Physical Therapy Visit Charges	387,980	19,380	7,600	5,510	420,470	24.00
25.00	Occupational Therapy Visits	830	72	5	14	921	25.00
26.00	Occupational Therapy Visit Charges	155,990	13,680	950	2,660	173,280	26.00
27.00	Speech Pathology Visits	65	30	0	0	95	27.00
28.00	Speech Pathology Visit Charges	11,590	4,180	0	0	15,770	28.00
29.00	Medical Social Service Visits	22	6	1	1	30	29.00
30.00	Medical Social Service Visit Charges	4,686	1,278	213	213	6,390	30.00
31.00	Home Health Aide Visits	1,110	135	0	16	1,261	31.00
32.00	Home Health Aide Visit Charges	108,780	13,230	0	1,568	123,578	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,387	624	77	77	7,165	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,058,156	98,158	14,033	12,841	1,183,188	35.00
36.00	Total Number of Episodes (standard/non outlier)	370		27	5	402	36.00
37.00	Total Number of Outlier Episodes		15		1	16	37.00
38.00	Total Non-Routine Medical Supply Charges	3,608	789	80	0	4,477	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-7 Date/Time Prepared: 11/29/2017 1:45 pm

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

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	30	0	30	9.00
10.00		RML	29	0	29	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	72	0	72	15.00
16.00		RVB	45	0	45	16.00
17.00		RVA	88	0	88	17.00
18.00		RHC	381	0	381	18.00
19.00		RHB	411	0	411	19.00
20.00		RHA	960	0	960	20.00
21.00		RMC	348	0	348	21.00
22.00		RMB	338	0	338	22.00
23.00		RMA	612	0	612	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	2	0	2	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	14	0	14	31.00
32.00		HD1	12	0	12	32.00
33.00		HC2	61	0	61	33.00
34.00		HC1	22	0	22	34.00
35.00		HB2	37	0	37	35.00
36.00		HB1	97	0	97	36.00
37.00		LE2	10	0	10	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	94	0	94	39.00
40.00		LD1	11	0	11	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	15	0	15	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	24	0	24	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	3	0	3	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	0	0	0	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	41	0	41	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-7 Date/Time Prepared: 11/29/2017 1:45 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	3	0	3	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	16	0	16	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	2	0	2	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,778	0	3,778	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	99916	99916	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,655,143			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA	Provider CCN: 16-0057 Hospice CCN: 16-1567	Period: From 07/01/2016 To 06/30/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/29/2017 1:45 pm
		Hospice I	

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	13,170	0	1,263	14,433	11.00
12.00	Hospice Inpatient Respite Care	181	0	42	223	12.00
13.00	Hospice General Inpatient Care	398	0	246	644	13.00
14.00	Total Hospice Days	13,749	0	1,551	15,300	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/29/2017 1:45 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.348606	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	20,782,308	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	69,493,631	6.00
7.00	Medicaid cost (line 1 times line 6)	24,225,897	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)	3,443,589	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	157,798	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	430,134	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	149,947	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
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,443,589	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,586,945	22,304,652	24,891,597	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	901,825	22,304,652	23,206,477	21.00
22.00	Payments received from patients for amounts previously written off as charity care	3,916	126,322	130,238	22.00
23.00	Cost of charity care (line 21 minus line 22)	897,909	22,178,330	23,076,239	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	6,149,264	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	0	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	0	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)	6,149,264	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,143,670	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	25,219,909	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	28,663,498	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,770,108	4,770,108	140,469	4,910,577	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN		1,301,155	1,301,155	24,975	1,326,130	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER		9,356	9,356	1,874	11,230	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY		45,844	45,844	1,271	47,115	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY		0	0	0	0	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN		0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		275,967	275,967	3,644	279,611	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB		722,842	722,842	0	722,842	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO		872	872	0	872	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,356,195	9,356,195	100,549	9,456,744	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	714,435	-765,729	-51,294	2,494,414	2,443,120	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	226,850	78,898	305,748	-44,144	261,604	5.01
5.02	00550	DATA PROCESSING	3,528,094	6,751,525	10,279,619	-87,077	10,192,542	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	283,183	305,821	589,004	-10,560	578,444	5.03
5.04	00570	ADMITTING	1,189,627	443,918	1,633,545	-58,624	1,574,921	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	931,698	1,370,525	2,302,223	-59,463	2,242,760	5.05
5.06	00591	OTHER A&G	1,946,239	9,614,916	11,561,155	-521,620	11,039,535	5.06
7.00	00700	OPERATION OF PLANT	1,999,738	3,804,245	5,803,983	-71,942	5,732,041	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	370,695	370,695	0	370,695	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	42,181	42,181	0	42,181	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	221,485	221,485	0	221,485	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	49,967	49,967	0	49,967	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	318,457	322,965	641,422	-18,543	622,879	8.00
9.00	00900	HOUSEKEEPING	1,675,396	978,858	2,654,254	-110,162	2,544,092	9.00
9.01	00901	HOUSEKEEPING KLEIN	47,155	69,279	116,434	-2,589	113,845	9.01
10.00	01000	DIETARY	1,366,761	1,516,159	2,882,920	-79,087	2,803,833	10.00
10.01	01001	DIETARY KLEIN	218,715	572,858	791,573	-13,813	777,760	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,596,263	1,654,271	4,250,534	-66,022	4,184,512	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	966,098	672,266	1,638,364	-55,769	1,582,595	14.00
15.00	01500	PHARMACY	2,021,825	854,618	2,876,443	-44,298	2,832,145	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,696,705	1,169,392	2,866,097	-60,621	2,805,476	16.00
17.00	01700	SOCIAL SERVICE	492,526	71,097	563,623	-12,965	550,658	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,886,632	2,929,242	11,815,874	-332,612	11,483,262	30.00
31.00	03100	INTENSIVE CARE UNIT	2,667,897	379,348	3,047,245	-48,301	2,998,944	31.00
41.00	04100	SUBPROVIDER - IRF	556,307	175,502	731,809	-17,238	714,571	41.00
43.00	04300	NURSERY	306,491	79,021	385,512	-9,107	376,405	43.00
44.00	04400	SKILLED NURSING FACILITY	901,072	228,697	1,129,769	-9,759	1,120,010	44.00
45.00	04500	NURSING FACILITY	5,195,485	1,626,743	6,822,228	-288,258	6,533,970	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,003,059	2,556,601	8,559,660	-175,982	8,383,678	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,851,144	1,363,492	3,214,636	-64,306	3,150,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	568,866	892,373	1,461,239	-15,992	1,445,247	55.00
56.00	05600	RADIOISOTOPE	167,865	534,772	702,637	-4,102	698,535	56.00
57.00	05700	CT SCAN	534,778	287,674	822,452	-16,298	806,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	320,966	234,397	555,363	-10,886	544,477	58.00
59.00	05900	CARDIAC CATHETERIZATION	931,602	621,783	1,553,385	-25,527	1,527,858	59.00
60.00	06000	LABORATORY	2,371,510	3,109,085	5,480,595	-98,584	5,382,011	60.00
64.00	06400	INTRAVENOUS THERAPY	494,961	131,777	626,738	-14,589	612,149	64.00
65.00	06500	RESPIRATORY THERAPY	1,100,211	355,551	1,455,762	-38,244	1,417,518	65.00
66.00	06600	PHYSICAL THERAPY	600,188	179,298	779,486	-19,777	759,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	469,430	134,160	603,590	-14,286	589,304	67.00
68.00	06800	SPEECH PATHOLOGY	216,384	56,312	272,696	-4,746	267,950	68.00
69.00	06900	ELECTROCARDIOLOGY	309,616	145,619	455,235	-8,310	446,925	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,183,963	13,183,963	0	13,183,963	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,440,177	6,440,177	0	6,440,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,209,901	13,209,901	0	13,209,901	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	305,581	109,709	415,290	-10,435	404,855	76.01
76.02	03950	O/P REHAB SERVICES	1,846,473	690,447	2,536,920	-55,219	2,481,701	76.02
76.03	03951	SPORTS FITNESS	957,091	355,109	1,312,200	-43,463	1,268,737	76.03
76.04	03952	LIFE CENTER	1,466,230	1,387,916	2,854,146	-55,652	2,798,494	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	721,584	299,069	1,020,653	-23,269	997,384	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	70,549	25,881	96,430	-2,185	94,245	76.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/29/2017 1:45 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	
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,057,117	821,211	3,878,328	-95,521	3,782,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	482,269	195,081	677,350	-21,454	655,896	95.00
101.00	10100	HOME HEALTH AGENCY	1,854,997	674,262	2,529,259	-57,957	2,471,302	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		2,569,935	2,569,935	0	2,569,935	113.00
116.00	11600	HOSPICE	1,700,822	806,829	2,507,651	-54,494	2,453,157	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	69,136,942	103,443,486	172,580,428	-186,656	172,393,772	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	10,120	10,120	0	10,120	194.00
194.01	07951	DAYCARE	290,438	135,445	425,883	-32,864	393,019	194.01
194.02	07952	MARKETING	48,616	1,581,733	1,630,349	49,464	1,679,813	194.02
194.03	07953	OUTREACH REHAB	531,843	132,616	664,459	-13,407	651,052	194.03
194.04	07954	SWITCHBOARD	0	0	0	29,604	29,604	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	82,687	0	82,687	153,859	236,546	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		TOTAL (SUM OF LINES 118-199)	70,090,526	105,303,400	175,393,926	0	175,393,926	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	488,394	5,398,971	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,326,130	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	11,230	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	47,115	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	372,204	372,204	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	616,980	616,980	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	279,611	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	201,020	923,862	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	27,673	28,545	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-34,276	9,422,468	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-177,005	2,266,115	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	-26,957	234,647	5.01
5.02	00550	DATA PROCESSING	-1,184,148	9,008,394	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-183	578,261	5.03
5.04	00570	ADMITTING	-17,361	1,557,560	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-36,491	2,206,269	5.05
5.06	00591	OTHER A&G	-3,183,012	7,856,523	5.06
7.00	00700	OPERATION OF PLANT	-262,313	5,469,728	7.00
7.01	00701	OPERATION OF PLANT KLEIN	-14,758	355,937	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	203,795	203,795	7.02
7.03	00703	OPERATION OF PLANT MERCY	204,251	204,251	7.03
7.04	00704	OPERATION OF PLANT CANCER	-3,399	38,782	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	221,485	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	49,967	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	18,150	18,150	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	622,879	8.00
9.00	00900	HOUSEKEEPING	-23,706	2,520,386	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	113,845	9.01
10.00	01000	DIETARY	-1,218,822	1,585,011	10.00
10.01	01001	DIETARY KLEIN	-182	777,578	10.01
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	611,886	4,796,398	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	-126,724	1,455,871	14.00
15.00	01500	PHARMACY	-62,994	2,769,151	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,236	2,802,240	16.00
17.00	01700	SOCIAL SERVICE	0	550,658	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-226,428	11,256,834	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,998,944	31.00
41.00	04100	SUBPROVIDER - IRF	0	714,571	41.00
43.00	04300	NURSERY	-22	376,383	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,120,010	44.00
45.00	04500	NURSING FACILITY	727,112	7,261,082	45.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	-7,763	8,375,915	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1	3,150,329	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-135,054	1,310,193	55.00
56.00	05600	RADIOISOTOPE	0	698,535	56.00
57.00	05700	CT SCAN	0	806,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-160	544,317	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,527,858	59.00
60.00	06000	LABORATORY	-2,362	5,379,649	60.00
64.00	06400	INTRAVENOUS THERAPY	0	612,149	64.00
65.00	06500	RESPIRATORY THERAPY	-4,793	1,412,725	65.00
66.00	06600	PHYSICAL THERAPY	0	759,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	589,304	67.00
68.00	06800	SPEECH PATHOLOGY	0	267,950	68.00
69.00	06900	ELECTROCARDIOLOGY	0	446,925	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,183,963	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,440,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-16,615	13,193,286	73.00
76.00	03040	AUDIOLOGY	0	0	76.00
76.01	03280	EKG AND EEG	0	404,855	76.01
76.02	03950	O/P REHAB SERVICES	-40,188	2,441,513	76.02
76.03	03951	SPORTS FITNESS	-4,718	1,264,019	76.03
76.04	03952	LIFE CENTER	-677,379	2,121,115	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	76.05
76.06	03480	ONCOLOGY	-106,002	891,382	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	94,245	76.07
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0	3,782,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-29,279	626,617		95.00
101.00	10100	HOME HEALTH AGENCY	0	2,471,302		101.00
	SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-2,569,935	0		113.00
116.00	11600	HOSPICE	0	2,453,157		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-6,724,801	165,668,971		118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	10,120		194.00
194.01	07951	DAYCARE	0	393,019		194.01
194.02	07952	MARKETING	0	1,679,813		194.02
194.03	07953	OUTREACH REHAB	0	651,052		194.03
194.04	07954	SWITCHBOARD	0	29,604		194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	32,282,825	32,282,825		194.05
194.06	07956	OTHER NONREIMB	0	236,546		194.06
194.07	07957	MEALS ON WHEELS	0	0		194.07
200.00		TOTAL (SUM OF LINES 118-199)	25,558,024	200,951,950		200.00

RECLASSIFICATIONS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/29/2017 1:45 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - MARKETING SALARIES				
1.00	MARKETING	194.02	53,149	0	1.00
	0		53,149	0	
	B - SWITCHBOARD EXPENSE				
1.00	SWITCHBOARD	194.04	22,209	7,724	1.00
	0		22,209	7,724	
	C - PROPERTY INSURANCE				
1.00	OTHER CAP REL COSTS	3.00	0	272,782	1.00
	0		0	272,782	
	F - PHYSICIAN RECRUITMENT				
1.00	OTHER NONREIMB	194.06	157,807	0	1.00
	0		157,807	0	
	G - SNF EXPENSES				
1.00	SKILLED NURSING FACILITY	44.00	22,416	1,926	1.00
	0		22,416	1,926	
	H - EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,490,466	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
	TOTALS		0	2,490,466	
	I - EMPL BENEFITS CONT				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,948	1.00
	TOTALS		0	3,948	
500.00	Grand Total: Increases		255,581	2,776,846	500.00

RECLASSIFICATIONS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/29/2017 1:45 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - MARKETING SALARIES					
1.00	OTHER A&G	5.06	53,149	0	0	1.00
	0		53,149	0		
	B - SWITCHBOARD EXPENSE					
1.00	ADMINISTRATIVE AND GENERAL	5.01	22,209	7,724	0	1.00
	0		22,209	7,724		
	C - PROPERTY INSURANCE					
1.00	OTHER A&G	5.06	0	272,782	12	1.00
	0		0	272,782		
	F - PHYSICIAN RECRUITMENT					
1.00	OTHER A&G	5.06	157,807	0	0	1.00
	0		157,807	0		
	G - SNF EXPENSES					
1.00	NURSING FACILITY	45.00	22,416	1,926	0	1.00
	0		22,416	1,926		
	H - EMPLOYEE BENEFITS					
1.00	ADMINISTRATIVE AND GENERAL	5.01	0	14,211	0	1.00
2.00	DATA PROCESSING	5.02	0	87,077	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	10,560	0	3.00
4.00	ADMITTING	5.04	0	58,624	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	59,463	0	5.00
6.00	OTHER A&G	5.06	0	37,882	0	6.00
7.00	OPERATION OF PLANT	7.00	0	71,942	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	18,543	0	8.00
9.00	HOUSEKEEPING	9.00	0	110,162	0	9.00
10.00	HOUSEKEEPING KLEIN	9.01	0	2,589	0	10.00
11.00	DIETARY	10.00	0	79,087	0	11.00
12.00	DIETARY KLEIN	10.01	0	13,813	0	12.00
13.00	NURSING ADMINISTRATION	13.00	0	66,022	0	13.00
14.00	CENTRAL SERVICE & SUPPLY	14.00	0	55,769	0	14.00
15.00	PHARMACY	15.00	0	44,298	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	60,621	0	16.00
17.00	SOCIAL SERVICE	17.00	0	12,965	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	332,612	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	48,301	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	17,238	0	20.00
21.00	NURSERY	43.00	0	9,107	0	21.00
22.00	SKILLED NURSING FACILITY	44.00	0	34,101	0	22.00
23.00	NURSING FACILITY	45.00	0	263,916	0	23.00
24.00	OPERATING ROOM	50.00	0	175,982	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	64,306	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	15,992	0	26.00
27.00	RADIOISOTOPE	56.00	0	4,102	0	27.00
28.00	CT SCAN	57.00	0	16,298	0	28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,886	0	29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	25,527	0	30.00
31.00	LABORATORY	60.00	0	98,584	0	31.00
32.00	INTRAVENOUS THERAPY	64.00	0	14,589	0	32.00
33.00	RESPIRATORY THERAPY	65.00	0	38,244	0	33.00
34.00	PHYSICAL THERAPY	66.00	0	19,777	0	34.00
35.00	OCCUPATIONAL THERAPY	67.00	0	14,286	0	35.00
36.00	SPEECH PATHOLOGY	68.00	0	4,746	0	36.00
37.00	ELECTROCARDIOLOGY	69.00	0	8,310	0	37.00
38.00	EKG AND EEG	76.01	0	10,435	0	38.00
39.00	O/P REHAB SERVICES	76.02	0	55,219	0	39.00
40.00	SPORTS FITNESS	76.03	0	43,463	0	40.00
41.00	LIFE CENTER	76.04	0	55,652	0	41.00
42.00	ONCOLOGY	76.06	0	23,269	0	42.00
43.00	OTHER ANCILLARY SERVICE COST CENTERS	76.07	0	2,185	0	43.00
44.00	EMERGENCY	91.00	0	95,521	0	44.00
45.00	AMBULANCE SERVICES	95.00	0	21,454	0	45.00
46.00	HOME HEALTH AGENCY	101.00	0	57,957	0	46.00
47.00	HOSPICE	116.00	0	54,494	0	47.00
48.00	DAYCARE	194.01	0	32,864	0	48.00
49.00	MARKETING	194.02	0	3,685	0	49.00
50.00	OUTREACH REHAB	194.03	0	13,407	0	50.00
51.00	SWITCHBOARD	194.04	0	329	0	51.00
	TOTALS		0	2,490,466		

RECLASSIFICATIONS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/29/2017 1:45 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	I - EMPL BENEFITS CONT					
1.00	OTHER NONREIMB	194.06	0	3,948	0	1.00
	TOTALS		0	3,948		
500.00	Grand Total: Decreases		255,581	2,776,846		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,946,488	0	0	0	0	1.00
2.00	Land Improvements	11,972,330	0	0	0	0	2.00
3.00	Buildings and Fixtures	126,591,830	5,063	0	5,063	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	59,675,472	772,141	0	772,141	17,372	5.00
6.00	Movable Equipment	110,334,834	8,278,867	0	8,278,867	512,310	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	313,520,954	9,056,071	0	9,056,071	529,682	8.00
9.00	Reconciling Items	-2,276,506	-1,013,661	0	-1,013,661	-2,328,092	9.00
10.00	Total (line 8 minus line 9)	315,797,460	10,069,732	0	10,069,732	2,857,774	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	4,946,488	0	1.00
2.00	Land Improvements	11,972,330	0	2.00
3.00	Buildings and Fixtures	126,596,893	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	60,430,241	0	5.00
6.00	Movable Equipment	118,101,391	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	322,047,343	0	8.00
9.00	Reconciling Items	-962,075	0	9.00
10.00	Total (line 8 minus line 9)	323,009,418	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part II Date/Time Prepared: 11/29/2017 1:45 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,770,108	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	1,301,155	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	9,356	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	45,844	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	275,967	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	722,842	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	872	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	9,356,195	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,482,339	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	4,770,108	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	1,301,155	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	9,356	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	45,844	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	275,967	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	722,842	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	872	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,356,195	2.00
3.00	Total (sum of lines 1-2)	0	16,482,339	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part III Date/Time Prepared: 11/29/2017 1:45 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	166,334,225	0	166,334,225	0.514951	140,469	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	29,573,241	0	29,573,241	0.091555	24,975	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	2,218,680	0	2,218,680	0.006869	1,874	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1,505,464	0	1,505,464	0.004661	1,271	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	4,314,342	0	4,314,342	0.013357	3,644	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	119,063,466	0	119,063,466	0.368607	100,549	2.00
3.00	Total (sum of lines 1-2)	323,009,418	0	323,009,418	1.000000	272,782	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	140,469	5,258,502	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	24,975	1,301,155	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	1,874	9,356	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	1,271	45,844	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	372,204	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	616,980	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	3,644	275,967	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	923,862	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	28,545	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	100,549	9,321,919	0	2.00
3.00	Total (sum of lines 1-2)	0	0	272,782	18,154,334	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	140,469	0	0	5,398,971	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	24,975	0	0	1,326,130	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	1,874	0	0	11,230	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	1,271	0	0	47,115	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	372,204	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	616,980	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	3,644	0	0	279,611	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	923,862	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	28,545	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	100,549	0	0	9,422,468	2.00
3.00	Total (sum of lines 1-2)	0	272,782	0	0	18,427,116	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/29/2017 1:45 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - KLEIN (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT - CANCER (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-BLDG & FIXT - LAUNDRY (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-BLDG & FIXT - MERCY (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-BLDG & FIXT - EASTMAN (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-BLDG & FIXT - HHA/HOSP (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-BLDG & FIXT - REHAB (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-BLDG & FIXT - WAPELLO (chapter 2)		0	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	1.08
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-10,720	DIETARY	10.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-829,799			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	32,909,593			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,206,116	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-17,177	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,236	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/29/2017 1:45 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	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - KLEIN		0	CAP REL COSTS-BLDG & FIXT - KLEIN	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT - CANCER		0	CAP REL COSTS-BLDG & FIXT - CANCER	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT - LAUNDRY		0	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT - MERCY		0	CAP REL COSTS-BLDG & FIXT - MERCY	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-BLDG & FIXT - EASTMAN		0	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-BLDG & FIXT - HHA/HOSP		0	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-BLDG & FIXT - REHAB		0	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-BLDG & FIXT - WAPELLO		0	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	0	26.08
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME - DATA PROCESSING	B	-1,149,156	DATA PROCESSING	5.02	0	33.00
33.01	MISC INCOME - PURCHASING RECEIVING A	B	-183	PURCHASING RECEIVING AND STORES	5.03	0	33.01
33.02			0		0.00	0	33.02
33.03	MISC INCOME - OTHER ADMINISTRATIVE A	B	-104,135	OTHER A&G	5.06	0	33.03
33.04	MISC INCOME - OPERATION OF PLANT	B	-19,833	OPERATION OF PLANT	7.00	0	33.04
33.05	MISC INCOME - HOUSEKEEPING	B	-23,706	HOUSEKEEPING	9.00	0	33.05
33.06	MISC INCOME - NURSING ADMINISTRATION	B	-35,536	NURSING ADMINISTRATION	13.00	0	33.06
33.07			0		0.00	0	33.07
33.08	MISC INCOME - ADULTS AND PEDIATRICS	B	-226,428	ADULTS & PEDIATRICS	30.00	0	33.08
33.09	MISC INCOME - NURSERY	B	-22	NURSERY	43.00	0	33.09
33.10			0		0.00	0	33.10
33.11	MISC INCOME - LABORATORY	B	-2,362	LABORATORY	60.00	0	33.11
33.12	MISC INCOME - O/P REHAB SERVICES	B	-3,950	O/P REHAB SERVICES	76.02	0	33.12
33.13	MISC INCOME - SPORTS FITNESS	B	-4,718	SPORTS FITNESS	76.03	0	33.13
33.14	MISC INCOME - LIFE CENTER	B	-75	LIFE CENTER	76.04	0	33.14
33.15	MISC INCOME - AMBULANCE	B	-29,226	AMBULANCE SERVICES	95.00	0	33.15
33.16			0		0.00	0	33.16
33.17			0		0.00	0	33.17
33.18			0		0.00	0	33.18
34.00	DISCOUNTS - OTHER ADMINISTRATIVE AND	B	-404	OTHER A&G	5.06	0	34.00
34.01	DISCOUNTS - OPERATION OF PLANT	B	-578	OPERATION OF PLANT	7.00	0	34.01
34.02			0		0.00	0	34.02
34.03	DISCOUNTS - DIETARY	B	-1,986	DIETARY	10.00	0	34.03
34.04	DISCOUNTS - DIETARY - KLEIN	B	-182	DIETARY KLEIN	10.01	0	34.04
34.05	DISCOUNTS - PHARMACY	B	-17	PHARMACY	15.00	0	34.05

ADJUSTMENTS TO EXPENSES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/29/2017 1:45 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	
34.06			0		0.00	0	34.06
34.07	DISCOUNTS - RADIOLOGY-DIAGNOSTIC	B	-1	RADIOLOGY-DIAGNOSTIC	54.00	0	34.07
34.08	DISCOUNTS - HEMATOLOGY/ONCOLOGY	B	-13,875	ONCOLOGY	76.06	0	34.08
35.00	RENTAL INCOME - PAIN MANAGEMENT	B	-3,800	O/P REHAB SERVICES	76.02	0	35.00
35.01	RENTAL INCOME - FARMLAND	B	-8,353	OTHER A&G	5.06	0	35.01
35.02	RENTAL INCOME - CANCER CENTER	B	-3,399	OPERATION OF PLANT CANCER	7.04	0	35.02
36.00	RELATED PARTY SERVICE REVENUE	B	-129,660	OPERATION OF PLANT	7.00	0	36.00
36.01	340B INCOME	B	-45,800	PHARMACY	15.00	0	36.01
37.00	INTEREST EXPENSE	A	-2,569,935	INTEREST EXPENSE	113.00	0	37.00
37.01	DIALYSIS DEPRECIATION	A	-50,840	CAP REL COSTS-BLDG & FIXT	1.00	9	37.01
37.02	HELICOPTER DEPRECIATION	A	-44,531	CAP REL COSTS-BLDG & FIXT	1.00	9	37.02
37.03	CAPITALIZED COSTS	A	63,900	CAP REL COSTS-BLDG & FIXT	1.00	9	37.03
37.04	CAPITALIZED INTEREST ON UNNECESSARY	A	-92,437	CAP REL COSTS-BLDG & FIXT	1.00	9	37.04
37.05	USEFUL LIFE ADJUSTMENTS	A	658,715	CAP REL COSTS-BLDG & FIXT	1.00	9	37.05
37.06	ICF DEPRECIATION	A	419,130	NURSING FACILITY	45.00	0	37.06
37.07	DAYCARE DEPRECIATION	A	-46,413	CAP REL COSTS-BLDG & FIXT	1.00	9	37.07
37.08	TV DEPRECIATION EXPENSE	A	-34,276	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.08
37.09	PHONE COST OFFSET	A	-26,957	ADMINISTRATIVE AND GENERAL	5.01	0	37.09
38.00	CABLE TV	A	-900	ONCOLOGY	76.06	0	38.00
38.01	CABLE TV	A	-53	AMBULANCE SERVICES	95.00	0	38.01
38.02	CABLE TV	A	-470	O/P REHAB SERVICES	76.02	0	38.02
38.03			0		0.00	0	38.03
38.04	CABLE TV	A	-14,758	OPERATION OF PLANT KLEIN	7.01	0	38.04
38.05	CABLE TV	A	-19,598	OPERATION OF PLANT	7.00	0	38.05
38.06	CABLE TV	A	-46	OPERATION OF PLANT	7.00	0	38.06
39.00			0		0.00	0	39.00
39.01	REMOVE MARKUP ON HMES TRANSACTIONS	A	-126,724	CENTRAL SERVICE & SUPPLY	14.00	0	39.01
39.02	AHA/IHA DUES - LOBBYING EXPENSES	A	-29,403	OTHER A&G	5.06	0	39.02
39.03	ALCOHOL	A	-19,950	OTHER A&G	5.06	0	39.03
39.04	ADMINISTRATIVE COST REDUCTIONS	A	-836,941	OTHER A&G	5.06	0	39.04
40.00	AMORTIZATION OF BOND COSTS	A	-80,214	OTHER A&G	5.06	0	40.00
41.00	OFFSET RENTAL COSTS - PETERSON, OTHE	A	-92,598	OPERATION OF PLANT	7.00	0	41.00
41.01	OFFSET RENTAL COSTS - PETERSON, OTHE	A	-1,840	OTHER A&G	5.06	0	41.01
42.00	OFFSET RENTAL COSTS - HCR	A	-34,992	DATA PROCESSING	5.02	0	42.00
42.01	OFFSET RENTAL COSTS - HCR	A	-17,361	ADMITTING	5.04	0	42.01
42.02	OFFSET RENTAL COSTS - HCR	A	-36,491	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	42.02
42.03	OFFSET RENTAL COSTS - HCR	A	-130,205	OTHER A&G	5.06	0	42.03
42.04	OFFSET RENTAL COSTS - HCR	A	-15,633	NURSING ADMINISTRATION	13.00	0	42.04
42.05	OFFSET RENTAL COSTS - HCR	A	-7,763	OPERATING ROOM	50.00	0	42.05
42.06	OFFSET RENTAL COSTS - HCR	A	-19,320	O/P REHAB SERVICES	76.02	0	42.06
42.07	OFFSET RENTAL COSTS - HCR	A	-91,227	ONCOLOGY	76.06	0	42.07
43.00	PHYSICIAN COSTS	A	-177,005	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		25,558,024				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-1 | Date/Time Prepared: 11/29/2017 1:45 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER A&G	ADMIN & GENERAL	14,658	18,323	1.00
2.00	5.06	OTHER A&G	ADMIN & GENERAL	2,719,003	4,686,905	2.00
3.00	13.00	NURSING ADMINISTRATION	NURSING ADMIN	663,055	0	3.00
3.01	45.00	NURSING FACILITY	NURSING ADMIN - KLEIN	307,982	0	3.01
3.02	58.00	MAGNETIC RESONANCE IMAGING (	CONTINUING EDUCATION	640	800	3.02
3.03	73.00	DRUGS CHARGED TO PATIENTS	PHARMACY	66,460	83,075	3.03
3.04	194.05	HENRY COUNTY HEALTH CENTER	HCHC EXPENSES	32,282,825	0	3.04
3.05	1.04	CAP REL COSTS-BLDG & FIXT -	GRMC - MERCY MOB	372,204	0	3.05
3.06	1.05	CAP REL COSTS-BLDG & FIXT -	GRMC - EASTMAN MOB	616,980	0	3.06
3.07	1.07	CAP REL COSTS-BLDG & FIXT -	REHAB DEPRECIATION	201,020	0	3.07
3.08	1.08	CAP REL COSTS-BLDG & FIXT -	WAPELLO BUILDING DEPRECIATIO	27,673	0	3.08
4.00	7.02	OPERATION OF PLANT EASTMAN	EASTMAN PLANT OP OTHER	203,795	0	4.00
4.01	7.03	OPERATION OF PLANT MERCY	MERCY PLANT OP OTHER	204,251	0	4.01
4.02	7.07	OPERATION OF PLANT WAPELLO	WAPELLO BUILDING PLANT OP OT	18,150	0	4.02
5.00	0		0	37,698,696	4,789,103	5.00

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

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

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

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

6.00	C		0.00	HEALTH ENTERPRI	0.00	6.00
7.00	C		0.00	MCMS	100.00	7.00
8.00	E		0.00	HENRY COUNTY HE	0.00	8.00
9.00	C		0.00	HEALTH CARE REA	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 11/29/2017 1:45 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-3,665	0		1.00
2.00	-1,967,902	0		2.00
3.00	663,055	0		3.00
3.01	307,982	0		3.01
3.02	-160	0		3.02
3.03	-16,615	0		3.03
3.04	32,282,825	0		3.04
3.05	372,204	9		3.05
3.06	616,980	9		3.06
3.07	201,020	9		3.07
3.08	27,673	9		3.08
4.00	203,795	0		4.00
4.01	204,251	0		4.01
4.02	18,150	0		4.02
5.00	32,909,593			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	PHARMACY, SURG		6.00
7.00	HOME OFFICE		7.00
8.00	MANAGEMENT SVCS		8.00
9.00	REHAB, MOB		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/29/2017 1:45 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	55.00	RADIOLOGY-THERAPEUTIC	135,054	135,054	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	4,793	4,793	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	70,200	0	70,200	211,500	566	3.00
4.00	76.04	LIFE CENTER	677,304	677,304	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			887,351	817,151	70,200		566	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	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	2.00
3.00	76.02	O/P REHAB SERVICES	57,552	2,878	0	0	0	3.00
4.00	76.04	LIFE CENTER	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			57,552	2,878	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	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	135,054		1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	4,793		2.00
3.00	76.02	O/P REHAB SERVICES	0	57,552	12,648	12,648		3.00
4.00	76.04	LIFE CENTER	0	0	0	677,304		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	57,552	12,648	829,799		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,398,971	5,398,971				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	1,326,130	0	1,326,130			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	11,230	0	0	11,230		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	47,115	0	0	0	47,115	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	372,204	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	616,980	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	279,611	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	923,862	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	28,545	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,422,468					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,266,115	36,230	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	234,647	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	9,008,394	90,526	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	578,261	207,549	0	0	0	5.03
5.04	00570	ADMITTING	1,557,560	36,461	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,206,269	41,741	0	0	0	5.05
5.06	00591	OTHER A&G	7,856,523	249,439	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	5,469,728	145,845	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	355,937	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	203,795	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	204,251	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	38,782	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	221,485	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	49,967	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	18,150	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	622,879	0	0	0	47,115	8.00
9.00	00900	HOUSEKEEPING	2,520,386	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	113,845	0	0	0	0	9.01
10.00	01000	DIETARY	1,585,011	233,204	0	0	0	10.00
10.01	01001	DIETARY KLEIN	777,578	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,796,398	72,428	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,455,871	167,673	0	0	0	14.00
15.00	01500	PHARMACY	2,769,151	47,779	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,802,240	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	550,658	129,479	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,256,834	587,655	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,998,944	169,075	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	714,571	253,976	0	0	0	41.00
43.00	04300	NURSERY	376,383	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,120,010	0	109,420	0	0	44.00
45.00	04500	NURSING FACILITY	7,261,082	0	1,213,847	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,375,915	1,438,640	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,150,329	355,160	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,310,193	0	0	11,230	0	55.00
56.00	05600	RADIOISOTOPE	698,535	20,788	0	0	0	56.00
57.00	05700	CT SCAN	806,154	41,114	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	544,317	34,482	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,527,858	204,778	0	0	0	59.00
60.00	06000	LABORATORY	5,379,649	172,672	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	612,149	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,412,725	60,549	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	759,709	0	1,469	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	589,304	0	1,199	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	267,950	0	195	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	446,925	13,199	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,183,963	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,440,177	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,193,286	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	404,855	90,246	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	2,441,513	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	1,264,019	0	0	0	0	76.03
76.04	03952	LIFE CENTER	2,121,115	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	891,382	0	0	0	0	76.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	94,245	59,889	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,782,807	296,030	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	626,617	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,471,302	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,453,157	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	165,668,971	5,256,607	1,326,130	11,230	47,115	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,013	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	10,120	0	0	0	0	194.00
194.01	07951	DAYCARE	393,019	0	0	0	0	194.01
194.02	07952	MARKETING	1,679,813	72,428	0	0	0	194.02
194.03	07953	OUTREACH REHAB	651,052	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	29,604	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	32,282,825	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	236,546	36,923	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	200,951,950	5,398,971	1,326,130	11,230	47,115	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	372,204					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	616,980				1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	279,611			1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	923,862		1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	28,545	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	5,315	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER A&G	39,665	21,016	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	338,253	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,315	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	384	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	384	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	384	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	384	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,181	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,818	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	144,241	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	226,727	0	76.03
76.04	03952	LIFE CENTER	472	0	0	70,857	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	38,974	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	142,975	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	136,636	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	92,458	21,016	279,611	780,078	11,818	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	278,742	595,964	0	143,784	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	1,004	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	16,727	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	372,204	616,980	279,611	923,862	28,545	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
			2.00	4.00	5.01	5A.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,422,468					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	111,879	2,414,224				4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	13,750	253,712			5.01
5.02	00550	DATA PROCESSING	4,457,020	84,284	11,894	13,652,118	13,652,118	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	112,269	10,224	2,336	910,639	80,199	5.03
5.04	00570	ADMITTING	10,342	56,742	4,142	1,665,247	146,657	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,920	57,551	4,779	2,324,260	204,695	5.05
5.06	00591	OTHER A&G	105,992	36,667	7,434	8,316,736	732,447	5.06
7.00	00700	OPERATION OF PLANT	266,372	69,621	17,948	5,969,514	525,729	7.00
7.01	00701	OPERATION OF PLANT KLEIN	147,180	0	0	503,117	44,309	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	203,795	17,948	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	204,251	17,988	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	2,336	41,118	3,621	7.04
7.05	00705	OPERATION OF PLANT REHAB	63,239	0	212	623,189	54,884	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	49,967	4,401	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	18,150	1,598	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	26,036	17,939	319	714,288	62,907	8.00
9.00	00900	HOUSEKEEPING	20,722	106,620	1,805	2,649,533	233,342	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	2,509	0	116,354	10,247	9.01
10.00	01000	DIETARY	44,829	76,548	3,292	1,942,884	171,108	10.00
10.01	01001	DIETARY KLEIN	3,557	13,377	0	794,512	69,972	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	512,672	63,897	10,089	5,460,799	480,927	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	113,642	53,984	2,549	1,793,719	157,971	14.00
15.00	01500	PHARMACY	132,231	42,868	2,336	2,994,365	263,711	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,107	58,671	10,514	2,904,532	255,799	16.00
17.00	01700	SOCIAL SERVICE	0	12,547	1,062	693,746	61,098	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	111,094	321,918	16,036	12,293,921	1,082,713	30.00
31.00	03100	INTENSIVE CARE UNIT	48,026	46,746	3,929	3,267,104	287,731	31.00
41.00	04100	SUBPROVIDER - IRF	4,766	16,674	637	990,624	87,243	41.00
43.00	04300	NURSERY	10,407	8,814	0	395,604	34,840	43.00
44.00	04400	SKILLED NURSING FACILITY	4,170	34,095	850	1,268,929	111,753	44.00
45.00	04500	NURSING FACILITY	36,082	254,345	9,239	8,774,595	772,770	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	773,157	170,331	16,461	10,774,888	948,934	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	602,546	62,238	8,496	4,178,769	368,020	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	505,691	15,471	0	1,842,585	162,275	55.00
56.00	05600	RADIOISOTOPE	98,698	3,961	0	821,982	72,391	56.00
57.00	05700	CT SCAN	207,245	15,782	0	1,070,295	94,260	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,714	10,535	0	735,048	64,735	58.00
59.00	05900	CARDIAC CATHETERIZATION	195,683	24,700	8,284	1,961,303	172,730	59.00
60.00	06000	LABORATORY	109,954	95,421	5,735	5,764,612	507,684	60.00
64.00	06400	INTRAVENOUS THERAPY	30,896	14,123	1,062	658,230	57,970	64.00
65.00	06500	RESPIRATORY THERAPY	30,630	37,019	2,018	1,542,941	135,885	65.00
66.00	06600	PHYSICAL THERAPY	2,637	19,142	0	794,775	69,995	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,833	0	604,336	53,223	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,583	0	272,728	24,019	68.00
69.00	06900	ELECTROCARDIOLOGY	7,086	8,047	0	475,257	41,855	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,183,963	1,161,098	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,440,177	567,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,193,286	1,161,845	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	5,715	10,100	106	511,022	45,005	76.01
76.02	03950	O/P REHAB SERVICES	12,414	53,445	17,523	2,669,136	235,068	76.02
76.03	03951	SPORTS FITNESS	18,124	42,059	0	1,550,929	136,589	76.03
76.04	03952	LIFE CENTER	87,679	53,860	0	2,333,983	205,552	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	42,254	22,523	3,505	998,638	87,949	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	2,115	0	156,249	13,761	76.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	
			2.00	4.00	5.01	5A.01	5.02	
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	55,269	92,455	6,584	4,233,145	372,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	41,907	20,760	425	689,709	60,742	95.00
101.00	10100	HOME HEALTH AGENCY	14,080	56,099	8,602	2,693,058	237,175	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	40,979	52,740	0	2,683,512	236,334	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,417,912	2,361,733	192,539	164,372,166	13,273,691	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	33,013	2,907	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,018,490	89,697	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	10,120	891	194.00
194.01	07951	DAYCARE	4,556	31,814	1,062	430,451	37,909	194.01
194.02	07952	MARKETING	0	3,567	0	1,756,812	154,721	194.02
194.03	07953	OUTREACH REHAB	0	12,983	0	664,035	58,481	194.03
194.04	07954	SWITCHBOARD	0	311	60,111	90,026	7,928	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	32,282,825	0	194.05
194.06	07956	OTHER NONREIMB	0	3,816	0	294,012	25,893	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,422,468	2,414,224	253,712	200,951,950	13,652,118	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	990,838					5.03
5.04	00570	ADMITTING	242	1,812,146				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	815	0	2,529,770			5.05
5.06	00591	OTHER A&G	1,835	0	0	9,051,018	9,051,018	5.06
7.00	00700	OPERATION OF PLANT	1,145	0	0	6,496,388	306,402	7.00
7.01	00701	OPERATION OF PLANT KLEIN	57	0	0	547,483	25,822	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	221,743	10,459	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	222,239	10,482	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	44,739	2,110	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	678,073	31,981	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	54,368	2,564	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	19,748	931	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	5,248	0	0	782,443	36,904	8.00
9.00	00900	HOUSEKEEPING	8,333	0	0	2,891,208	136,364	9.00
9.01	00901	HOUSEKEEPING KLEIN	1,689	0	0	128,290	6,051	9.01
10.00	01000	DIETARY	1,763	0	0	2,115,755	99,790	10.00
10.01	01001	DIETARY KLEIN	107	0	0	864,591	40,778	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,814	0	0	5,943,540	280,327	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	6,946	0	0	1,958,636	92,379	14.00
15.00	01500	PHARMACY	5,636	0	0	3,263,712	153,933	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	443	0	0	3,160,774	149,078	16.00
17.00	01700	SOCIAL SERVICE	82	0	0	754,926	35,606	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,735	168,364	226,542	13,808,275	651,267	30.00
31.00	03100	INTENSIVE CARE UNIT	16,965	26,521	35,685	3,634,006	171,398	31.00
41.00	04100	SUBPROVIDER - IRF	108	9,517	12,805	1,100,297	51,896	41.00
43.00	04300	NURSERY	1,070	6,432	8,654	446,600	21,064	43.00
44.00	04400	SKILLED NURSING FACILITY	836	10,796	14,526	1,406,840	66,354	44.00
45.00	04500	NURSING FACILITY	10,372	0	53,515	9,611,252	453,315	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	577,565	416,689	560,438	13,278,514	626,281	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,396	69,590	93,637	4,720,412	222,638	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	982	55,806	75,089	2,136,737	100,779	55.00
56.00	05600	RADIOISOTOPE	202	17,652	23,752	935,979	44,145	56.00
57.00	05700	CT SCAN	4,281	96,364	129,663	1,394,863	65,789	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,989	64,241	86,440	953,453	44,970	58.00
59.00	05900	CARDIAC CATHETERIZATION	105,383	95,405	128,372	2,463,193	116,176	59.00
60.00	06000	LABORATORY	110,733	170,127	228,914	6,782,070	319,876	60.00
64.00	06400	INTRAVENOUS THERAPY	2,295	26,743	35,985	781,223	36,846	64.00
65.00	06500	RESPIRATORY THERAPY	5,981	45,142	60,740	1,790,689	84,458	65.00
66.00	06600	PHYSICAL THERAPY	1,615	10,016	13,477	889,878	41,971	66.00
67.00	06700	OCCUPATIONAL THERAPY	133	7,919	10,655	676,266	31,896	67.00
68.00	06800	SPEECH PATHOLOGY	103	2,800	3,768	303,418	14,311	68.00
69.00	06900	ELECTROCARDIOLOGY	119	34,457	46,363	598,051	28,207	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,174	39,255	14,413,490	679,812	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,097	80,863	7,148,317	337,150	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	173,358	233,262	14,761,751	696,238	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	609	11,979	16,119	584,734	27,579	76.01
76.02	03950	O/P REHAB SERVICES	2,115	0	38,161	2,944,480	138,876	76.02
76.03	03951	SPORTS FITNESS	1,686	2,524	3,396	1,695,124	79,951	76.03
76.04	03952	LIFE CENTER	25,716	45,298	60,950	2,671,499	126,001	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	3,277	5,595	7,529	1,102,988	52,022	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	3,230	4,346	177,586	8,376	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	24,639	119,584	160,907	4,911,084	231,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	
			5.03	5.04	5.05	5A.05	5.06	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	626	7,397	9,953	768,427	36,243	95.00
101.00	10100	HOME HEALTH AGENCY	1,146	8,162	10,983	2,950,524	139,161	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,581	11,167	15,026	2,950,620	139,166	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	989,413	1,812,146	2,529,770	163,992,314	7,307,804	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	35,920	1,694	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,108,187	52,268	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	114	0	0	11,125	525	194.00
194.01	07951	DAYCARE	1,227	0	0	469,587	22,148	194.01
194.02	07952	MARKETING	65	0	0	1,911,598	90,161	194.02
194.03	07953	OUTREACH REHAB	19	0	0	722,535	34,078	194.03
194.04	07954	SWITCHBOARD	0	0	0	97,954	4,620	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	32,282,825	1,522,632	194.05
194.06	07956	OTHER NONREIMB	0	0	0	319,905	15,088	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	990,838	1,812,146	2,529,770	200,951,950	9,051,018	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT	6,802,790					7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	573,305				7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	232,202			7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	232,721		7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	46,849	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	377,421	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	326,370	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	101,363	0	0	3,780	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	234,659	0	0	0	0	14.00
15.00	01500	PHARMACY	66,867	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	181,206	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	822,425	0	0	273	0	30.00
31.00	03100	INTENSIVE CARE UNIT	236,621	0	0	273	0	31.00
41.00	04100	SUBPROVIDER - IRF	355,440	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	47,304	0	273	0	44.00
45.00	04500	NURSING FACILITY	0	524,764	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,013,380	0	0	273	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	497,048	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	46,849	55.00
56.00	05600	RADIOISOTOPE	29,093	0	0	0	0	56.00
57.00	05700	CT SCAN	57,539	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	48,257	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	286,587	0	0	0	0	59.00
60.00	06000	LABORATORY	241,655	0	0	840	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	84,738	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	635	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	518	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	84	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,472	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	126,300	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	336	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	27,718	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	83,815	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	414,295	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
			7.00	7.01	7.02	7.03	7.04	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,603,551	573,305	0	33,766	46,849	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,202	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	232,202	198,241	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	101,363	0	0	714	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	51,674	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,802,790	573,305	232,202	232,721	46,849	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB	710,054					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	56,932				7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	20,679			7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,196,768		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,027,572	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	92,821	0	9.01
10.00	01000	DIETARY	0	0	0	0	23,604	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	6,157	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	4,170	18,472	14.00
15.00	01500	PHARMACY	0	0	0	0	212,432	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	9,236	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	5,131	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	270,124	769,839	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	40,512	123,149	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,869	24,630	41.00
43.00	04300	NURSERY	0	0	0	5,111	6,157	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	7,675	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	85,145	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	215,692	738,895	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	78,119	98,519	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,686	98,519	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,317	0	59.00
60.00	06000	LABORATORY	0	0	0	379	53,365	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,344	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	7,184	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,562	117	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	5,003	0	76.01
76.02	03950	O/P REHAB SERVICES	174,893	0	0	50,129	270,928	76.02
76.03	03951	SPORTS FITNESS	274,908	0	0	14,389	0	76.03
76.04	03952	LIFE CENTER	85,914	0	0	5,191	36,945	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	2,173	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	128,207	227,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.05	7.06	7.07	8.00	9.00	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	29,111	0	0	296,584	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	27,821	0	8,291	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	535,715	56,932	8,562	1,057,464	3,027,572	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	174,339	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	12,117	139,304	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	710,054	56,932	20,679	1,196,768	3,027,572	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
			9.01	10.00	10.01	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN	227,162					9.01
10.00	01000	DIETARY	0	2,565,519				10.00
10.01	01001	DIETARY KLEIN	0	0	905,369			10.01
11.00	01100	CAFETERIA	0	2,000,816	0	2,000,816		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	85,688	6,420,855	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	76,490	214,018	14.00
15.00	01500	PHARMACY	0	0	0	60,739	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	83,131	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17,778	75,788	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	389,859	0	456,119	1,944,295	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,721	0	66,234	282,344	31.00
41.00	04100	SUBPROVIDER - IRF	0	27,913	0	23,626	100,767	41.00
43.00	04300	NURSERY	0	0	0	12,489	53,235	43.00
44.00	04400	SKILLED NURSING FACILITY	18,173	0	72,430	0	199,336	44.00
45.00	04500	NURSING FACILITY	208,989	0	832,939	0	1,542,732	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	128	0	241,342	1,028,713	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	88,185	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,921	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,613	0	56.00
57.00	05700	CT SCAN	0	0	0	22,362	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,928	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,920	0	34,998	149,221	59.00
60.00	06000	LABORATORY	0	0	0	135,202	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,980	0	20,011	85,278	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	52,453	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	24,331	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,604	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,200	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,401	48,574	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	14,311	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	72,229	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	59,593	0	76.03
76.04	03952	LIFE CENTER	0	0	0	76,314	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	31,912	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	2,997	12,773	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	6,223	0	131,000	558,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	
			9.01	10.00	10.01	11.00	13.00	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	29,415	125,409	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	6,200	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,328	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	227,162	2,454,888	905,369	2,000,816	6,420,855	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	110,631	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	227,162	2,565,519	905,369	2,000,816	6,420,855	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,598,824					14.00
15.00	01500	PHARMACY	15,423	3,773,106				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,211	0	3,403,430			16.00
17.00	01700	SOCIAL SERVICE	225	0	0	1,070,660		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	100,529	0	304,761	229,734	19,747,500	30.00
31.00	03100	INTENSIVE CARE UNIT	46,426	0	48,006	21,645	4,690,335	31.00
41.00	04100	SUBPROVIDER - IRF	295	0	17,227	18,486	1,728,446	41.00
43.00	04300	NURSERY	2,928	0	11,642	14,064	573,290	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	19,542	49,773	1,887,700	44.00
45.00	04500	NURSING FACILITY	0	2	71,992	552,153	13,883,283	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,580,609	1,706,465	754,139	0	22,184,431	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,450	32,877	125,967	0	5,892,215	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,687	1	101,015	0	2,518,194	55.00
56.00	05600	RADIOISOTOPE	552	1,013	31,953	0	1,048,348	56.00
57.00	05700	CT SCAN	11,715	33	174,432	0	1,726,733	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,181	31,583	116,285	0	1,217,657	58.00
59.00	05900	CARDIAC CATHETERIZATION	288,393	5,939	172,696	0	3,541,440	59.00
60.00	06000	LABORATORY	303,035	182,245	307,952	0	8,326,619	60.00
64.00	06400	INTRAVENOUS THERAPY	6,281	0	48,409	0	986,372	64.00
65.00	06500	RESPIRATORY THERAPY	16,368	1	81,712	0	2,117,603	65.00
66.00	06600	PHYSICAL THERAPY	4,419	133	18,130	0	988,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	364	12	14,334	0	738,994	67.00
68.00	06800	SPEECH PATHOLOGY	281	0	5,069	0	329,363	68.00
69.00	06900	ELECTROCARDIOLOGY	326	0	62,371	0	767,402	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	52,809	0	15,146,111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	108,783	0	7,594,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	313,801	0	15,771,790	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	1,666	1,727,606	21,684	0	2,508,883	76.01
76.02	03950	O/P REHAB SERVICES	5,789	38,513	51,337	0	3,747,174	76.02
76.03	03951	SPORTS FITNESS	4,614	0	4,569	0	2,133,148	76.03
76.04	03952	LIFE CENTER	70,374	0	81,995	0	3,154,569	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	8,967	0	10,128	0	1,235,908	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	5,847	0	291,394	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	67,428	17	216,464	0	6,892,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,714	46,575	13,389	0	1,021,172	95.00
101.00	10100	HOME HEALTH AGENCY	3,135	0	14,775	170,309	3,609,799	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,536	0	20,215	14,496	3,177,473	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,594,921	3,773,015	3,403,430	1,070,660	161,178,319	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	83,816	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,765,237	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	313	0	0	0	11,963	194.00
194.01	07951	DAYCARE	3,358	0	0	0	495,093	194.01
194.02	07952	MARKETING	179	0	0	0	2,104,015	194.02
194.03	07953	OUTREACH REHAB	53	91	0	0	756,757	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	102,574	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	33,805,457	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	538,088	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	110,631	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,598,824	3,773,106	3,403,430	1,070,660	200,951,950	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER				1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY				1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY				1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN				1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB				1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO				1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	ADMINISTRATIVE AND GENERAL				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00591	OTHER A&G				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT KLEIN				7.01
7.02	00702	OPERATION OF PLANT EASTMAN				7.02
7.03	00703	OPERATION OF PLANT MERCY				7.03
7.04	00704	OPERATION OF PLANT CANCER				7.04
7.05	00705	OPERATION OF PLANT REHAB				7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE				7.06
7.07	00707	OPERATION OF PLANT WAPELLO				7.07
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING KLEIN				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY KLEIN				10.01
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	19,747,500		30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,690,335		31.00
41.00	04100	SUBPROVIDER - IRF	0	1,728,446		41.00
43.00	04300	NURSERY	0	573,290		43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,887,700		44.00
45.00	04500	NURSING FACILITY	0	13,883,283		45.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	22,184,431		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,892,215		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,518,194		55.00
56.00	05600	RADIOISOTOPE	0	1,048,348		56.00
57.00	05700	CT SCAN	0	1,726,733		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,217,657		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,541,440		59.00
60.00	06000	LABORATORY	0	8,326,619		60.00
64.00	06400	INTRAVENOUS THERAPY	0	986,372		64.00
65.00	06500	RESPIRATORY THERAPY	0	2,117,603		65.00
66.00	06600	PHYSICAL THERAPY	0	988,176		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	738,994		67.00
68.00	06800	SPEECH PATHOLOGY	0	329,363		68.00
69.00	06900	ELECTROCARDIOLOGY	0	767,402		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,146,111		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,594,250		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,771,790		73.00
76.00	03040	AUDIOLOGY	0	0		76.00
76.01	03280	EKG AND EEG	0	2,508,883		76.01
76.02	03950	O/P REHAB SERVICES	0	3,747,174		76.02
76.03	03951	SPORTS FITNESS	0	2,133,148		76.03
76.04	03952	LIFE CENTER	0	3,154,569		76.04
76.05	03580	RECREATIONAL THERAPY	0	0		76.05
76.06	03480	ONCOLOGY	0	1,235,908		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	291,394		76.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	6,892,547		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	1,021,172		95.00
101.00	10100	HOME HEALTH AGENCY	0	3,609,799		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	3,177,473		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	161,178,319		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	83,816		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,765,237		192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	11,963		194.00
194.01	07951	DAYCARE	0	495,093		194.01
194.02	07952	MARKETING	0	2,104,015		194.02
194.03	07953	OUTREACH REHAB	0	756,757		194.03
194.04	07954	SWITCHBOARD	0	102,574		194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	33,805,457		194.05
194.06	07956	OTHER NONREIMB	0	538,088		194.06
194.07	07957	MEALS ON WHEELS	0	110,631		194.07
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	200,951,950		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,810	36,230	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	2,143,090	90,526	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	207,549	0	0	0	5.03
5.04	00570	ADMITTING	17,361	36,461	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	183,571	41,741	0	0	0	5.05
5.06	00591	OTHER A&G	300,756	249,439	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	46,100	145,845	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	47,115	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	233,204	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	69,520	72,428	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	3,230	167,673	0	0	0	14.00
15.00	01500	PHARMACY	13,035	47,779	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,185	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	129,479	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,093	587,655	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,214	169,075	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	759	253,976	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	109,420	0	0	44.00
45.00	04500	NURSING FACILITY	867	0	1,213,847	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,061	1,438,640	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,081	355,160	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,230	0	55.00
56.00	05600	RADIOISOTOPE	0	20,788	0	0	0	56.00
57.00	05700	CT SCAN	0	41,114	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	34,482	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,000	204,778	0	0	0	59.00
60.00	06000	LABORATORY	38,860	172,672	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	60,549	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,229	0	1,469	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,199	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	195	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,199	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	1,753	90,246	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	20,773	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	847	0	0	0	0	76.03
76.04	03952	LIFE CENTER	56,516	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	91,227	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	59,889	0	0	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
			0	1.00	1.01	1.02	1.03	
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	5,889	296,030	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,358	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	94,273	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,328,458	5,256,607	1,326,130	11,230	47,115	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,013	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	72,428	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	36,923	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,328,458	5,398,971	1,326,130	11,230	47,115	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	5,315	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER A&G	39,665	21,016	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	338,253	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,315	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	384	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	384	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	384	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	384	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,181	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	11,818	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	144,241	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	226,727	0	76.03
76.04	03952	LIFE CENTER	472	0	0	70,857	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	38,974	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
			1.04	1.05	1.06	1.07	1.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	142,975	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	136,636	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	92,458	21,016	279,611	780,078	11,818	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	278,742	595,964	0	143,784	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	1,004	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	16,727	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	372,204	616,980	279,611	923,862	28,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	111,879	152,919	152,919			4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	5,315	871	6,186		5.01
5.02	00550	DATA PROCESSING	4,457,020	6,690,636	5,339	290	6,696,265	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	112,269	319,818	648	57	39,337	5.03
5.04	00570	ADMITTING	10,342	64,164	3,594	101	71,934	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,920	239,232	3,645	117	100,401	5.05
5.06	00591	OTHER A&G	105,992	716,868	2,323	181	359,258	5.06
7.00	00700	OPERATION OF PLANT	266,372	458,317	4,410	438	257,865	7.00
7.01	00701	OPERATION OF PLANT KLEIN	147,180	147,180	0	0	21,733	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	8,803	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	8,823	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	57	1,776	7.04
7.05	00705	OPERATION OF PLANT REHAB	63,239	401,492	0	5	26,920	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	2,158	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	784	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	26,036	73,151	1,136	8	30,855	8.00
9.00	00900	HOUSEKEEPING	20,722	20,722	6,753	44	114,452	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	159	0	5,026	9.01
10.00	01000	DIETARY	44,829	278,033	4,849	80	83,927	10.00
10.01	01001	DIETARY KLEIN	3,557	3,557	847	0	34,321	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	512,672	659,935	4,047	246	235,890	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	113,642	284,545	3,419	62	77,483	14.00
15.00	01500	PHARMACY	132,231	193,045	2,715	57	129,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,107	42,292	3,716	256	125,467	16.00
17.00	01700	SOCIAL SERVICE	0	129,479	795	26	29,968	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	111,094	715,226	20,390	391	531,061	30.00
31.00	03100	INTENSIVE CARE UNIT	48,026	222,699	2,961	96	141,129	31.00
41.00	04100	SUBPROVIDER - IRF	4,766	259,501	1,056	16	42,792	41.00
43.00	04300	NURSERY	10,407	10,407	558	0	17,089	43.00
44.00	04400	SKILLED NURSING FACILITY	4,170	113,974	2,160	21	54,814	44.00
45.00	04500	NURSING FACILITY	36,082	1,250,796	16,110	225	379,036	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	773,157	2,234,242	10,789	401	465,443	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	602,546	1,130,787	3,942	207	180,510	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	505,691	516,921	980	0	79,594	55.00
56.00	05600	RADIOISOTOPE	98,698	119,486	251	0	35,507	56.00
57.00	05700	CT SCAN	207,245	248,359	1,000	0	46,234	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,714	180,196	667	0	31,752	58.00
59.00	05900	CARDIAC CATHETERIZATION	195,683	407,461	1,565	202	84,722	59.00
60.00	06000	LABORATORY	109,954	322,667	6,044	140	249,014	60.00
64.00	06400	INTRAVENOUS THERAPY	30,896	30,896	895	26	28,434	64.00
65.00	06500	RESPIRATORY THERAPY	30,630	91,179	2,345	49	66,650	65.00
66.00	06600	PHYSICAL THERAPY	2,637	17,153	1,212	0	34,332	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,199	876	0	26,106	67.00
68.00	06800	SPEECH PATHOLOGY	0	195	290	0	11,781	68.00
69.00	06900	ELECTROCARDIOLOGY	7,086	20,285	510	0	20,530	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	569,508	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	278,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	569,906	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	5,715	97,714	640	3	22,075	76.01
76.02	03950	O/P REHAB SERVICES	12,414	177,428	3,385	427	115,299	76.02
76.03	03951	SPORTS FITNESS	18,124	245,698	2,664	0	66,995	76.03
76.04	03952	LIFE CENTER	87,679	215,524	3,412	0	100,821	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	42,254	172,455	1,427	85	43,138	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	59,889	134	0	6,749	76.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	55,269	357,188	5,856	161	182,859	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	41,907	41,907	1,315	10	29,793	95.00
101.00	10100	HOME HEALTH AGENCY	14,080	158,413	3,553	210	116,332	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	40,979	271,888	3,341	0	115,920	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,417,912	20,572,433	149,594	4,695	6,510,650	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,013	0	0	1,426	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,018,490	0	0	43,996	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	437	194.00
194.01	07951	DAYCARE	4,556	4,556	2,015	26	18,594	194.01
194.02	07952	MARKETING	0	73,432	226	0	75,889	194.02
194.03	07953	OUTREACH REHAB	0	0	822	0	28,684	194.03
194.04	07954	SWITCHBOARD	0	0	20	1,465	3,889	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	53,650	242	0	12,700	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,422,468	21,755,574	152,919	6,186	6,696,265	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	359,860					5.03
5.04	00570	ADMITTING	88	139,881				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	296	0	343,691			5.05
5.06	00591	OTHER A&G	666	0	0	1,079,296		5.06
7.00	00700	OPERATION OF PLANT	416	0	0	36,536	757,982	7.00
7.01	00701	OPERATION OF PLANT KLEIN	21	0	0	3,079	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	1,247	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	1,250	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	252	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	3,813	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	306	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	111	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	1,906	0	0	4,400	42,053	8.00
9.00	00900	HOUSEKEEPING	3,027	0	0	16,260	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	613	0	0	722	0	9.01
10.00	01000	DIETARY	640	0	0	11,899	36,365	10.00
10.01	01001	DIETARY KLEIN	39	0	0	4,862	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	659	0	0	33,426	11,294	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,523	0	0	11,015	26,146	14.00
15.00	01500	PHARMACY	2,047	0	0	18,355	7,450	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	161	0	0	17,776	0	16.00
17.00	01700	SOCIAL SERVICE	30	0	0	4,246	20,190	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,342	13,002	30,766	77,658	91,636	30.00
31.00	03100	INTENSIVE CARE UNIT	6,161	2,048	4,846	20,438	26,365	31.00
41.00	04100	SUBPROVIDER - IRF	39	735	1,739	6,188	39,604	41.00
43.00	04300	NURSERY	389	497	1,175	2,512	0	43.00
44.00	04400	SKILLED NURSING FACILITY	304	834	1,973	7,912	0	44.00
45.00	04500	NURSING FACILITY	3,767	0	7,268	54,054	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	209,762	32,116	76,242	74,678	224,335	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,776	5,374	12,717	26,548	55,382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	357	4,310	10,198	12,017	0	55.00
56.00	05600	RADIOISOTOPE	73	1,363	3,226	5,264	3,242	56.00
57.00	05700	CT SCAN	1,555	7,442	17,609	7,845	6,411	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,086	4,961	11,739	5,362	5,377	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,274	7,368	17,434	13,853	31,932	59.00
60.00	06000	LABORATORY	40,217	13,138	31,088	38,142	26,926	60.00
64.00	06400	INTRAVENOUS THERAPY	834	2,065	4,887	4,394	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,172	3,486	8,249	10,071	9,442	65.00
66.00	06600	PHYSICAL THERAPY	586	774	1,830	5,005	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	48	612	1,447	3,803	0	67.00
68.00	06800	SPEECH PATHOLOGY	37	216	512	1,706	0	68.00
69.00	06900	ELECTROCARDIOLOGY	43	2,661	6,296	3,363	2,058	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,253	5,331	81,061	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,641	10,982	40,202	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,388	31,679	83,020	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	221	925	2,189	3,289	14,073	76.01
76.02	03950	O/P REHAB SERVICES	768	0	5,182	16,560	0	76.02
76.03	03951	SPORTS FITNESS	612	195	461	9,533	0	76.03
76.04	03952	LIFE CENTER	9,340	3,498	8,277	15,025	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	1,190	432	1,022	6,203	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	249	590	999	9,339	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,949	9,235	21,852	27,620	46,162	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER A&G	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	227	571	1,352	4,322	0	95.00
101.00	10100	HOME HEALTH AGENCY	416	630	1,492	16,594	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,664	862	2,041	16,594	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	359,341	139,881	343,691	871,390	735,782	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	202	5,148	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,232	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	42	0	0	63	0	194.00
194.01	07951	DAYCARE	446	0	0	2,641	0	194.01
194.02	07952	MARKETING	24	0	0	10,751	11,294	194.02
194.03	07953	OUTREACH REHAB	7	0	0	4,064	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	551	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	181,603	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	1,799	5,758	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	359,860	139,881	343,691	1,079,296	757,982	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	172,013					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	10,050				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	10,073			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	2,085		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	432,230	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	164	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	12	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,193	0	12	0	0	44.00
45.00	04500	NURSING FACILITY	157,448	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	12	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,085	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	36	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	191	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	156	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	25	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	106,462	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	167,345	76.03
76.04	03952	LIFE CENTER	0	0	15	0	52,298	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	1,200	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	
			7.01	7.02	7.03	7.04	7.05	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	172,013	0	1,463	2,085	326,105	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,050	8,579	0	106,125	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	31	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	172,013	10,050	10,073	2,085	432,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING KLEIN	
			7.06	7.07	8.00	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	2,464					7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	895				7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	153,509			8.00
9.00	00900	HOUSEKEEPING	0	0	0	161,258		9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	11,906	0	18,426	9.01
10.00	01000	DIETARY	0	0	0	1,257	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	328	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	535	984	0	14.00
15.00	01500	PHARMACY	0	0	0	11,315	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	492	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	273	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	34,647	41,005	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,196	6,559	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,009	1,312	0	41.00
43.00	04300	NURSERY	0	0	656	328	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	985	0	1,474	44.00
45.00	04500	NURSING FACILITY	0	0	10,922	0	16,952	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	27,667	39,356	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	10,020	5,247	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,242	5,247	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,863	0	0	59.00
60.00	06000	LABORATORY	0	0	49	2,842	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	557	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	383	0	65.00
66.00	06600	PHYSICAL THERAPY	0	371	15	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	642	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	6,430	14,430	0	76.02
76.03	03951	SPORTS FITNESS	0	0	1,846	0	0	76.03
76.04	03952	LIFE CENTER	0	0	666	1,968	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	279	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	16,445	12,135	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING KLEIN	
			7.06	7.07	8.00	9.00	9.01	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,260	0	0	15,797	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,204	0	1,064	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,464	371	135,641	161,258	18,426	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	524	17,868	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,464	895	153,509	161,258	18,426	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	417,050					10.00
10.01	01001	DIETARY KLEIN	0	43,626				10.01
11.00	01100	CAFETERIA	325,251	0	325,251			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	13,929	959,918		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	12,434	31,996	451,142	14.00
15.00	01500	PHARMACY	0	0	9,874	0	2,677	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	13,514	0	210	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,890	11,330	39	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,375	0	74,148	290,671	17,451	30.00
31.00	03100	INTENSIVE CARE UNIT	3,206	0	10,767	42,210	8,059	31.00
41.00	04100	SUBPROVIDER - IRF	4,538	0	3,841	15,065	51	41.00
43.00	04300	NURSERY	0	0	2,030	7,959	508	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,490	0	29,801	0	44.00
45.00	04500	NURSING FACILITY	0	40,136	0	230,638	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21	0	39,232	153,793	274,389	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	14,335	0	4,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,564	0	466	55.00
56.00	05600	RADIOISOTOPE	0	0	912	0	96	56.00
57.00	05700	CT SCAN	0	0	3,635	0	2,034	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,427	0	1,420	58.00
59.00	05900	CARDIAC CATHETERIZATION	312	0	5,689	22,308	50,063	59.00
60.00	06000	LABORATORY	0	0	21,978	0	52,605	60.00
64.00	06400	INTRAVENOUS THERAPY	647	0	3,253	12,749	1,090	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	8,527	0	2,841	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,955	0	767	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,537	0	63	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,008	0	49	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,853	7,262	57	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	2,326	0	289	76.01
76.02	03950	O/P REHAB SERVICES	0	0	11,741	0	1,005	76.02
76.03	03951	SPORTS FITNESS	0	0	9,687	0	801	76.03
76.04	03952	LIFE CENTER	0	0	12,405	0	12,217	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	5,188	0	1,557	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	487	1,910	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,012	0	21,295	83,477	11,705	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	4,782	18,749	297	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,008	0	544	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	704	0	0	0	2,176	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	399,066	43,626	325,251	959,918	450,465	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	54	194.00
194.01	07951	DAYCARE	0	0	0	0	583	194.01
194.02	07952	MARKETING	0	0	0	0	31	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	9	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	17,984	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	417,050	43,626	325,251	959,918	451,142	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY KLEIN						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY	376,883					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	203,884				16.00
17.00	01700	SOCIAL SERVICE	0	0	199,266			17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	18,261	42,757	2,075,799	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,876	4,028	509,656	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,032	3,441	381,959	0	41.00
43.00	04300	NURSERY	0	698	2,618	47,424	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,171	9,263	242,381	0	44.00
45.00	04500	NURSING FACILITY	0	4,314	102,764	2,274,430	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	170,451	45,142	0	4,078,071	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,284	7,548	0	1,464,616	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,053	0	643,034	0	55.00
56.00	05600	RADIOISOTOPE	101	1,915	0	171,436	0	56.00
57.00	05700	CT SCAN	3	10,452	0	352,579	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,155	6,968	0	255,110	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	593	10,348	0	694,987	0	59.00
60.00	06000	LABORATORY	18,204	18,452	0	841,542	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,901	0	93,628	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,896	0	210,290	0	65.00
66.00	06600	PHYSICAL THERAPY	13	1,086	0	67,290	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	859	0	37,707	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	304	0	16,123	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,737	0	68,655	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,164	0	661,317	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,518	0	340,539	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,802	0	716,795	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	172,568	1,299	0	318,253	0	76.01
76.02	03950	O/P REHAB SERVICES	3,847	3,076	0	466,040	0	76.02
76.03	03951	SPORTS FITNESS	0	274	0	506,111	0	76.03
76.04	03952	LIFE CENTER	0	4,913	0	440,379	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	607	0	234,783	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	350	0	80,696	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2	12,970	0	818,923	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	4,652	802	0	108,779	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	885	31,697	348,831	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,211	2,698	421,367	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	376,874	203,884	199,266	19,989,530	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	39,789	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,193,472	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	596	0	194.00
194.01	07951	DAYCARE	0	0	0	28,861	0	194.01
194.02	07952	MARKETING	0	0	0	171,678	0	194.02
194.03	07953	OUTREACH REHAB	9	0	0	33,595	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	5,925	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	181,603	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	92,541	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	17,984	0	194.07
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	376,883	203,884	199,266	21,755,574	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY			1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY			1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN			1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP			1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO			1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	ADMINISTRATIVE AND GENERAL			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00591	OTHER A&G			5.06
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	OPERATION OF PLANT KLEIN			7.01
7.02	00702	OPERATION OF PLANT EASTMAN			7.02
7.03	00703	OPERATION OF PLANT MERCY			7.03
7.04	00704	OPERATION OF PLANT CANCER			7.04
7.05	00705	OPERATION OF PLANT REHAB			7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE			7.06
7.07	00707	OPERATION OF PLANT WAPELLO			7.07
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING KLEIN			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY KLEIN			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICE & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	2,075,799		30.00
31.00	03100	INTENSIVE CARE UNIT	509,656		31.00
41.00	04100	SUBPROVIDER - IRF	381,959		41.00
43.00	04300	NURSERY	47,424		43.00
44.00	04400	SKILLED NURSING FACILITY	242,381		44.00
45.00	04500	NURSING FACILITY	2,274,430		45.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	4,078,071		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,464,616		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	643,034		55.00
56.00	05600	RADIOISOTOPE	171,436		56.00
57.00	05700	CT SCAN	352,579		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	255,110		58.00
59.00	05900	CARDIAC CATHETERIZATION	694,987		59.00
60.00	06000	LABORATORY	841,542		60.00
64.00	06400	INTRAVENOUS THERAPY	93,628		64.00
65.00	06500	RESPIRATORY THERAPY	210,290		65.00
66.00	06600	PHYSICAL THERAPY	67,290		66.00
67.00	06700	OCCUPATIONAL THERAPY	37,707		67.00
68.00	06800	SPEECH PATHOLOGY	16,123		68.00
69.00	06900	ELECTROCARDIOLOGY	68,655		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	661,317		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	340,539		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	716,795		73.00
76.00	03040	AUDIOLOGY	0		76.00
76.01	03280	EKG AND EEG	318,253		76.01
76.02	03950	O/P REHAB SERVICES	466,040		76.02
76.03	03951	SPORTS FITNESS	506,111		76.03
76.04	03952	LIFE CENTER	440,379		76.04
76.05	03580	RECREATIONAL THERAPY	0		76.05
76.06	03480	ONCOLOGY	234,783		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	80,696		76.07
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	818,923		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	108,779		95.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Total		
			26.00		
101.00	10100	HOME HEALTH AGENCY	348,831		101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	421,367		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,989,530		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,789		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,193,472		192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	596		194.00
194.01	07951	DAYCARE	28,861		194.01
194.02	07952	MARKETING	171,678		194.02
194.03	07953	OUTREACH REHAB	33,595		194.03
194.04	07954	SWITCHBOARD	5,925		194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	181,603		194.05
194.06	07956	OTHER NONREIMB	92,541		194.06
194.07	07957	MEALS ON WHEELS	17,984		194.07
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	21,755,574		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	327,243					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN	0	142,636				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	29,164			1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	16,346		1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	63,031	1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,196	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	900	5.01
5.02	00550	DATA PROCESSING	5,487	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	12,580	0	0	0	0	5.03
5.04	00570	ADMITTING	2,210	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,530	0	0	0	0	5.05
5.06	00591	OTHER A&G	15,119	0	0	0	6,717	5.06
7.00	00700	OPERATION OF PLANT	8,840	0	0	0	0	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	16,346	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	14,135	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,390	0	0	0	900	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	10,163	0	0	0	0	14.00
15.00	01500	PHARMACY	2,896	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,848	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,619	0	0	0	65	30.00
31.00	03100	INTENSIVE CARE UNIT	10,248	0	0	0	65	31.00
41.00	04100	SUBPROVIDER - IRF	15,394	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	11,769	0	0	65	44.00
45.00	04500	NURSING FACILITY	0	130,559	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	87,199	0	0	0	65	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,527	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	29,164	0	0	55.00
56.00	05600	RADIOISOTOPE	1,260	0	0	0	0	56.00
57.00	05700	CT SCAN	2,492	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,090	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,412	0	0	0	0	59.00
60.00	06000	LABORATORY	10,466	0	0	0	200	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,670	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	158	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	129	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	21	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	800	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	5,470	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	80	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	6,600	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	3,630	0	0	0	0	76.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	17,943	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	318,614	142,636	29,164	16,346	15,657	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,001	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	47,204	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	4,390	0	0	0	170	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	2,238	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,398,971	1,326,130	11,230	47,115	372,204	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.498354	9.297302	0.385064	2.882357	5.905094	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN	74,276					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	16,760				1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	99,066			1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	4,548		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					9,356,195	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	111,092	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	4,425,670	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	111,479	5.03
5.04	00570	ADMITTING	0	0	0	0	10,269	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	13,822	5.05
5.06	00591	OTHER A&G	2,530	0	0	0	105,247	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	264,499	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	0	146,145	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	36,271	0	62,794	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	25,853	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	20,576	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	44,514	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	3,532	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	509,066	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	112,843	14.00
15.00	01500	PHARMACY	0	0	0	0	131,301	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	32,874	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	110,313	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	47,688	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	4,732	41.00
43.00	04300	NURSERY	0	0	0	0	10,334	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	4,141	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	35,828	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	767,719	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	598,308	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	502,134	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	98,004	56.00
57.00	05700	CT SCAN	0	0	0	0	205,787	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	144,689	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	194,307	59.00
60.00	06000	LABORATORY	0	0	0	0	109,181	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	30,679	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	30,415	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,883	2,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	7,036	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	5,675	76.01
76.02	03950	O/P REHAB SERVICES	0	0	15,467	0	12,327	76.02
76.03	03951	SPORTS FITNESS	0	0	24,312	0	17,997	76.03
76.04	03952	LIFE CENTER	0	0	7,598	0	87,062	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	41,957	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.05	1.06	1.07	1.08	2.00	
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	54,880	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	41,612	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,570	0	0	13,981	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,190	0	0	40,691	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,530	16,760	83,648	1,883	9,351,671	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,746	0	15,418	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	4,524	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	2,665	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	616,980	279,611	923,862	28,545	9,422,468	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.306586	16.683234	9.325722	6.276385	1.007083	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
			4.00	5.01	5A.02	5.02	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	116,409					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL	663	2,389				5.01
5.02	00550	DATA PROCESSING	4,064	112	-13,652,118	155,017,007		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	493	22	0	910,639	20,634,445	5.03
5.04	00570	ADMITTING	2,736	39	0	1,665,247	5,034	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,775	45	0	2,324,260	16,979	5.05
5.06	00591	OTHER A&G	1,768	70	0	8,316,736	38,207	5.06
7.00	00700	OPERATION OF PLANT	3,357	169	0	5,969,514	23,839	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	503,117	1,184	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	203,795	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	204,251	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	22	0	41,118	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	2	0	623,189	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	49,967	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	18,150	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	865	3	0	714,288	109,299	8.00
9.00	00900	HOUSEKEEPING	5,141	17	0	2,649,533	173,541	9.00
9.01	00901	HOUSEKEEPING KLEIN	121	0	0	116,354	35,164	9.01
10.00	01000	DIETARY	3,691	31	0	1,942,884	36,707	10.00
10.01	01001	DIETARY KLEIN	645	0	0	794,512	2,222	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,081	95	0	5,460,799	37,768	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,603	24	0	1,793,719	144,648	14.00
15.00	01500	PHARMACY	2,067	22	0	2,994,365	117,362	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,829	99	0	2,904,532	9,218	16.00
17.00	01700	SOCIAL SERVICE	605	10	0	693,746	1,712	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,522	151	0	12,293,921	765,005	30.00
31.00	03100	INTENSIVE CARE UNIT	2,254	37	0	3,267,104	353,292	31.00
41.00	04100	SUBPROVIDER - IRF	804	6	0	990,624	2,242	41.00
43.00	04300	NURSERY	425	0	0	395,604	22,280	43.00
44.00	04400	SKILLED NURSING FACILITY	1,644	8	0	1,268,929	17,405	44.00
45.00	04500	NURSING FACILITY	12,264	87	0	8,774,595	215,995	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,213	155	0	10,774,888	12,028,090	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,001	80	0	4,178,769	216,495	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	746	0	0	1,842,585	20,446	55.00
56.00	05600	RADIOISOTOPE	191	0	0	821,982	4,197	56.00
57.00	05700	CT SCAN	761	0	0	1,070,295	89,148	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	508	0	0	735,048	62,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,191	78	0	1,961,303	2,194,605	59.00
60.00	06000	LABORATORY	4,601	54	0	5,764,612	2,306,024	60.00
64.00	06400	INTRAVENOUS THERAPY	681	10	0	658,230	47,798	64.00
65.00	06500	RESPIRATORY THERAPY	1,785	19	0	1,542,941	124,553	65.00
66.00	06600	PHYSICAL THERAPY	923	0	0	794,775	33,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	667	0	0	604,336	2,771	67.00
68.00	06800	SPEECH PATHOLOGY	221	0	0	272,728	2,141	68.00
69.00	06900	ELECTROCARDIOLOGY	388	0	0	475,257	2,481	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,183,963	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,440,177	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,193,286	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	487	1	0	511,022	12,676	76.01
76.02	03950	O/P REHAB SERVICES	2,577	165	0	2,669,136	44,053	76.02
76.03	03951	SPORTS FITNESS	2,028	0	0	1,550,929	35,113	76.03
76.04	03952	LIFE CENTER	2,597	0	0	2,333,983	535,530	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	1,086	33	0	998,638	68,235	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	102	0	0	156,249	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,458	62	0	4,233,145	513,114	91.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
			4.00	5.01	5A.02	5.02	5.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,001	4	0	689,709	13,041	95.00
101.00	10100	HOME HEALTH AGENCY	2,705	81	0	2,693,058	23,858	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,543	0	0	2,683,512	95,395	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	113,878	1,813	-13,652,118	150,720,048	20,604,746	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	33,013	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,018,490	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	10,120	2,381	194.00
194.01	07951	DAYCARE	1,534	10	0	430,451	25,552	194.01
194.02	07952	MARKETING	172	0	0	1,756,812	1,363	194.02
194.03	07953	OUTREACH REHAB	626	0	0	664,035	403	194.03
194.04	07954	SWITCHBOARD	15	566	0	90,026	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	-32,282,825	0	0	194.05
194.06	07956	OTHER NONREIMB	184	0	0	294,012	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,414,224	253,712		13,652,118	990,838	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.739152	106.200084		0.088069	0.048019	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	152,919	6,186		6,696,265	359,860	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.313636	2.589368		0.043197	0.017440	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	445,667,385					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	462,424,007				5.05
5.06	00591	OTHER A&G	0	0	-9,051,018	191,900,932		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	6,496,388	294,627	7.00
7.01	00701	OPERATION OF PLANT KLEIN	0	0	0	547,483	0	7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	0	0	221,743	0	7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	0	222,239	0	7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	44,739	0	7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	678,073	0	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	54,368	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	19,748	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	782,443	16,346	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,891,208	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	128,290	0	9.01
10.00	01000	DIETARY	0	0	0	2,115,755	14,135	10.00
10.01	01001	DIETARY KLEIN	0	0	0	864,591	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	5,943,540	4,390	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	1,958,636	10,163	14.00
15.00	01500	PHARMACY	0	0	0	3,263,712	2,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,160,774	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	754,926	7,848	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	41,407,744	41,407,744	0	13,808,275	35,619	30.00
31.00	03100	INTENSIVE CARE UNIT	6,522,577	6,522,577	0	3,634,006	10,248	31.00
41.00	04100	SUBPROVIDER - IRF	2,340,570	2,340,570	0	1,100,297	15,394	41.00
43.00	04300	NURSERY	1,581,808	1,581,808	0	446,600	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,655,143	2,655,143	0	1,406,840	0	44.00
45.00	04500	NURSING FACILITY	0	9,781,527	0	9,611,252	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	102,465,791	102,465,791	0	13,278,514	87,199	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,115,092	17,115,092	0	4,720,412	21,527	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,724,919	13,724,919	0	2,136,737	0	55.00
56.00	05600	RADIOISOTOPE	4,341,466	4,341,466	0	935,979	1,260	56.00
57.00	05700	CT SCAN	23,699,976	23,699,976	0	1,394,863	2,492	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,799,615	15,799,615	0	953,453	2,090	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,464,123	23,464,123	0	2,463,193	12,412	59.00
60.00	06000	LABORATORY	41,841,367	41,841,367	0	6,782,070	10,466	60.00
64.00	06400	INTRAVENOUS THERAPY	6,577,345	6,577,345	0	781,223	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,102,212	11,102,212	0	1,790,689	3,670	65.00
66.00	06600	PHYSICAL THERAPY	2,463,376	2,463,376	0	889,878	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,947,534	1,947,534	0	676,266	0	67.00
68.00	06800	SPEECH PATHOLOGY	688,750	688,750	0	303,418	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,474,376	8,474,376	0	598,051	800	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,175,068	7,175,068	0	14,413,490	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,780,264	14,780,264	0	7,148,317	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,636,037	42,636,037	0	14,761,751	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2,946,221	2,946,221	0	584,734	5,470	76.01
76.02	03950	O/P REHAB SERVICES	0	6,975,095	0	2,944,480	0	76.02
76.03	03951	SPORTS FITNESS	620,806	620,806	0	1,695,124	0	76.03
76.04	03952	LIFE CENTER	11,140,627	11,140,627	0	2,671,499	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	1,376,094	1,376,094	0	1,102,988	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	794,432	794,432	0	177,586	3,630	76.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	29,410,840	29,410,840	0	4,911,084	17,943	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,819,181	1,819,181	0	768,427	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,007,475	2,007,475	0	2,950,524	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,746,556	2,746,556	0	2,950,620	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	445,667,385	462,424,007	-9,051,018	154,941,296	285,998	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	35,920	2,001	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,108,187	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	11,125	0	194.00
194.01	07951	DAYCARE	0	0	0	469,587	0	194.01
194.02	07952	MARKETING	0	0	0	1,911,598	4,390	194.02
194.03	07953	OUTREACH REHAB	0	0	0	722,535	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	97,954	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	32,282,825	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	319,905	2,238	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,812,146	2,529,770		9,051,018	6,802,790	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004066	0.005471		0.047165	23.089500	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	139,881	343,691		1,079,296	757,982	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000314	0.000743		0.005624	2.572683	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
			7.01	7.02	7.03	7.04	7.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN	142,636					7.01
7.02	00702	OPERATION OF PLANT EASTMAN	0	71,746				7.02
7.03	00703	OPERATION OF PLANT MERCY	0	0	55,414			7.03
7.04	00704	OPERATION OF PLANT CANCER	0	0	0	29,164		7.04
7.05	00705	OPERATION OF PLANT REHAB	0	0	0	0	62,795	7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	900	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	65	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	65	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,769	0	65	0	0	44.00
45.00	04500	NURSING FACILITY	130,559	0	0	0	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	65	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	29,164	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	200	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	158	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	129	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	21	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	15,467	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	24,312	76.03
76.04	03952	LIFE CENTER	0	0	80	0	7,598	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	6,600	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	
			7.01	7.02	7.03	7.04	7.05	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	142,636	0	8,040	29,164	47,377	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	71,746	47,204	0	15,418	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	170	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	573,305	232,202	232,721	46,849	710,054	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.019357	3.236445	4.199679	1.606398	11.307493	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	172,013	10,050	10,073	2,085	432,230	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.205958	0.140077	0.181777	0.071492	6.883191	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
			7.06	7.07	8.00	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE	16,760					7.06
7.07	00707	OPERATION OF PLANT WAPELLO	0	4,548				7.07
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,838,483			8.00
9.00	00900	HOUSEKEEPING	0	0	0	177,009		9.00
9.01	00901	HOUSEKEEPING KLEIN	0	0	142,592	0	100	9.01
10.00	01000	DIETARY	0	0	0	1,380	0	10.00
10.01	01001	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	360	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	6,406	1,080	0	14.00
15.00	01500	PHARMACY	0	0	0	12,420	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	540	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	300	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	414,965	45,009	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	62,235	7,200	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	12,088	1,440	0	41.00
43.00	04300	NURSERY	0	0	7,852	360	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	11,791	0	8	44.00
45.00	04500	NURSING FACILITY	0	0	130,801	0	92	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	331,348	43,200	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	120,007	5,760	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,879	5,760	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	34,283	0	0	59.00
60.00	06000	LABORATORY	0	0	582	3,120	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	6,673	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	420	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,883	179	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	7,686	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	77,009	15,840	0	76.02
76.03	03951	SPORTS FITNESS	0	0	22,105	0	0	76.03
76.04	03952	LIFE CENTER	0	0	7,975	2,160	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	3,338	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	196,953	13,320	0	91.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
			7.06	7.07	8.00	9.00	9.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,570	0	0	17,340	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,190	0	12,737	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,760	1,883	1,624,484	177,009	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	07951	DAYCARE	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	2,665	213,999	0	0	194.06
194.07	07957	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	56,932	20,679	1,196,768	3,027,572	227,162	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.396897	4.546834	0.650954	17.104057	2,271.620000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,464	895	153,509	161,258	18,426	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.147017	0.196790	0.083498	0.911016	184.260000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER A&G						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT KLEIN						7.01
7.02	00702	OPERATION OF PLANT EASTMAN						7.02
7.03	00703	OPERATION OF PLANT MERCY						7.03
7.04	00704	OPERATION OF PLANT CANCER						7.04
7.05	00705	OPERATION OF PLANT REHAB						7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	00707	OPERATION OF PLANT WAPELLO						7.07
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING KLEIN						9.01
10.00	01000	DIETARY	419,667					10.00
10.01	01001	DIETARY KLEIN	0	100				10.01
11.00	01100	CAFETERIA	327,293	0	68,089			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,916	1,066,222		13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	0	2,603	35,539	19,776,453	14.00
15.00	01500	PHARMACY	0	0	2,067	0	117,362	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,829	0	9,218	16.00
17.00	01700	SOCIAL SERVICE	0	0	605	12,585	1,712	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,773	0	15,522	322,862	765,005	30.00
31.00	03100	INTENSIVE CARE UNIT	3,226	0	2,254	46,885	353,292	31.00
41.00	04100	SUBPROVIDER - IRF	4,566	0	804	16,733	2,242	41.00
43.00	04300	NURSERY	0	0	425	8,840	22,280	43.00
44.00	04400	SKILLED NURSING FACILITY	0	8	0	33,101	0	44.00
45.00	04500	NURSING FACILITY	0	92	0	256,180	0	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21	0	8,213	170,824	12,028,090	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,001	0	216,495	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	746	0	20,446	55.00
56.00	05600	RADIOISOTOPE	0	0	191	0	4,197	56.00
57.00	05700	CT SCAN	0	0	761	0	89,148	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	508	0	62,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	314	0	1,191	24,779	2,194,605	59.00
60.00	06000	LABORATORY	0	0	4,601	0	2,306,024	60.00
64.00	06400	INTRAVENOUS THERAPY	651	0	681	14,161	47,798	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,785	0	124,553	65.00
66.00	06600	PHYSICAL THERAPY	0	0	828	0	33,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	531	0	2,771	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	211	0	2,141	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	388	8,066	2,481	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	487	0	12,676	76.01
76.02	03950	O/P REHAB SERVICES	0	0	2,458	0	44,053	76.02
76.03	03951	SPORTS FITNESS	0	0	2,028	0	35,113	76.03
76.04	03952	LIFE CENTER	0	0	2,597	0	535,530	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	1,086	0	68,235	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	102	2,121	0	76.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	
			10.00	10.01	11.00	13.00	14.00	
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,018	0	4,458	92,721	513,114	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	1,001	20,825	13,041	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	211	0	23,858	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	708	0	0	0	95,395	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	401,570	100	68,089	1,066,222	19,746,754	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	2,381	194.00
194.01	07951	DAYCARE	0	0	0	0	25,552	194.01
194.02	07952	MARKETING	0	0	0	0	1,363	194.02
194.03	07953	OUTREACH REHAB	0	0	0	0	403	194.03
194.04	07954	SWITCHBOARD	0	0	0	0	0	194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMB	0	0	0	0	0	194.06
194.07	07957	MEALS ON WHEELS	18,097	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,565,519	905,369	2,000,816	6,420,855	2,598,824	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.113225	9,053.690000	29.385305	6.022062	0.131410	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	417,050	43,626	325,251	959,918	451,142	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.993764	436.260000	4.776851	0.900298	0.022812	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
			15.00	16.00	17.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - KLEIN					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT - CANCER					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT - LAUNDRY					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT - MERCY					1.04
1.05	00105	CAP REL COSTS-BLDG & FIXT - EASTMAN					1.05
1.06	00106	CAP REL COSTS-BLDG & FIXT - HHA/HOSP					1.06
1.07	00107	CAP REL COSTS-BLDG & FIXT - REHAB					1.07
1.08	00108	CAP REL COSTS-BLDG & FIXT - WAPELLO					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER A&G					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT KLEIN					7.01
7.02	00702	OPERATION OF PLANT EASTMAN					7.02
7.03	00703	OPERATION OF PLANT MERCY					7.03
7.04	00704	OPERATION OF PLANT CANCER					7.04
7.05	00705	OPERATION OF PLANT REHAB					7.05
7.06	00706	OPERATION OF PLANT HHA/HOSPICE					7.06
7.07	00707	OPERATION OF PLANT WAPELLO					7.07
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING KLEIN					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY KLEIN					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY	13,203,830				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	462,424,007			16.00
17.00	01700	SOCIAL SERVICE	0	0	96,606		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	41,407,744	20,729		30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,522,577	1,953		31.00
41.00	04100	SUBPROVIDER - IRF	0	2,340,570	1,668		41.00
43.00	04300	NURSERY	0	1,581,808	1,269		43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,655,143	4,491		44.00
45.00	04500	NURSING FACILITY	8	9,781,527	49,821		45.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	5,971,715	102,465,791	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,052	17,115,092	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5	13,724,919	0		55.00
56.00	05600	RADIOISOTOPE	3,546	4,341,466	0		56.00
57.00	05700	CT SCAN	116	23,699,976	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	110,523	15,799,615	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	20,785	23,464,123	0		59.00
60.00	06000	LABORATORY	637,759	41,841,367	0		60.00
64.00	06400	INTRAVENOUS THERAPY	1	6,577,345	0		64.00
65.00	06500	RESPIRATORY THERAPY	3	11,102,212	0		65.00
66.00	06600	PHYSICAL THERAPY	467	2,463,376	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	42	1,947,534	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	688,750	0		68.00
69.00	06900	ELECTROCARDIOLOGY	1	8,474,376	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,175,068	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,780,264	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,636,037	0		73.00
76.00	03040	AUDIOLOGY	0	0	0		76.00
76.01	03280	EKG AND EEG	6,045,667	2,946,221	0		76.01
76.02	03950	O/P REHAB SERVICES	134,774	6,975,095	0		76.02
76.03	03951	SPORTS FITNESS	0	620,806	0		76.03
76.04	03952	LIFE CENTER	0	11,140,627	0		76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0		76.05
76.06	03480	ONCOLOGY	0	1,376,094	0		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	794,432	0		76.07

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
			15.00	16.00	17.00		
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	59	29,410,840	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	162,987	1,819,181	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	2,007,475	15,367		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,746,556	1,308		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,203,510	462,424,007	96,606		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07950	SALES TO OUTSIDE ORGANIZATIONS	0	0	0		194.00
194.01	07951	DAYCARE	0	0	0		194.01
194.02	07952	MARKETING	0	0	0		194.02
194.03	07953	OUTREACH REHAB	320	0	0		194.03
194.04	07954	SWITCHBOARD	0	0	0		194.04
194.05	07955	HENRY COUNTY HEALTH CENTER	0	0	0		194.05
194.06	07956	OTHER NONREIMB	0	0	0		194.06
194.07	07957	MEALS ON WHEELS	0	0	0		194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,773,106	3,403,430	1,070,660		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.285758	0.007360	11.082748		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	376,883	203,884	199,266		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.028543	0.000441	2.062667		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,747,500		19,747,500	0	19,747,500	30.00
31.00	03100	INTENSIVE CARE UNIT	4,690,335		4,690,335	0	4,690,335	31.00
41.00	04100	SUBPROVIDER - IRF	1,728,446		1,728,446	0	1,728,446	41.00
43.00	04300	NURSERY	573,290		573,290	0	573,290	43.00
44.00	04400	SKILLED NURSING FACILITY	1,887,700		1,887,700	0	1,887,700	44.00
45.00	04500	NURSING FACILITY	13,883,283		13,883,283	0	13,883,283	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,184,431		22,184,431	0	22,184,431	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,892,215		5,892,215	0	5,892,215	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,518,194		2,518,194	0	2,518,194	55.00
56.00	05600	RADIOISOTOPE	1,048,348		1,048,348	0	1,048,348	56.00
57.00	05700	CT SCAN	1,726,733		1,726,733	0	1,726,733	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,217,657		1,217,657	0	1,217,657	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,541,440		3,541,440	0	3,541,440	59.00
60.00	06000	LABORATORY	8,326,619		8,326,619	0	8,326,619	60.00
64.00	06400	INTRAVENOUS THERAPY	986,372		986,372	0	986,372	64.00
65.00	06500	RESPIRATORY THERAPY	2,117,603	0	2,117,603	0	2,117,603	65.00
66.00	06600	PHYSICAL THERAPY	988,176	0	988,176	0	988,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	738,994	0	738,994	0	738,994	67.00
68.00	06800	SPEECH PATHOLOGY	329,363	0	329,363	0	329,363	68.00
69.00	06900	ELECTROCARDIOLOGY	767,402		767,402	0	767,402	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,146,111		15,146,111	0	15,146,111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,594,250		7,594,250	0	7,594,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,771,790		15,771,790	0	15,771,790	73.00
76.00	03040	AUDIOLOGY	0		0	0	0	76.00
76.01	03280	EKG AND EEG	2,508,883		2,508,883	0	2,508,883	76.01
76.02	03950	O/P REHAB SERVICES	3,747,174		3,747,174	12,648	3,759,822	76.02
76.03	03951	SPORTS FITNESS	2,133,148		2,133,148	0	2,133,148	76.03
76.04	03952	LIFE CENTER	3,154,569		3,154,569	0	3,154,569	76.04
76.05	03580	RECREATIONAL THERAPY	0		0	0	0	76.05
76.06	03480	ONCOLOGY	1,235,908		1,235,908	0	1,235,908	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	291,394		291,394	0	291,394	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,892,547		6,892,547	0	6,892,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,750,311		1,750,311		1,750,311	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,021,172		1,021,172	0	1,021,172	95.00
101.00	10100	HOME HEALTH AGENCY	3,609,799		3,609,799		3,609,799	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,177,473		3,177,473		3,177,473	116.00
200.00		Subtotal (see instructions)	162,928,630	0	162,928,630	12,648	162,941,278	200.00
201.00		Less Observation Beds	1,750,311		1,750,311		1,750,311	201.00
202.00		Total (see instructions)	161,178,319	0	161,178,319	12,648	161,190,967	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,926,539		35,926,539			30.00
31.00	03100	INTENSIVE CARE UNIT	6,522,577		6,522,577			31.00
41.00	04100	SUBPROVIDER - IRF	2,340,570		2,340,570			41.00
43.00	04300	NURSERY	1,581,808		1,581,808			43.00
44.00	04400	SKILLED NURSING FACILITY	2,655,143		2,655,143			44.00
45.00	04500	NURSING FACILITY	9,781,527		9,781,527			45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,490,659	67,975,132	102,465,791	0.216506	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,997,931	14,117,161	17,115,092	0.344270	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	262,892	13,462,027	13,724,919	0.183476	0.000000	55.00
56.00	05600	RADIOISOTOPE	421,241	3,920,225	4,341,466	0.241473	0.000000	56.00
57.00	05700	CT SCAN	5,014,362	18,685,614	23,699,976	0.072858	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,647,462	14,152,153	15,799,615	0.077069	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,297,402	16,166,721	23,464,123	0.150930	0.000000	59.00
60.00	06000	LABORATORY	14,012,837	27,828,530	41,841,367	0.199004	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,134,028	4,443,317	6,577,345	0.149965	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,862,869	4,239,343	11,102,212	0.190737	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,380,495	82,881	2,463,376	0.401147	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,891,798	55,736	1,947,534	0.379451	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	675,505	13,245	688,750	0.478204	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,605,072	5,869,304	8,474,376	0.090556	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,924,685	3,250,383	7,175,068	2.110936	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,466,312	4,313,952	14,780,264	0.513810	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,286,909	33,349,128	42,636,037	0.369917	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03280	EKG AND EEG	227,699	2,718,522	2,946,221	0.851560	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	192	6,974,903	6,975,095	0.537222	0.000000	76.02
76.03	03951	SPORTS FITNESS	1,507	619,299	620,806	3.436094	0.000000	76.03
76.04	03952	LIFE CENTER	306,699	10,833,928	11,140,627	0.283159	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0.000000	0.000000	76.05
76.06	03480	ONCOLOGY	13,057	1,363,037	1,376,094	0.898128	0.000000	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	363,405	431,027	794,432	0.366795	0.000000	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,248,450	23,089,482	29,337,932	0.234936	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,215,637	4,265,568	5,481,205	0.319330	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,819,181	1,819,181	0.561336	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,007,475	2,007,475			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,746,556	2,746,556			116.00
200.00		Subtotal (see instructions)	173,557,269	288,793,830	462,351,099			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	173,557,269	288,793,830	462,351,099			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.216506	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344270	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183476	55.00
56.00	05600	RADIOISOTOPE	0.241473	56.00
57.00	05700	CT SCAN	0.072858	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077069	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150930	59.00
60.00	06000	LABORATORY	0.199004	60.00
64.00	06400	INTRAVENOUS THERAPY	0.149965	64.00
65.00	06500	RESPIRATORY THERAPY	0.190737	65.00
66.00	06600	PHYSICAL THERAPY	0.401147	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379451	67.00
68.00	06800	SPEECH PATHOLOGY	0.478204	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090556	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.110936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.513810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369917	73.00
76.00	03040	AUDIOLOGY	0.000000	76.00
76.01	03280	EKG AND EEG	0.851560	76.01
76.02	03950	O/P REHAB SERVICES	0.539035	76.02
76.03	03951	SPORTS FITNESS	3.436094	76.03
76.04	03952	LIFE CENTER	0.283159	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000	76.05
76.06	03480	ONCOLOGY	0.898128	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.366795	76.07
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.234936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.319330	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.561336	95.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,747,500		19,747,500	0	19,747,500	30.00
31.00	03100	INTENSIVE CARE UNIT	4,690,335		4,690,335	0	4,690,335	31.00
41.00	04100	SUBPROVIDER - IRF	1,728,446		1,728,446	0	1,728,446	41.00
43.00	04300	NURSERY	573,290		573,290	0	573,290	43.00
44.00	04400	SKILLED NURSING FACILITY	1,887,700		1,887,700	0	1,887,700	44.00
45.00	04500	NURSING FACILITY	13,883,283		13,883,283	0	13,883,283	45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,184,431		22,184,431	0	22,184,431	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,892,215		5,892,215	0	5,892,215	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,518,194		2,518,194	0	2,518,194	55.00
56.00	05600	RADIOISOTOPE	1,048,348		1,048,348	0	1,048,348	56.00
57.00	05700	CT SCAN	1,726,733		1,726,733	0	1,726,733	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,217,657		1,217,657	0	1,217,657	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,541,440		3,541,440	0	3,541,440	59.00
60.00	06000	LABORATORY	8,326,619		8,326,619	0	8,326,619	60.00
64.00	06400	INTRAVENOUS THERAPY	986,372		986,372	0	986,372	64.00
65.00	06500	RESPIRATORY THERAPY	2,117,603	0	2,117,603	0	2,117,603	65.00
66.00	06600	PHYSICAL THERAPY	988,176	0	988,176	0	988,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	738,994	0	738,994	0	738,994	67.00
68.00	06800	SPEECH PATHOLOGY	329,363	0	329,363	0	329,363	68.00
69.00	06900	ELECTROCARDIOLOGY	767,402		767,402	0	767,402	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,146,111		15,146,111	0	15,146,111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,594,250		7,594,250	0	7,594,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,771,790		15,771,790	0	15,771,790	73.00
76.00	03040	AUDIOLOGY	0		0	0	0	76.00
76.01	03280	EKG AND EEG	2,508,883		2,508,883	0	2,508,883	76.01
76.02	03950	O/P REHAB SERVICES	3,747,174		3,747,174	12,648	3,759,822	76.02
76.03	03951	SPORTS FITNESS	2,133,148		2,133,148	0	2,133,148	76.03
76.04	03952	LIFE CENTER	3,154,569		3,154,569	0	3,154,569	76.04
76.05	03580	RECREATIONAL THERAPY	0		0	0	0	76.05
76.06	03480	ONCOLOGY	1,235,908		1,235,908	0	1,235,908	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	291,394		291,394	0	291,394	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,892,547		6,892,547	0	6,892,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,750,311		1,750,311		1,750,311	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,021,172		1,021,172	0	1,021,172	95.00
101.00	10100	HOME HEALTH AGENCY	3,609,799		3,609,799		3,609,799	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,177,473		3,177,473		3,177,473	116.00
200.00		Subtotal (see instructions)	162,928,630	0	162,928,630	12,648	162,941,278	200.00
201.00		Less Observation Beds	1,750,311		1,750,311		1,750,311	201.00
202.00		Total (see instructions)	161,178,319	0	161,178,319	12,648	161,190,967	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/29/2017 1:45 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,926,539		35,926,539			30.00
31.00	03100	INTENSIVE CARE UNIT	6,522,577		6,522,577			31.00
41.00	04100	SUBPROVIDER - IRF	2,340,570		2,340,570			41.00
43.00	04300	NURSERY	1,581,808		1,581,808			43.00
44.00	04400	SKILLED NURSING FACILITY	2,655,143		2,655,143			44.00
45.00	04500	NURSING FACILITY	9,781,527		9,781,527			45.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,490,659	67,975,132	102,465,791	0.216506	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,997,931	14,117,161	17,115,092	0.344270	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	262,892	13,462,027	13,724,919	0.183476	0.000000	55.00
56.00	05600	RADIOISOTOPE	421,241	3,920,225	4,341,466	0.241473	0.000000	56.00
57.00	05700	CT SCAN	5,014,362	18,685,614	23,699,976	0.072858	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,647,462	14,152,153	15,799,615	0.077069	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,297,402	16,166,721	23,464,123	0.150930	0.000000	59.00
60.00	06000	LABORATORY	14,012,837	27,828,530	41,841,367	0.199004	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,134,028	4,443,317	6,577,345	0.149965	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,862,869	4,239,343	11,102,212	0.190737	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,380,495	82,881	2,463,376	0.401147	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,891,798	55,736	1,947,534	0.379451	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	675,505	13,245	688,750	0.478204	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,605,072	5,869,304	8,474,376	0.090556	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,924,685	3,250,383	7,175,068	2.110936	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,466,312	4,313,952	14,780,264	0.513810	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,286,909	33,349,128	42,636,037	0.369917	0.000000	73.00
76.00	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03280	EKG AND EEG	227,699	2,718,522	2,946,221	0.851560	0.000000	76.01
76.02	03950	O/P REHAB SERVICES	192	6,974,903	6,975,095	0.537222	0.000000	76.02
76.03	03951	SPORTS FITNESS	1,507	619,299	620,806	3.436094	0.000000	76.03
76.04	03952	LIFE CENTER	306,699	10,833,928	11,140,627	0.283159	0.000000	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0.000000	0.000000	76.05
76.06	03480	ONCOLOGY	13,057	1,363,037	1,376,094	0.898128	0.000000	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	363,405	431,027	794,432	0.366795	0.000000	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,248,450	23,089,482	29,337,932	0.234936	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,215,637	4,265,568	5,481,205	0.319330	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,819,181	1,819,181	0.561336	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,007,475	2,007,475			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,746,556	2,746,556			116.00
200.00		Subtotal (see instructions)	173,557,269	288,793,830	462,351,099			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	173,557,269	288,793,830	462,351,099			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/29/2017 1:45 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.216506	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344270	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183476	55.00
56.00	05600	RADIOISOTOPE	0.241473	56.00
57.00	05700	CT SCAN	0.072858	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077069	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150930	59.00
60.00	06000	LABORATORY	0.199004	60.00
64.00	06400	INTRAVENOUS THERAPY	0.149965	64.00
65.00	06500	RESPIRATORY THERAPY	0.190737	65.00
66.00	06600	PHYSICAL THERAPY	0.401147	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379451	67.00
68.00	06800	SPEECH PATHOLOGY	0.478204	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090556	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.110936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.513810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369917	73.00
76.00	03040	AUDIOLOGY	0.000000	76.00
76.01	03280	EKG AND EEG	0.851560	76.01
76.02	03950	O/P REHAB SERVICES	0.539035	76.02
76.03	03951	SPORTS FITNESS	3.436094	76.03
76.04	03952	LIFE CENTER	0.283159	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000	76.05
76.06	03480	ONCOLOGY	0.898128	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.366795	76.07
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.234936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.319330	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.561336	95.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet C Part II Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,184,431	4,078,071	18,106,360	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,892,215	1,464,616	4,427,599	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,518,194	643,034	1,875,160	0	0	55.00
56.00	05600	RADIOISOTOPE	1,048,348	171,436	876,912	0	0	56.00
57.00	05700	CT SCAN	1,726,733	352,579	1,374,154	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,217,657	255,110	962,547	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,541,440	694,987	2,846,453	0	0	59.00
60.00	06000	LABORATORY	8,326,619	841,542	7,485,077	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	986,372	93,628	892,744	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,117,603	210,290	1,907,313	0	0	65.00
66.00	06600	PHYSICAL THERAPY	988,176	67,290	920,886	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	738,994	37,707	701,287	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	329,363	16,123	313,240	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	767,402	68,655	698,747	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,146,111	661,317	14,484,794	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,594,250	340,539	7,253,711	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,771,790	716,795	15,054,995	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	2,508,883	318,253	2,190,630	0	0	76.01
76.02	03950	O/P REHAB SERVICES	3,747,174	466,040	3,281,134	0	0	76.02
76.03	03951	SPORTS FITNESS	2,133,148	506,111	1,627,037	0	0	76.03
76.04	03952	LIFE CENTER	3,154,569	440,379	2,714,190	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	1,235,908	234,783	1,001,125	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	291,394	80,696	210,698	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,892,547	818,923	6,073,624	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,750,311	183,987	1,566,324	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,021,172	108,779	912,393	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,609,799	348,831	3,260,968	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,177,473	421,367	2,756,106	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	120,418,076	14,641,868	105,776,208	0	0	200.00
201.00		Less Observation Beds	1,750,311	183,987	1,566,324	0	0	201.00
202.00		Total (line 200 minus line 201)	118,667,765	14,457,881	104,209,884	0	0	202.00

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

Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part II Date/Time Prepared: 11/29/2017 1:45 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	22,184,431	102,465,791	0.216506		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,892,215	17,115,092	0.344270		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,518,194	13,724,919	0.183476		55.00
56.00	05600	RADIOISOTOPE	1,048,348	4,341,466	0.241473		56.00
57.00	05700	CT SCAN	1,726,733	23,699,976	0.072858		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,217,657	15,799,615	0.077069		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,541,440	23,464,123	0.150930		59.00
60.00	06000	LABORATORY	8,326,619	41,841,367	0.199004		60.00
64.00	06400	INTRAVENOUS THERAPY	986,372	6,577,345	0.149965		64.00
65.00	06500	RESPIRATORY THERAPY	2,117,603	11,102,212	0.190737		65.00
66.00	06600	PHYSICAL THERAPY	988,176	2,463,376	0.401147		66.00
67.00	06700	OCCUPATIONAL THERAPY	738,994	1,947,534	0.379451		67.00
68.00	06800	SPEECH PATHOLOGY	329,363	688,750	0.478204		68.00
69.00	06900	ELECTROCARDIOLOGY	767,402	8,474,376	0.090556		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,146,111	7,175,068	2.110936		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,594,250	14,780,264	0.513810		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,771,790	42,636,037	0.369917		73.00
76.00	03040	AUDIOLOGY	0	0	0.000000		76.00
76.01	03280	EKG AND EEG	2,508,883	2,946,221	0.851560		76.01
76.02	03950	O/P REHAB SERVICES	3,747,174	6,975,095	0.537222		76.02
76.03	03951	SPORTS FITNESS	2,133,148	620,806	3.436094		76.03
76.04	03952	LIFE CENTER	3,154,569	11,140,627	0.283159		76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000		76.05
76.06	03480	ONCOLOGY	1,235,908	1,376,094	0.898128		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	291,394	794,432	0.366795		76.07
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	6,892,547	29,337,932	0.234936		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,750,311	5,481,205	0.319330		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	1,021,172	1,819,181	0.561336		95.00
101.00	10100	HOME HEALTH AGENCY	3,609,799	2,007,475	1.798179		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,177,473	2,746,556	1.156894		116.00
200.00		Subtotal (sum of lines 50 thru 199)	120,418,076	403,542,935			200.00
201.00		Less Observation Beds	1,750,311	0			201.00
202.00		Total (line 200 minus line 201)	118,667,765	403,542,935			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part I Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,075,799	0	2,075,799	22,745	91.26	30.00
31.00	INTENSIVE CARE UNIT	509,656		509,656	1,953	260.96	31.00
41.00	SUBPROVIDER - IRF	381,959	0	381,959	1,668	228.99	41.00
43.00	NURSERY	47,424		47,424	1,269	37.37	43.00
44.00	SKILLED NURSING FACILITY	242,381		242,381	4,491	53.97	44.00
45.00	NURSING FACILITY	2,274,430		2,274,430	49,821	45.65	45.00
200.00	Total (lines 30-199)	5,531,649		5,531,649	81,947		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	11,432	1,043,284		30.00
31.00	INTENSIVE CARE UNIT	1,161	302,975		31.00
41.00	SUBPROVIDER - IRF	852	195,099		41.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	3,778	203,899		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	17,223	1,745,257		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part II Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,078,071	102,465,791	0.039799	17,469,795	695,280	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,464,616	17,115,092	0.085575	1,604,336	137,291	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	643,034	13,724,919	0.046852	142,206	6,663	55.00
56.00	05600	RADIOISOTOPE	171,436	4,341,466	0.039488	267,334	10,556	56.00
57.00	05700	CT SCAN	352,579	23,699,976	0.014877	2,917,267	43,400	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	255,110	15,799,615	0.016147	948,552	15,316	58.00
59.00	05900	CARDIAC CATHETERIZATION	694,987	23,464,123	0.029619	5,598,130	165,811	59.00
60.00	06000	LABORATORY	841,542	41,841,367	0.020113	7,963,276	160,165	60.00
64.00	06400	INTRAVENOUS THERAPY	93,628	6,577,345	0.014235	893,125	12,714	64.00
65.00	06500	RESPIRATORY THERAPY	210,290	11,102,212	0.018941	4,264,045	80,765	65.00
66.00	06600	PHYSICAL THERAPY	67,290	2,463,376	0.027316	929,657	25,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,707	1,947,534	0.019361	681,832	13,201	67.00
68.00	06800	SPEECH PATHOLOGY	16,123	688,750	0.023409	169,509	3,968	68.00
69.00	06900	ELECTROCARDIOLOGY	68,655	8,474,376	0.008101	1,332,319	10,793	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	661,317	7,175,068	0.092169	2,024,067	186,556	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	340,539	14,780,264	0.023040	4,566,891	105,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	716,795	42,636,037	0.016812	4,810,427	80,873	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	318,253	2,946,221	0.108021	136,720	14,769	76.01
76.02	03950	O/P REHAB SERVICES	466,040	6,975,095	0.066815	0	0	76.02
76.03	03951	SPORTS FITNESS	506,111	620,806	0.815248	1,411	1,150	76.03
76.04	03952	LIFE CENTER	440,379	11,140,627	0.039529	130,757	5,169	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0	0	76.05
76.06	03480	ONCOLOGY	234,783	1,376,094	0.170616	8,261	1,409	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	80,696	794,432	0.101577	320,351	32,540	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	818,923	29,337,932	0.027913	3,425,811	95,625	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	183,987	5,481,205	0.033567	721,117	24,206	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,762,891	396,969,723		61,327,196	1,928,836	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part III Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII Hospital PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			0	44.00
45.00	04500	NURSING FACILITY	0	0			0	45.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,745	0.00	11,432	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,953	0.00	1,161	0		31.00
41.00	04100	SUBPROVIDER - IRF	1,668	0.00	852	0		41.00
43.00	04300	NURSERY	1,269	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	4,491	0.00	3,778	0		44.00
45.00	04500	NURSING FACILITY	49,821	0.00	0	0		45.00
200.00		Total (lines 30-199)	81,947		17,223	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII Hospital PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	102,465,791	0.000000	0.000000	17,469,795	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,115,092	0.000000	0.000000	1,604,336	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,724,919	0.000000	0.000000	142,206	55.00
56.00	05600	RADIOISOTOPE	0	4,341,466	0.000000	0.000000	267,334	56.00
57.00	05700	CT SCAN	0	23,699,976	0.000000	0.000000	2,917,267	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,799,615	0.000000	0.000000	948,552	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,464,123	0.000000	0.000000	5,598,130	59.00
60.00	06000	LABORATORY	0	41,841,367	0.000000	0.000000	7,963,276	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,577,345	0.000000	0.000000	893,125	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,102,212	0.000000	0.000000	4,264,045	65.00
66.00	06600	PHYSICAL THERAPY	0	2,463,376	0.000000	0.000000	929,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,947,534	0.000000	0.000000	681,832	67.00
68.00	06800	SPEECH PATHOLOGY	0	688,750	0.000000	0.000000	169,509	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,474,376	0.000000	0.000000	1,332,319	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,175,068	0.000000	0.000000	2,024,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,780,264	0.000000	0.000000	4,566,891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,636,037	0.000000	0.000000	4,810,427	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280	EKG AND EEG	0	2,946,221	0.000000	0.000000	136,720	76.01
76.02	03950	O/P REHAB SERVICES	0	6,975,095	0.000000	0.000000	0	76.02
76.03	03951	SPORTS FITNESS	0	620,806	0.000000	0.000000	1,411	76.03
76.04	03952	LIFE CENTER	0	11,140,627	0.000000	0.000000	130,757	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0.000000	0	76.05
76.06	03480	ONCOLOGY	0	1,376,094	0.000000	0.000000	8,261	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	794,432	0.000000	0.000000	320,351	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	29,337,932	0.000000	0.000000	3,425,811	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,481,205	0.000000	0.000000	721,117	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	396,969,723			61,327,196	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII Hospital PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	20,771,391	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,528,297	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,976,263	0		55.00
56.00	05600	RADIOISOTOPE	0	1,945,625	0		56.00
57.00	05700	CT SCAN	0	7,430,903	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,390,029	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,209,661	0		59.00
60.00	06000	LABORATORY	0	6,162,107	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,484,639	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,978,391	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,883,479	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,976,800	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,478,109	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,635,711	0		73.00
76.00	03040	AUDIOLOGY	0	0	0		76.00
76.01	03280	EKG AND EEG	0	951,823	0		76.01
76.02	03950	O/P REHAB SERVICES	0	148,780	0		76.02
76.03	03951	SPORTS FITNESS	0	12,053	0		76.03
76.04	03952	LIFE CENTER	0	5,535,228	0		76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0		76.05
76.06	03480	ONCOLOGY	0	564,649	0		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	48,340	0		76.07
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	5,719,087	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,165,286	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	101,996,651	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part V Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII Hospital PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.216506	20,771,391	0	0	4,497,131	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344270	4,528,297	0	0	1,558,957	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183476	6,976,263	0	0	1,279,977	55.00
56.00	05600	RADIOISOTOPE	0.241473	1,945,625	0	0	469,816	56.00
57.00	05700	CT SCAN	0.072858	7,430,903	0	0	541,401	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077069	4,390,029	0	0	338,335	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150930	7,209,661	0	0	1,088,154	59.00
60.00	06000	LABORATORY	0.199004	6,162,107	6,880	0	1,226,284	60.00
64.00	06400	INTRAVENOUS THERAPY	0.149965	1,484,639	0	0	222,644	64.00
65.00	06500	RESPIRATORY THERAPY	0.190737	1,978,391	0	0	377,352	65.00
66.00	06600	PHYSICAL THERAPY	0.401147	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379451	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.478204	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090556	3,883,479	0	0	351,672	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.110936	1,976,800	0	0	4,172,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.513810	2,478,109	0	0	1,273,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369917	15,635,711	0	55,051	5,783,915	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0.851560	951,823	0	0	810,534	76.01
76.02	03950	O/P REHAB SERVICES	0.537222	148,780	0	0	79,928	76.02
76.03	03951	SPORTS FITNESS	3.436094	12,053	0	0	41,415	76.03
76.04	03952	LIFE CENTER	0.283159	5,535,228	0	0	1,567,350	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0.898128	564,649	0	0	507,127	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.366795	48,340	0	0	17,731	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.234936	5,719,087	0	227	1,343,619	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.319330	2,165,286	0	0	691,441	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.561336		0			95.00
200.00		Subtotal (see instructions)		101,996,651	6,880	55,278	28,240,958	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		101,996,651	6,880	55,278	28,240,958	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1,369	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,364		73.00
76.00	03040	AUDIOLOGY	0	0		76.00
76.01	03280	EKG AND EEG	0	0		76.01
76.02	03950	O/P REHAB SERVICES	0	0		76.02
76.03	03951	SPORTS FITNESS	0	0		76.03
76.04	03952	LIFE CENTER	0	0		76.04
76.05	03580	RECREATIONAL THERAPY	0	0		76.05
76.06	03480	ONCOLOGY	0	0		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.07
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	53		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	1,369	20,417		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	1,369	20,417		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057
Component CCN: 16-T057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part II
Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,078,071	102,465,791	0.039799	8,120	323	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,464,616	17,115,092	0.085575	13,746	1,176	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	643,034	13,724,919	0.046852	0	0	55.00
56.00	05600	RADIOISOTOPE	171,436	4,341,466	0.039488	1,400	55	56.00
57.00	05700	CT SCAN	352,579	23,699,976	0.014877	31,868	474	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	255,110	15,799,615	0.016147	23,142	374	58.00
59.00	05900	CARDIAC CATHETERIZATION	694,987	23,464,123	0.029619	16,742	496	59.00
60.00	06000	LABORATORY	841,542	41,841,367	0.020113	98,609	1,983	60.00
64.00	06400	INTRAVENOUS THERAPY	93,628	6,577,345	0.014235	134	2	64.00
65.00	06500	RESPIRATORY THERAPY	210,290	11,102,212	0.018941	39,359	745	65.00
66.00	06600	PHYSICAL THERAPY	67,290	2,463,376	0.027316	274,961	7,511	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,707	1,947,534	0.019361	252,181	4,882	67.00
68.00	06800	SPEECH PATHOLOGY	16,123	688,750	0.023409	195,356	4,573	68.00
69.00	06900	ELECTROCARDIOLOGY	68,655	8,474,376	0.008101	3,546	29	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	661,317	7,175,068	0.092169	7,864	725	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	340,539	14,780,264	0.023040	650	15	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	716,795	42,636,037	0.016812	61,259	1,030	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	318,253	2,946,221	0.108021	3,894	421	76.01
76.02	03950	O/P REHAB SERVICES	466,040	6,975,095	0.066815	0	0	76.02
76.03	03951	SPORTS FITNESS	506,111	620,806	0.815248	96	78	76.03
76.04	03952	LIFE CENTER	440,379	11,140,627	0.039529	316	12	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0	0	76.05
76.06	03480	ONCOLOGY	234,783	1,376,094	0.170616	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	80,696	794,432	0.101577	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	818,923	29,337,932	0.027913	2,461	69	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,481,205	0.000000	584	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,578,904	396,969,723		1,036,288	24,973	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	102,465,791	0.000000	0.000000	8,120	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,115,092	0.000000	0.000000	13,746	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,724,919	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,341,466	0.000000	0.000000	1,400	56.00
57.00	05700	CT SCAN	0	23,699,976	0.000000	0.000000	31,868	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,799,615	0.000000	0.000000	23,142	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,464,123	0.000000	0.000000	16,742	59.00
60.00	06000	LABORATORY	0	41,841,367	0.000000	0.000000	98,609	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,577,345	0.000000	0.000000	134	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,102,212	0.000000	0.000000	39,359	65.00
66.00	06600	PHYSICAL THERAPY	0	2,463,376	0.000000	0.000000	274,961	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,947,534	0.000000	0.000000	252,181	67.00
68.00	06800	SPEECH PATHOLOGY	0	688,750	0.000000	0.000000	195,356	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,474,376	0.000000	0.000000	3,546	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,175,068	0.000000	0.000000	7,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,780,264	0.000000	0.000000	650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,636,037	0.000000	0.000000	61,259	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280	EKG AND EEG	0	2,946,221	0.000000	0.000000	3,894	76.01
76.02	03950	O/P REHAB SERVICES	0	6,975,095	0.000000	0.000000	0	76.02
76.03	03951	SPORTS FITNESS	0	620,806	0.000000	0.000000	96	76.03
76.04	03952	LIFE CENTER	0	11,140,627	0.000000	0.000000	316	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0.000000	0	76.05
76.06	03480	ONCOLOGY	0	1,376,094	0.000000	0.000000	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	794,432	0.000000	0.000000	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	29,337,932	0.000000	0.000000	2,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,481,205	0.000000	0.000000	584	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	396,969,723			1,036,288	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03040	AUDIOLOGY	0	0	0		76.00
76.01	03280	EKG AND EEG	0	0	0		76.01
76.02	03950	O/P REHAB SERVICES	0	0	0		76.02
76.03	03951	SPORTS FITNESS	0	0	0		76.03
76.04	03952	LIFE CENTER	0	0	0		76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0		76.05
76.06	03480	ONCOLOGY	0	0	0		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.07
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057
Component CCN: 16-5110

Period:
From 07/01/2016
To 06/30/2017

Worksheet D
Part IV
Date/Time Prepared:
11/29/2017 1:45 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Skilled Nursing Facility	PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	102,465,791	0.000000	0.000000	15,530	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,115,092	0.000000	0.000000	13,227	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,724,919	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,341,466	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	23,699,976	0.000000	0.000000	162	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,799,615	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,464,123	0.000000	0.000000	24,261	59.00
60.00	06000	LABORATORY	0	41,841,367	0.000000	0.000000	96,917	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,577,345	0.000000	0.000000	976	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,102,212	0.000000	0.000000	223	65.00
66.00	06600	PHYSICAL THERAPY	0	2,463,376	0.000000	0.000000	416,608	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,947,534	0.000000	0.000000	348,370	67.00
68.00	06800	SPEECH PATHOLOGY	0	688,750	0.000000	0.000000	55,300	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,474,376	0.000000	0.000000	1,990	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,175,068	0.000000	0.000000	1,890	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,780,264	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,636,037	0.000000	0.000000	180,014	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280	EKG AND EEG	0	2,946,221	0.000000	0.000000	649	76.01
76.02	03950	O/P REHAB SERVICES	0	6,975,095	0.000000	0.000000	0	76.02
76.03	03951	SPORTS FITNESS	0	620,806	0.000000	0.000000	0	76.03
76.04	03952	LIFE CENTER	0	11,140,627	0.000000	0.000000	2,209	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0.000000	0	76.05
76.06	03480	ONCOLOGY	0	1,376,094	0.000000	0.000000	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	794,432	0.000000	0.000000	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	29,337,932	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,481,205	0.000000	0.000000	474	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	396,969,723			1,158,800	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Skilled Nursing Facility	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03040	AUDIOLOGY	0	0	0		76.00
76.01	03280	EKG AND EEG	0	0	0		76.01
76.02	03950	O/P REHAB SERVICES	0	0	0		76.02
76.03	03951	SPORTS FITNESS	0	0	0		76.03
76.04	03952	LIFE CENTER	0	0	0		76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0		76.05
76.06	03480	ONCOLOGY	0	0	0		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.07
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part I Date/Time Prepared: 11/29/2017 1:45 pm

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,075,799	0	2,075,799	22,745	91.26	30.00
31.00	INTENSIVE CARE UNIT	509,656		509,656	1,953	260.96	31.00
41.00	SUBPROVIDER - IRF	381,959	0	381,959	1,668	228.99	41.00
43.00	NURSERY	47,424		47,424	1,269	37.37	43.00
44.00	SKILLED NURSING FACILITY	242,381		242,381	4,491	53.97	44.00
45.00	NURSING FACILITY	2,274,430		2,274,430	49,821	45.65	45.00
200.00	Total (lines 30-199)	5,531,649		5,531,649	81,947		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	410	37,417		30.00
31.00	INTENSIVE CARE UNIT	22	5,741		31.00
41.00	SUBPROVIDER - IRF	78	17,861		41.00
43.00	NURSERY	337	12,594		43.00
44.00	SKILLED NURSING FACILITY	21	1,133		44.00
45.00	NURSING FACILITY	24,779	1,131,161		45.00
200.00	Total (lines 30-199)	25,647	1,205,907		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part II Date/Time Prepared: 11/29/2017 1:45 pm

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,078,071	102,465,791	0.039799	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,464,616	17,115,092	0.085575	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	643,034	13,724,919	0.046852	0	0	55.00
56.00	05600	RADIOISOTOPE	171,436	4,341,466	0.039488	0	0	56.00
57.00	05700	CT SCAN	352,579	23,699,976	0.014877	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	255,110	15,799,615	0.016147	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	694,987	23,464,123	0.029619	0	0	59.00
60.00	06000	LABORATORY	841,542	41,841,367	0.020113	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	93,628	6,577,345	0.014235	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	210,290	11,102,212	0.018941	0	0	65.00
66.00	06600	PHYSICAL THERAPY	67,290	2,463,376	0.027316	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,707	1,947,534	0.019361	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,123	688,750	0.023409	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	68,655	8,474,376	0.008101	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	661,317	7,175,068	0.092169	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	340,539	14,780,264	0.023040	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	716,795	42,636,037	0.016812	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	318,253	2,946,221	0.108021	0	0	76.01
76.02	03950	O/P REHAB SERVICES	466,040	6,975,095	0.066815	0	0	76.02
76.03	03951	SPORTS FITNESS	506,111	620,806	0.815248	0	0	76.03
76.04	03952	LIFE CENTER	440,379	11,140,627	0.039529	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0	0	76.05
76.06	03480	ONCOLOGY	234,783	1,376,094	0.170616	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	80,696	794,432	0.101577	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	818,923	29,337,932	0.027913	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	183,987	5,481,205	0.033567	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,762,891	396,969,723		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part III Date/Time Prepared: 11/29/2017 1:45 pm

Title XIX Hospital PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			0	44.00
45.00	04500	NURSING FACILITY	0	0			0	45.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,745	0.00	410	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,953	0.00	22	0		31.00
41.00	04100	SUBPROVIDER - IRF	1,668	0.00	78	0		41.00
43.00	04300	NURSERY	1,269	0.00	337	0		43.00
44.00	04400	SKILLED NURSING FACILITY	4,491	0.00	21	0		44.00
45.00	04500	NURSING FACILITY	49,821	0.00	24,779	0		45.00
200.00		Total (lines 30-199)	81,947		25,647	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm

Title XIX Hospital PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	102,465,791	0.000000	0.000000	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,115,092	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,724,919	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,341,466	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	23,699,976	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,799,615	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,464,123	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	41,841,367	0.000000	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,577,345	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,102,212	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,463,376	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,947,534	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	688,750	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,474,376	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,175,068	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,780,264	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,636,037	0.000000	0.000000	0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280	EKG AND EEG	0	2,946,221	0.000000	0.000000	0	76.01
76.02	03950	O/P REHAB SERVICES	0	6,975,095	0.000000	0.000000	0	76.02
76.03	03951	SPORTS FITNESS	0	620,806	0.000000	0.000000	0	76.03
76.04	03952	LIFE CENTER	0	11,140,627	0.000000	0.000000	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0.000000	0	76.05
76.06	03480	ONCOLOGY	0	1,376,094	0.000000	0.000000	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	794,432	0.000000	0.000000	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	29,337,932	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,481,205	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	396,969,723			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03040	AUDIOLOGY	0	0	0		76.00
76.01	03280	EKG AND EEG	0	0	0		76.01
76.02	03950	O/P REHAB SERVICES	0	0	0		76.02
76.03	03951	SPORTS FITNESS	0	0	0		76.03
76.04	03952	LIFE CENTER	0	0	0		76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0		76.05
76.06	03480	ONCOLOGY	0	0	0		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.07
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0057
Component CCN: 16-T057

Period: From 07/01/2016 To 06/30/2017

Worksheet D Part II
Date/Time Prepared: 11/29/2017 1:45 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,078,071	102,465,791	0.039799	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,464,616	17,115,092	0.085575	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	643,034	13,724,919	0.046852	0	0	55.00
56.00	05600	RADIOISOTOPE	171,436	4,341,466	0.039488	0	0	56.00
57.00	05700	CT SCAN	352,579	23,699,976	0.014877	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	255,110	15,799,615	0.016147	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	694,987	23,464,123	0.029619	0	0	59.00
60.00	06000	LABORATORY	841,542	41,841,367	0.020113	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	93,628	6,577,345	0.014235	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	210,290	11,102,212	0.018941	0	0	65.00
66.00	06600	PHYSICAL THERAPY	67,290	2,463,376	0.027316	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,707	1,947,534	0.019361	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,123	688,750	0.023409	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	68,655	8,474,376	0.008101	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	661,317	7,175,068	0.092169	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	340,539	14,780,264	0.023040	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	716,795	42,636,037	0.016812	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	318,253	2,946,221	0.108021	0	0	76.01
76.02	03950	O/P REHAB SERVICES	466,040	6,975,095	0.066815	0	0	76.02
76.03	03951	SPORTS FITNESS	506,111	620,806	0.815248	0	0	76.03
76.04	03952	LIFE CENTER	440,379	11,140,627	0.039529	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0	0	76.05
76.06	03480	ONCOLOGY	234,783	1,376,094	0.170616	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	80,696	794,432	0.101577	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	818,923	29,337,932	0.027913	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,481,205	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,578,904	396,969,723		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Subprovider - IRF	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Subprovider - IRF	PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	102,465,791	0.000000	0.000000	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,115,092	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,724,919	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,341,466	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	23,699,976	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,799,615	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,464,123	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	41,841,367	0.000000	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,577,345	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,102,212	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,463,376	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,947,534	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	688,750	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,474,376	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,175,068	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,780,264	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,636,037	0.000000	0.000000	0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280	EKG AND EEG	0	2,946,221	0.000000	0.000000	0	76.01
76.02	03950	O/P REHAB SERVICES	0	6,975,095	0.000000	0.000000	0	76.02
76.03	03951	SPORTS FITNESS	0	620,806	0.000000	0.000000	0	76.03
76.04	03952	LIFE CENTER	0	11,140,627	0.000000	0.000000	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0.000000	0	76.05
76.06	03480	ONCOLOGY	0	1,376,094	0.000000	0.000000	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	794,432	0.000000	0.000000	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	29,337,932	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,481,205	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	396,969,723			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Subprovider - IRF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03040	AUDIOLOGY	0	0	0		76.00
76.01	03280	EKG AND EEG	0	0	0		76.01
76.02	03950	O/P REHAB SERVICES	0	0	0		76.02
76.03	03951	SPORTS FITNESS	0	0	0		76.03
76.04	03952	LIFE CENTER	0	0	0		76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0		76.05
76.06	03480	ONCOLOGY	0	0	0		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.07
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Skilled Nursing Facility	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03040	AUDIOLOGY	0	0	0	0	0	76.00
76.01	03280	EKG AND EEG	0	0	0	0	0	76.01
76.02	03950	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	03951	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	03952	LIFE CENTER	0	0	0	0	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	03480	ONCOLOGY	0	0	0	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Skilled Nursing Facility	PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	102,465,791	0.000000	0.000000	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,115,092	0.000000	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,724,919	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,341,466	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	23,699,976	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,799,615	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,464,123	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	41,841,367	0.000000	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,577,345	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,102,212	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,463,376	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,947,534	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	688,750	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,474,376	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,175,068	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,780,264	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,636,037	0.000000	0.000000	0	73.00
76.00	03040	AUDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01	03280	EKG AND EEG	0	2,946,221	0.000000	0.000000	0	76.01
76.02	03950	O/P REHAB SERVICES	0	6,975,095	0.000000	0.000000	0	76.02
76.03	03951	SPORTS FITNESS	0	620,806	0.000000	0.000000	0	76.03
76.04	03952	LIFE CENTER	0	11,140,627	0.000000	0.000000	0	76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0.000000	0.000000	0	76.05
76.06	03480	ONCOLOGY	0	1,376,094	0.000000	0.000000	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	794,432	0.000000	0.000000	0	76.07
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	29,337,932	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,481,205	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	396,969,723			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Skilled Nursing Facility	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03040	AUDIOLOGY	0	0	0		76.00
76.01	03280	EKG AND EEG	0	0	0		76.01
76.02	03950	O/P REHAB SERVICES	0	0	0		76.02
76.03	03951	SPORTS FITNESS	0	0	0		76.03
76.04	03952	LIFE CENTER	0	0	0		76.04
76.05	03580	RECREATIONAL THERAPY	0	0	0		76.05
76.06	03480	ONCOLOGY	0	0	0		76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.07
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	22,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,745	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	20,729	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	11,432	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	19,747,500	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)	19,747,500	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	19,747,500	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	868.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	9,925,377	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)	9,925,377	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/29/2017 1:45 pm

	Cost Center Description	Title XVIII Total Inpatient Cost	Title XVIII Total Inpatient Days	Title XVIII Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS 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	4,690,335	1,953	2,401.61	1,161	2,788,269	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)	18,638,182	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	31,351,828	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,346,259	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,928,836	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,275,095	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	28,076,733	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,016	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	868.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,750,311	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,075,799	19,747,500	0.105117	1,750,311	183,987	90.00
91.00	Nursing School cost	0	19,747,500	0.000000	1,750,311	0	91.00
92.00	Allied health cost	0	19,747,500	0.000000	1,750,311	0	92.00
93.00	All other Medical Education	0	19,747,500	0.000000	1,750,311	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,668	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,668	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	1,668	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)	852	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	1,728,446	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,728,446	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,728,446	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,036.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	882,876	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)	882,876	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Subprovider - IRF	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	384,437	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,267,313	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)	195,099	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	24,973	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	220,072	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,047,241	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	381,959	1,728,446	0.220984	0	0	90.00
91.00	Nursing School cost	0	1,728,446	0.000000	0	0	91.00
92.00	Allied health cost	0	1,728,446	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,728,446	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,491	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,491	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)	4,491	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)	3,778	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	1,887,700	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,887,700	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,887,700	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Skilled Nursing Facility	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	1,887,700	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	420.33	71.00
72.00	Program routine service cost (line 9 x line 71)	1,588,007	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	1,588,007	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	1,588,007	83.00
84.00	Program inpatient ancillary services (see instructions)	428,910	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	2,016,917	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Skilled Nursing Facility	PPS

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	22,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,745	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	20,729	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)	410	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,269	15.00
16.00	Nursery days (title V or XIX only)	337	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	19,747,500	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)	19,747,500	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	19,747,500	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	868.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	355,966	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)	355,966	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/29/2017 1:45 pm

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	573,290	1,269	451.77	337	152,246	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,690,335	1,953	2,401.61	22	52,835	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	561,047	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)	55,752	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)	55,752	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	505,295	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,016	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	868.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,750,311	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,075,799	19,747,500	0.105117	1,750,311	183,987	90.00
91.00	Nursing School cost	0	19,747,500	0.000000	1,750,311	0	91.00
92.00	Allied health cost	0	19,747,500	0.000000	1,750,311	0	92.00
93.00	All other Medical Education	0	19,747,500	0.000000	1,750,311	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,668	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,668	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	1,668	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)	78	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,269	15.00
16.00	Nursery days (title V or XIX only)	337	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	1,728,446	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,728,446	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,728,446	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,036.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	80,827	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)	80,827	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Subprovider - IRF	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	80,827	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)	17,861	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)	17,861	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	62,966	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	381,959	1,728,446	0.220984	0	0	90.00
91.00	Nursing School cost	0	1,728,446	0.000000	0	0	91.00
92.00	Allied health cost	0	1,728,446	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,728,446	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Skilled Nursing Facility	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,491	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,491	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)	4,491	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	21	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,269	15.00
16.00	Nursery days (title V or XIX only)	337	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	1,887,700	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,887,700	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,887,700	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Skilled Nursing Facility	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	1,887,700	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	420.33	71.00
72.00	Program routine service cost (line 9 x line 71)	8,827	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	8,827	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	242,381	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	53.97	76.00
77.00	Program capital-related costs (line 9 x line 76)	1,133	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	7,694	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	7,694	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	1,133	83.00
84.00	Program inpatient ancillary services (see instructions)	0	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	1,133	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 1:45 pm
	Title XIX	Skilled Nursing Facility	PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		20,449,450		30.00
31.00	03100	INTENSIVE CARE UNIT		3,877,020		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.216506	17,469,795	3,782,315	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344270	1,604,336	552,325	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183476	142,206	26,091	55.00
56.00	05600	RADIOISOTOPE	0.241473	267,334	64,554	56.00
57.00	05700	CT SCAN	0.072858	2,917,267	212,546	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077069	948,552	73,104	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150930	5,598,130	844,926	59.00
60.00	06000	LABORATORY	0.199004	7,963,276	1,584,724	60.00
64.00	06400	INTRAVENOUS THERAPY	0.149965	893,125	133,937	64.00
65.00	06500	RESPIRATORY THERAPY	0.190737	4,264,045	813,311	65.00
66.00	06600	PHYSICAL THERAPY	0.401147	929,657	372,929	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379451	681,832	258,722	67.00
68.00	06800	SPEECH PATHOLOGY	0.478204	169,509	81,060	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090556	1,332,319	120,649	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.110936	2,024,067	4,272,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.513810	4,566,891	2,346,514	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369917	4,810,427	1,779,459	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	0.851560	136,720	116,425	76.01
76.02	03950	O/P REHAB SERVICES	0.539035	0	0	76.02
76.03	03951	SPORTS FITNESS	3.436094	1,411	4,848	76.03
76.04	03952	LIFE CENTER	0.283159	130,757	37,025	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000	0	0	76.05
76.06	03480	ONCOLOGY	0.898128	8,261	7,419	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.366795	320,351	117,503	76.07
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.234936	3,425,811	804,846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.319330	721,117	230,274	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		61,327,196	18,638,182	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)		61,327,196		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 16-0057
Component CCN: 16-T057

Period:
From 07/01/2016
To 06/30/2017

Worksheet D-3
Date/Time Prepared:
11/29/2017 1:45 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		1,191,040		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.216506	8,120	1,758	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344270	13,746	4,732	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183476	0	0	55.00
56.00	05600	RADIOISOTOPE	0.241473	1,400	338	56.00
57.00	05700	CT SCAN	0.072858	31,868	2,322	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077069	23,142	1,784	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150930	16,742	2,527	59.00
60.00	06000	LABORATORY	0.199004	98,609	19,624	60.00
64.00	06400	INTRAVENOUS THERAPY	0.149965	134	20	64.00
65.00	06500	RESPIRATORY THERAPY	0.190737	39,359	7,507	65.00
66.00	06600	PHYSICAL THERAPY	0.401147	274,961	110,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379451	252,181	95,690	67.00
68.00	06800	SPEECH PATHOLOGY	0.478204	195,356	93,420	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090556	3,546	321	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.110936	7,864	16,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.513810	650	334	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369917	61,259	22,661	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	0.851560	3,894	3,316	76.01
76.02	03950	O/P REHAB SERVICES	0.539035	0	0	76.02
76.03	03951	SPORTS FITNESS	3.436094	96	330	76.03
76.04	03952	LIFE CENTER	0.283159	316	89	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000	0	0	76.05
76.06	03480	ONCOLOGY	0.898128	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.366795	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.234936	2,461	578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.319330	584	186	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,036,288	384,437	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)		1,036,288		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 16-0057
Component CCN: 16-5110

Period:
From 07/01/2016
To 06/30/2017

Worksheet D-3
Date/Time Prepared:
11/29/2017 1:45 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.216506	15,530	3,362	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344270	13,227	4,554	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183476	0	0	55.00
56.00	05600	RADIOISOTOPE	0.241473	0	0	56.00
57.00	05700	CT SCAN	0.072858	162	12	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077069	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150930	24,261	3,662	59.00
60.00	06000	LABORATORY	0.199004	96,917	19,287	60.00
64.00	06400	INTRAVENOUS THERAPY	0.149965	976	146	64.00
65.00	06500	RESPIRATORY THERAPY	0.190737	223	43	65.00
66.00	06600	PHYSICAL THERAPY	0.401147	416,608	167,121	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379451	348,370	132,189	67.00
68.00	06800	SPEECH PATHOLOGY	0.478204	55,300	26,445	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090556	1,990	180	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.110936	1,890	3,990	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.513810	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369917	180,014	66,590	73.00
76.00	03040	AUDIOLOGY	0.000000	0	0	76.00
76.01	03280	EKG AND EEG	0.851560	649	553	76.01
76.02	03950	O/P REHAB SERVICES	0.537222	0	0	76.02
76.03	03951	SPORTS FITNESS	3.436094	0	0	76.03
76.04	03952	LIFE CENTER	0.283159	2,209	625	76.04
76.05	03580	RECREATIONAL THERAPY	0.000000	0	0	76.05
76.06	03480	ONCOLOGY	0.898128	0	0	76.06
76.07	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.366795	0	0	76.07
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.234936	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.319330	474	151	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,158,800	428,910	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)		1,158,800		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	24,535,979	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)	266,018	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	2,808,958	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	132.48	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.71	30.00
31.00	Percentage of Medicaid patient days (see instructions)	18.04	31.00
32.00	Sum of lines 30 and 31	24.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)	9.63	33.00
34.00	Disproportionate share adjustment (see instructions)	590,704	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000162015	0.000156611	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,037,893	936,138	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	260,891	700,180	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	961,071		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	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)	26,353,772		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	26,353,772	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,013,763	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	1,588	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	28,369,123	59.00
60.00	Primary payer payments	24,380	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	28,344,743	61.00
62.00	Deductibles billed to program beneficiaries	2,827,132	62.00
63.00	Coinsurance billed to program beneficiaries	85,638	63.00
64.00	Allowable bad debts (see instructions)	0	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	0	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	25,431,973	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)	164,541	70.93
70.94	HRR adjustment amount (see instructions)	-235,619	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,360,895	71.00
71.01	Sequestration adjustment (see instructions)		507,218	71.01
72.00	Interim payments		24,951,063	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)		-97,386	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	21,786	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	28,240,958	2.00
3.00	PPS payments	26,002,353	3.00
4.00	Outlier payment (see instructions)	72,142	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.878	5.00
6.00	Line 2 times line 5	24,795,561	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	21,786	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	62,158	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)	62,158	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	62,158	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	40,372	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)	21,786	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)	26,074,495	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	2	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	5,105,910	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)	20,990,369	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	20,990,369	30.00
31.00	Primary payer payments	21,977	31.00
32.00	Subtotal (line 30 minus line 31)	20,968,392	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	20,968,392	37.00
38.00	MSP-LCC reconciliation amount from PS&R	612	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)	20,967,780	40.00
40.01	Sequestration adjustment (see instructions)	419,356	40.01
41.00	Interim payments	20,539,794	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	8,630	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/29/2017 1:45 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		24,951,063		20,539,794	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)		24,951,063		20,539,794	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		8,630	6.01
6.02	SETTLEMENT TO PROGRAM		97,386		0	6.02
7.00	Total Medicare program liability (see instructions)		24,853,677		20,548,424	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,416,453		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,416,453		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		34,616		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,451,069		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Skilled Nursing Facility	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,122,792		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,122,792		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,122,792		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/29/2017 1:45 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	5,631	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	12,593	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	1,441	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	22,682	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	462,351,099	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	24,891,597	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	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: 16-0057 Component CCN: 16-T057	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,398,073	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0464	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	84,024	3.00
4.00	Outlier Payments	33,712	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	4.569863	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	1,515,809	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	1,515,809	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	1,515,809	19.00
20.00	Deductibles	7,784	20.00
21.00	Subtotal (line 19 minus line 20)	1,508,025	21.00
22.00	Coinsurance	27,342	22.00
23.00	Subtotal (line 21 minus line 22)	1,480,683	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	1,480,683	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	1,480,683	32.00
32.01	Sequestration adjustment (see instructions)	29,614	32.01
33.00	Interim payments	1,416,453	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)	34,616	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	33,712	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0057 Component CCN: 16-5110	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VI Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	1,296,861	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	1,296,861	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	151,155	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	1,145,706	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (see instructions	1,145,706	15.00
15.01	Sequestration adjustment (see instructions)	22,914	15.01
16.00	Interim payments	1,122,792	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)	0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

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

Provider CCN: 16-0057

Period: From 07/01/2016 To 06/30/2017

Worksheet G

Date/Time Prepared: 11/29/2017 1:45 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	9,642,955	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	18,618,626	0	0	0	4.00
5.00	Other receivable	272,500	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,576,152	0	0	0	7.00
8.00	Prepaid expenses	3,761,557	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,871,790	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	142,247,383	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	142,247,383	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	4,634,991	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	161,186,497	0	0	0	33.00
34.00	Other assets	4,160,548	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	169,982,036	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	348,101,209	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	4,237,025	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,867,283	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,354,729	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,459,037	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	58,308,642	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	2,299,685	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	60,608,327	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	85,067,364	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	263,033,845				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)	263,033,845	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	348,101,209	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-1 | Date/Time Prepared: 11/29/2017 1:45 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		248,962,230		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		10,088,652				2.00
3.00	Total (sum of line 1 and line 2)		259,050,882		0		3.00
4.00	EQUITY TRANSFERS	4,550,000		0		0	4.00
5.00	CHANGE IN BENEFICIAL INTEREST	41,177		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,591,177		0		10.00
11.00	Subtotal (line 3 plus line 10)		263,642,059		0		11.00
12.00	NET ASSETS RELEASED FROM RESTRICTION	608,214		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)		608,214		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		263,033,845		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	EQUITY TRANSFERS		0		4.00
5.00	CHANGE IN BENEFICIAL INTEREST		0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	NET ASSETS RELEASED FROM RESTRICTION		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: 16-0057 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/29/2017 1:45 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	37,508,347		37,508,347	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	2,340,570		2,340,570	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,655,143		2,655,143	7.00
8.00	NURSING FACILITY	9,781,527		9,781,527	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	52,285,587		52,285,587	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	6,522,577		6,522,577	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,522,577		6,522,577	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	58,808,164		58,808,164	17.00
18.00	Ancillary services	107,283,671	254,866,915	362,150,586	18.00
19.00	Outpatient services	7,464,087	27,355,050	34,819,137	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,007,475	2,007,475	22.00
23.00	AMBULANCE SERVICES	0	1,819,181	1,819,181	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	161,567	2,584,989	2,746,556	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	173,717,489	288,633,610	462,351,099	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		175,393,926		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		175,393,926		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet G-3 Date/Time Prepared: 11/29/2017 1:45 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	462,351,099	1.00
2.00	Less contractual allowances and discounts on patients' accounts	284,882,445	2.00
3.00	Net patient revenues (line 1 minus line 2)	177,468,654	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,393,926	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,074,728	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	8,013,924	24.00
25.00	Total other income (sum of lines 6-24)	8,013,924	25.00
26.00	Total (line 5 plus line 25)	10,088,652	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,088,652	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period: From 07/01/2016 To 06/30/2017

Worksheet H
Date/Time Prepared: 11/29/2017 1:45 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	232,915	65,073	0	0	125,428	423,416	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,001,520	279,809	0	0	14,029	1,295,358	6.00
7.00	Physical Therapy	301,110	84,125	0	0	16,174	401,409	7.00
8.00	Occupational Therapy	107,154	29,937	0	0	0	137,091	8.00
9.00	Speech Pathology	8,461	2,364	0	0	0	10,825	9.00
10.00	Medical Social Services	49,504	13,831	0	0	0	63,335	10.00
11.00	Home Health Aide	142,538	39,823	0	0	0	182,361	11.00
12.00	Supplies (see instructions)	0	0	0	0	202	202	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	11,795	3,295	0	0	172	15,262	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,854,997	518,257	0	0	156,005	2,529,259	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-7,277	416,139	0	416,139			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-31,291	1,264,067	0	1,264,067			6.00
7.00	Physical Therapy	-9,408	392,001	0	392,001			7.00
8.00	Occupational Therapy	-3,348	133,743	0	133,743			8.00
9.00	Speech Pathology	-264	10,561	0	10,561			9.00
10.00	Medical Social Services	-1,547	61,788	0	61,788			10.00
11.00	Home Health Aide	-4,453	177,908	0	177,908			11.00
12.00	Supplies (see instructions)	0	202	0	202			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	-369	14,893	0	14,893			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-57,957	2,471,302	0	2,471,302			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0057
HHA CCN: 16-7136

Period: From 07/01/2016 To 06/30/2017

Worksheet H-1 Part I
Date/Time Prepared: 11/29/2017 1:45 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	416,139	0	0	0	0	416,139	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,264,067	0	0	0	0	1,264,067	6.00
7.00	Physical Therapy	392,001	0	0	0	0	392,001	7.00
8.00	Occupational Therapy	133,743	0	0	0	0	133,743	8.00
9.00	Speech Pathology	10,561	0	0	0	0	10,561	9.00
10.00	Medical Social Services	61,788	0	0	0	0	61,788	10.00
11.00	Home Health Aide	177,908	0	0	0	0	177,908	11.00
12.00	Supplies (see instructions)	202	0	0	0	0	202	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	14,893	0	0	0	0	14,893	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,471,302	0	0	0	0	2,471,302	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	416,139		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	255,954	1,520,021	6.00
7.00	Physical Therapy	79,374	471,375	7.00
8.00	Occupational Therapy	27,081	160,824	8.00
9.00	Speech Pathology	2,138	12,699	9.00
10.00	Medical Social Services	12,511	74,299	10.00
11.00	Home Health Aide	36,024	213,932	11.00
12.00	Supplies (see instructions)	41	243	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	3,016	17,909	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)		2,471,302	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-1
Part II
Date/Time Prepared:
11/29/2017 1:45 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-416,139	2,055,163	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,264,067	6.00
7.00	Physical Therapy	0	0	0	0	0	392,001	7.00
8.00	Occupational Therapy	0	0	0	0	0	133,743	8.00
9.00	Speech Pathology	0	0	0	0	0	10,561	9.00
10.00	Medical Social Services	0	0	0	0	0	61,788	10.00
11.00	Home Health Aide	0	0	0	0	0	177,908	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	202	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	14,893	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-416,139	2,055,163	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		416,139	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.202485	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period: From 07/01/2016 To 06/30/2017

Worksheet H-2 Part I
Date/Time Prepared: 11/29/2017 1:45 pm

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	BLDG & FIXT - MERCY	
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,520,021	0	0	0	0	0	2.00
3.00	Physical Therapy	471,375	0	0	0	0	0	3.00
4.00	Occupational Therapy	160,824	0	0	0	0	0	4.00
5.00	Speech Pathology	12,699	0	0	0	0	0	5.00
6.00	Medical Social Services	74,299	0	0	0	0	0	6.00
7.00	Home Health Aide	213,932	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	243	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	17,909	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)	2,471,302	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
		1.05	1.06	1.07	1.08	2.00	4.00	
1.00	Administrative and General	0	142,975	0	0	14,080	7,051	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	30,300	2.00
3.00	Physical Therapy	0	0	0	0	0	9,104	3.00
4.00	Occupational Therapy	0	0	0	0	0	3,235	4.00
5.00	Speech Pathology	0	0	0	0	0	249	5.00
6.00	Medical Social Services	0	0	0	0	0	1,493	6.00
7.00	Home Health Aide	0	0	0	0	0	4,314	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	353	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	142,975	0	0	14,080	56,099	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-2
Part I
Date/Time Prepared:
11/29/2017 1:45 pm

Home Health Agency I | PPS

	Cost Center Description	ADMINISTRATIVE AND GENERAL	Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	8,602	172,708	15,210	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,550,321	136,536	0	8,162	10,983	2.00
3.00	Physical Therapy	0	480,479	42,315	0	0	0	3.00
4.00	Occupational Therapy	0	164,059	14,449	0	0	0	4.00
5.00	Speech Pathology	0	12,948	1,140	0	0	0	5.00
6.00	Medical Social Services	0	75,792	6,675	0	0	0	6.00
7.00	Home Health Aide	0	218,246	19,221	0	0	0	7.00
8.00	Supplies (see instructions)	0	243	21	1,146	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	18,262	1,608	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)	8,602	2,693,058	237,175	1,146	8,162	10,983	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

	Cost Center Description	Subtotal	OTHER A&G	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		5A.05	5.06	7.00	7.01	7.02	7.03	
1.00	Administrative and General	187,918	8,863	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,706,002	80,463	0	0	0	0	2.00
3.00	Physical Therapy	522,794	24,658	0	0	0	0	3.00
4.00	Occupational Therapy	178,508	8,419	0	0	0	0	4.00
5.00	Speech Pathology	14,088	664	0	0	0	0	5.00
6.00	Medical Social Services	82,467	3,890	0	0	0	0	6.00
7.00	Home Health Aide	237,467	11,200	0	0	0	0	7.00
8.00	Supplies (see instructions)	1,410	67	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	19,870	937	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)	2,950,524	139,161	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period: From 07/01/2016 To 06/30/2017

Worksheet H-2 Part I
Date/Time Prepared: 11/29/2017 1:45 pm

Home Health Agency I — PPS

	Cost Center Description	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.04	7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	0	29,111	0	0	296,584	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	29,111	0	0	296,584	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	6,200	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	3,135	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	6,200	0	3,135	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-2
Part I
Date/Time Prepared:
11/29/2017 1:45 pm

	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Home Health Agency I: Intern & Residents Cost & Post Stepdown Adjustments	PPS: Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	528,676	0	528,676	1.00
2.00	Skilled Nursing Care	0	14,775	0	1,801,240	0	1,801,240	2.00
3.00	Physical Therapy	0	0	0	547,452	0	547,452	3.00
4.00	Occupational Therapy	0	0	0	186,927	0	186,927	4.00
5.00	Speech Pathology	0	0	0	14,752	0	14,752	5.00
6.00	Medical Social Services	0	0	170,309	256,666	0	256,666	6.00
7.00	Home Health Aide	0	0	0	248,667	0	248,667	7.00
8.00	Supplies (see instructions)	0	0	0	4,612	0	4,612	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	20,807	0	20,807	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	14,775	170,309	3,609,799	0	3,609,799	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	309,067	2,110,307	2.00
3.00	Physical Therapy	93,935	641,387	3.00
4.00	Occupational Therapy	32,074	219,001	4.00
5.00	Speech Pathology	2,531	17,283	5.00
6.00	Medical Social Services	44,040	300,706	6.00
7.00	Home Health Aide	42,668	291,335	7.00
8.00	Supplies (see instructions)	791	5,403	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	3,570	24,377	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
19.50	Telemedicine	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	528,676	3,609,799	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.	0.171585		21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2017 1:45 pm

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	BLDG & FIXT - EASTMAN (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (FTES)	ADMINISTRATIVE AND GENERAL (PHONES)	
		1.06	1.07	1.08	2.00	4.00	5.01	
1.00	Administrative and General	8,570	0	0	13,981	340	81	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,461	0	2.00
3.00	Physical Therapy	0	0	0	0	439	0	3.00
4.00	Occupational Therapy	0	0	0	0	156	0	4.00
5.00	Speech Pathology	0	0	0	0	12	0	5.00
6.00	Medical Social Services	0	0	0	0	72	0	6.00
7.00	Home Health Aide	0	0	0	0	208	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	17	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)	8,570	0	0	13,981	2,705	81	20.00
21.00	Total cost to be allocated	142,975	0	0	14,080	56,099	8,602	21.00
22.00	Unit cost multiplier	16.683197	0.000000	0.000000	1.007081	20.739002	106.197531	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2017 1:45 pm

Home Health Agency I | PPS

	Cost Center Description	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	172,708	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,550,321	0	2,007,475	2,007,475	0	2.00
3.00	Physical Therapy	0	480,479	0	0	0	0	3.00
4.00	Occupational Therapy	0	164,059	0	0	0	0	4.00
5.00	Speech Pathology	0	12,948	0	0	0	0	5.00
6.00	Medical Social Services	0	75,792	0	0	0	0	6.00
7.00	Home Health Aide	0	218,246	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	243	23,858	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	18,262	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)		2,693,058	23,858	2,007,475	2,007,475		20.00
21.00	Total cost to be allocated		237,175	1,146	8,162	10,983		21.00
22.00	Unit cost multiplier		0.088069	0.048034	0.004066	0.005471		22.00

	Cost Center Description	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		5.06	7.00	7.01	7.02	7.03	7.04	
1.00	Administrative and General	187,918	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,706,002	0	0	0	0	0	2.00
3.00	Physical Therapy	522,794	0	0	0	0	0	3.00
4.00	Occupational Therapy	178,508	0	0	0	0	0	4.00
5.00	Speech Pathology	14,088	0	0	0	0	0	5.00
6.00	Medical Social Services	82,467	0	0	0	0	0	6.00
7.00	Home Health Aide	237,467	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	1,410	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	19,870	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)	2,950,524	0	0	0	0	0	20.00
21.00	Total cost to be allocated	139,161	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.047165	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2017 1:45 pm

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	Cost Center Description	OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	9.01	
1.00	Administrative and General	0	8,570	0	0	17,340	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
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	8,570	0	0	17,340	0	20.00
21.00	Total cost to be allocated	0	29,111	0	0	296,584	0	21.00
22.00	Unit cost multiplier	0.000000	3.396849	0.000000	0.000000	17.104037	0.000000	22.00

	Cost Center Description	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	
		10.00	10.01	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	211	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	23,858	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	211	0	23,858	0	20.00
21.00	Total cost to be allocated	0	0	6,200	0	3,135	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	29.383886	0.000000	0.131402	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2017 1:45 pm

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	Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)			
		16.00	17.00			
1.00	Administrative and General	0	0			1.00
2.00	Skilled Nursing Care	2,007,475	0			2.00
3.00	Physical Therapy	0	0			3.00
4.00	Occupational Therapy	0	0			4.00
5.00	Speech Pathology	0	0			5.00
6.00	Medical Social Services	0	15,367			6.00
7.00	Home Health Aide	0	0			7.00
8.00	Supplies (see instructions)	0	0			8.00
9.00	Drugs	0	0			9.00
10.00	DME	0	0			10.00
11.00	Home Dialysis Aide Services	0	0			11.00
12.00	Respiratory Therapy	0	0			12.00
13.00	Private Duty Nursing	0	0			13.00
14.00	Clinic	0	0			14.00
15.00	Health Promotion Activities	0	0			15.00
16.00	Day Care Program	0	0			16.00
17.00	Home Delivered Meals Program	0	0			17.00
18.00	Homemaker Service	0	0			18.00
19.00	All Others (specify)	0	0			19.00
19.50	Telemedicine	0	0			19.50
20.00	Total (sum of lines 1-19)	2,007,475	15,367			20.00
21.00	Total cost to be allocated	14,775	170,309			21.00
22.00	Unit cost multiplier	0.007360	11.082775			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0057
HHA CCN: 16-7136

Period: From 07/01/2016 To 06/30/2017

Worksheet H-3 Part I
Date/Time Prepared: 11/29/2017 1:45 pm

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,110,307		2,110,307	6,665	316.63	1.00
2.00	Physical Therapy	3.00	641,387	0	641,387	3,103	206.70	2.00
3.00	Occupational Therapy	4.00	219,001	0	219,001	1,165	187.98	3.00
4.00	Speech Pathology	5.00	17,283	0	17,283	111	155.70	4.00
5.00	Medical Social Services	6.00	300,706		300,706	33	9,112.30	5.00
6.00	Home Health Aide	7.00	291,335		291,335	4,290	67.91	6.00
7.00	Total (sum of lines 1-6)		3,580,019	0	3,580,019	15,367		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		99916	0	2,610			8.00
9.00	Physical Therapy		99916	0	2,248			9.00
10.00	Occupational Therapy		99916	0	921			10.00
11.00	Speech Pathology		99916	0	95			11.00
12.00	Medical Social Services		99916	0	30			12.00
13.00	Home Health Aide		99916	0	1,261			13.00
14.00	Total (sum of lines 8-13)			0	7,165			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	5,403	9,453	14,856	4,478	3.317552	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,610		0	826,404		1.00
2.00	Physical Therapy	0	2,248		0	464,662		2.00
3.00	Occupational Therapy	0	921		0	173,130		3.00
4.00	Speech Pathology	0	95		0	14,792		4.00
5.00	Medical Social Services	0	30		0	273,369		5.00
6.00	Home Health Aide	0	1,261		0	85,635		6.00
7.00	Total (sum of lines 1-6)	0	7,165		0	1,837,992		7.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 16-0057 HHA CCN: 16-7136	Period: From 07/01/2016 To 06/30/2017	Worksheet H-3 Part I Date/Time Prepared: 11/29/2017 1:45 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	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	4,478	0	0	14,856	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)		
		12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
	Cost Per Visit Computation			
1.00	Skilled Nursing Care	826,404		1.00
2.00	Physical Therapy	464,662		2.00
3.00	Occupational Therapy	173,130		3.00
4.00	Speech Pathology	14,792		4.00
5.00	Medical Social Services	273,369		5.00
6.00	Home Health Aide	85,635		6.00
7.00	Total (sum of lines 1-6)	1,837,992		7.00
	Cost Center Description			
		12.00		
	Limitation Cost Computation			
8.00	Skilled Nursing Care			8.00
9.00	Physical Therapy			9.00
10.00	Occupational Therapy			10.00
11.00	Speech Pathology			11.00
12.00	Medical Social Services			12.00
13.00	Home Health Aide			13.00
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 16-0057 HHA CCN: 16-7136	Period: From 07/01/2016 To 06/30/2017	Worksheet H-3 Part II Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.401147	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.379451	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.478204	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	2.110936	4,478	9,453	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.369917	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 16-0057 HHA CCN: 16-7136	Period: From 07/01/2016 To 06/30/2017	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Home Health Agency I	PPS

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

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,065,355	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	59,416	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	11,773	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	6,449	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,142,993	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,142,993	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,142,993	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,142,993	29.00
30.00		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	1,142,993	31.00
31.01	Sequestration adjustment (see instructions)	0	22,495	31.01
32.00	Interim payments (see instructions)	0	1,120,498	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 16-0057
HHA CCN: 16-7136

Period: From 07/01/2016 To 06/30/2017

Worksheet H-5
Date/Time Prepared: 11/29/2017 1:45 pm

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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,120,498	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,120,498	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,120,498	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: 16-0057
Hospice CCN: 16-1567

Period: From 07/01/2016 To 06/30/2017

Worksheet O
Date/Time Prepared: 11/29/2017 1:45 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	631,901	236,372	868,273	0	868,273	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	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*	33,448	8,252	41,700	0	41,700	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	33,238	33,238	0	33,238	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	704,476	173,800	878,276	0	878,276	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	1,519	375	1,894	0	1,894	30.00
31.00	OCCUPATIONAL THERAPY**	279	69	348	0	348	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	140,926	34,767	175,693	0	175,693	33.00
34.00	SPIRITUAL COUNSELING**	34,808	8,587	43,395	0	43,395	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	151,288	37,324	188,612	0	188,612	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	138	138	0	138	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	218,876	218,876	0	218,876	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	2,176	538	2,714	0	2,714	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
100.00	TOTAL	1,700,821	752,336	2,453,157	0	2,453,157	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 16-0057
Hospice CCN: 16-1567

Period: From 07/01/2016 To 06/30/2017

Worksheet O
Date/Time Prepared: 11/29/2017 1:45 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	868,273		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	41,700		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	33,238		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	878,276		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	1,894		30.00
31.00	OCCUPATIONAL THERAPY**	0	348		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	175,693		33.00
34.00	SPIRITUAL COUNSELING**	0	43,395		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	188,612		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	138		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	218,876		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	2,714		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	2,453,157		100.00

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

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

Provider CCN: 16-0057
Hospice CCN: 16-1567

Period: From 07/01/2016 To 06/30/2017

Worksheet O-2
Date/Time Prepared: 11/29/2017 1:45 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	31,355	31,355	0	31,355	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	664,556	163,951	828,507	0	828,507	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	1,433	354	1,787	0	1,787	30.00
31.00	OCCUPATIONAL THERAPY	263	65	328	0	328	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	132,940	32,797	165,737	0	165,737	33.00
34.00	SPIRITUAL COUNSELING	32,836	8,101	40,937	0	40,937	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	142,715	35,209	177,924	0	177,924	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	130	130	0	130	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	206,473	206,473	0	206,473	46.00
100.00	TOTAL *	974,743	478,435	1,453,178	0	1,453,178	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	31,355		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	828,507		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	1,787		30.00
31.00	OCCUPATIONAL THERAPY	0	328		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	165,737		33.00
34.00	SPIRITUAL COUNSELING	0	40,937		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	177,924		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	130		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	206,473		46.00
100.00	TOTAL *	0	1,453,178		100.00

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

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

Provider CCN: 16-0057
Hospice CCN: 16-1567

Period: From 07/01/2016 To 06/30/2017

Worksheet O-3
Date/Time Prepared: 11/29/2017 1:45 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	484	484	0	484	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	10,268	2,533	12,801	0	12,801	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	22	5	27	0	27	30.00
31.00	OCCUPATIONAL THERAPY	4	1	5	0	5	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,054	507	2,561	0	2,561	33.00
34.00	SPIRITUAL COUNSELING	507	125	632	0	632	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	2,205	544	2,749	0	2,749	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	2	2	0	2	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,190	3,190	0	3,190	46.00
100.00	TOTAL *	15,060	7,391	22,451	0	22,451	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	484		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	12,801		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	27		30.00
31.00	OCCUPATIONAL THERAPY	0	5		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,561		33.00
34.00	SPIRITUAL COUNSELING	0	632		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	2,749		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	2		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,190		46.00
100.00	TOTAL *	0	22,451		100.00

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

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

Provider CCN: 16-0057
Hospice CCN: 16-1567

Period: From 07/01/2016 To 06/30/2017

Worksheet O-4
Date/Time Prepared: 11/29/2017 1:45 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	1,399	1,399	0	1,399	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	29,652	7,316	36,968	0	36,968	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	64	16	80	0	80	30.00
31.00	OCCUPATIONAL THERAPY	12	3	15	0	15	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	5,932	1,463	7,395	0	7,395	33.00
34.00	SPIRITUAL COUNSELING	1,465	361	1,826	0	1,826	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	6,368	1,571	7,939	0	7,939	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	6	6	0	6	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	9,213	9,213	0	9,213	46.00
100.00	TOTAL *	43,493	21,348	64,841	0	64,841	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	1,399		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	36,968		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	80		30.00
31.00	OCCUPATIONAL THERAPY	0	15		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	7,395		33.00
34.00	SPIRITUAL COUNSELING	0	1,826		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	7,939		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	6		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	9,213		46.00
100.00	TOTAL *	0	64,841		100.00

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

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

Provider CCN: 16-0057
Hospice CCN: 16-1567

Period: From 07/01/2016 To 06/30/2017

Worksheet O-5
Date/Time Prepared: 11/29/2017 1:45 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	136,636	136,636	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	40,979	40,979	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	52,740	52,740	3.00
4.00	ADMINISTRATIVE & GENERAL	868,273	406,274	1,274,547	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	27,821	27,821	5.00
6.00	LAUNDRY & LINEN SERVICE	0	8,291	8,291	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	4,328	4,328	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	12,536	12,536	10.00
11.00	MEDICAL RECORDS	0	20,215	20,215	11.00
12.00	STAFF TRANSPORTATION	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	41,700		41,700	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		14,496	14,496	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,453,178		1,453,178	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	22,451		22,451	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	64,841		64,841	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	2,714		2,714	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
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	2,453,157	724,316	3,177,473	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057
Hospice CCN: 16-1567

Period:
From 07/01/2016
To 06/30/2017

Worksheet O-6
Part I
Date/Time Prepared:
11/29/2017 1:45 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	136,636	136,636				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,979		40,979			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	52,740	0	0	52,740		3.00
4.00	ADMINISTRATIVE & GENERAL	1,274,547	0	0	0	1,274,547	4.00
5.00	PLANT OPERATION & MAINTENANCE	27,821	0	0	0	27,821	5.00
6.00	LAUNDRY & LINEN SERVICE	8,291	0	0	0	8,291	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	4,328	0	0	0	4,328	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,536	0	0	0	12,536	10.00
11.00	MEDICAL RECORDS	20,215	0	0	0	20,215	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	41,700	0	0	0	41,700	13.00
14.00	PHARMACY	0	0	0	0	0	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		14,496	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,453,178			0	1,453,178	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	22,451	0	0	0	22,451	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	64,841	136,636	40,979	52,740	295,196	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	2,714	0	0	0	2,714	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	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	3,177,473	136,636	40,979	52,740	3,177,473	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 16-0057
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	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	1,274,547					4.00
5.00	PLANT OPERATION & MAINTENANCE	18,634	46,455				5.00
6.00	LAUNDRY & LINEN SERVICE	5,553	0	13,844			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	2,899	0		0	7,227	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	8,396	0		0		10.00
11.00	MEDICAL RECORDS	13,540	0		0		11.00
12.00	STAFF TRANSPORTATION	0	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	27,930	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	9,709	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	973,314					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	15,037	0	3,561	0	1,859	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	197,717	46,455	10,283	0	5,368	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	1,818	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	1,274,547	46,455	13,844	0	7,227	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	20,932				10.00
11.00	MEDICAL RECORDS	0		33,755			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	69,630	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	19,746	31,842	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	305	492	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	881	1,421	0	69,630	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	20,932	33,755	0	69,630	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

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	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					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				24,205		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		2,478,080	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	6,226	49,931	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	17,979	644,930	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		4,532	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					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	24,205	3,177,473	100.00

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

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	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	8,190					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		40,691				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,543			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-1,274,547	1,902,926	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	27,821	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	8,291	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	4,328	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	12,536	10.00
11.00	MEDICAL RECORDS	0	0	0	0	20,215	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	41,700	13.00
14.00	PHARMACY	0	0	0	0	0	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	14,496	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,453,178	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	22,451	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,190	40,691	2,543	0	295,196	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	2,714	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		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	136,636	40,979	52,740		1,274,547	100.00
101.00	UNIT COST MULTIPLIER	16.683272	1.007078	20.739284		0.669783	101.00

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

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	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	8,190					5.00
6.00	LAUNDRY & LINEN SERVICE	0	867				6.00
7.00	HOUSEKEEPING	0		8,190			7.00
8.00	DIETARY	0		0	867		8.00
9.00	NURSING ADMINISTRATION	0		0		0	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	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	223	0	223	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,190	644	8,190	644	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	46,455	13,844	0	7,227	0	100.00
101.00	UNIT COST MULTIPLIER	5.672161	15.967705	0.000000	8.335640	0.000000	101.00

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

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	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	15,300					10.00
11.00	MEDICAL RECORDS		15,300				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,308		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	14,433	14,433	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	223	223	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	644	644	0	1,308	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	20,932	33,755	0	69,630	0	100.00
101.00	UNIT COST MULTIPLIER	1.368105	2.206209	0.000000	53.233945	0.000000	101.00

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

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	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			867		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	223		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	644		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	24,205		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	27.918108		101.00

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

Provider CCN: 16-0057
Hospice CCN: 16-1567

Period: From 07/01/2016 To 06/30/2017

Worksheet O-7
Date/Time Prepared: 11/29/2017 1:45 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.401147	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.379451	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.478204	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.369917	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.199004	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2.110936	0	0	0	7.00
8.00	WELLNESS PROGRAM	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.183476	0	0	0	9.00
10.00	AUDIOLOGY	76.00	0.000000	0	0	0	10.00
10.01	EKG AND EEG	76.01	0.851560	0	0	0	10.01
10.02	O/P REHAB SERVICES	76.02	0.537222	0	0	0	10.02
10.03	SPORTS FITNESS	76.03	3.436094	0	0	0	10.03
10.04	LIFE CENTER	76.04	0.283159	0	0	0	10.04
10.05	RECREATIONAL THERAPY	76.05	0.000000	0	0	0	10.05
10.06	ONCOLOGY	76.06	0.898128	0	0	0	10.06
10.07	OTHER ANCILLARY SERVICE COST CENTERS	76.07	0.366795	0	0	0	10.07
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	WELLNESS PROGRAM						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	AUDIOLOGY	0	0	0	0	0	10.00
10.01	EKG AND EEG	0	0	0	0	0	10.01
10.02	O/P REHAB SERVICES	0	0	0	0	0	10.02
10.03	SPORTS FITNESS	0	0	0	0	0	10.03
10.04	LIFE CENTER	0	0	0	0	0	10.04
10.05	RECREATIONAL THERAPY	0	0	0	0	0	10.05
10.06	ONCOLOGY	0	0	0	0	0	10.06
10.07	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	10.07
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 16-0057
Hospice CCN: 16-1567

Period: From 07/01/2016 To 06/30/2017

Worksheet O-8
Date/Time Prepared: 11/29/2017 1:45 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			2,478,080	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			14,433	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			171.70	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	13,170	0		9.00
10.00	Program cost (line 8 times line 9)	2,261,289	0		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			49,931	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			223	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			223.91	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	181	0		14.00
15.00	Program cost (line 13 times line 14)	40,528	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			644,930	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			644	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,001.44	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	398	0		19.00
20.00	Program cost (line 18 times line 19)	398,573	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,172,941	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			15,300	22.00
23.00	Average cost per diem (line 21 divided by line 22)			207.38	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 16-0057	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/29/2017 1:45 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,968,695	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	45,068	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	62.47	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	2,013,763	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00