

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: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 2/27/2017 10:32 am
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 2/27/2017 Time: 10:32 am

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 DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 2/27/2017 Time: 10:32 am
 GnraIQ7PD.qCuypmAlu6Cmc8AFuox0
 nHdo709p5sD.yfCTlyjoldw.lugvQ
 t0e:2yji2g0GLsjE
 PI: Date: 2/27/2017 Time: 10:32 am
 XD0AkpgLDez9igOfFII5lbr1aI9HM0
 Sj08a07VsARfn71bnURsso09MUK7T8
 VTEH0FTgnCORw0BK

(Signed)

Cheryl L. Moore
 Officer or Administrator of Provider(s)
 CFO
 Title
 Date: 2/27/2017

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-839,765	24,447	0	0	1.00
2.00 Subprovider - IPF	0	39,747	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	-800,018	24,447	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: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 10:18 am					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47747- County: VANDERBURGH					
1.00 Street: 600 MARY STREET		2.00 City: EVANSVILLE									
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N	P	P	3.00	
4.00	Subprovider - IPF	DEACONESS PSYCHIATRIC UNIT	155082	21780	4	10/01/2009	N	P	P	4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF									7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA									12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice	DEACONESS - HOSPICE	151512	21780		02/06/1991				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:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2015	09/30/2016		20.00		
21.00	Type of Control (see instructions)					2			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickles amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPFS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,467	396	1,583	1,197	14,030	246		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 10:18 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	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.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	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)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 10:18 am				
	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
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)						Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
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)						2.30	16.16	0.124594	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 10:18 am		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	2.59	17.91	0.126341
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
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.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 10:18 am		
		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	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	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	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)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,394,541	354,000		0118.01	
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 10:18 am		
		1.00	2.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0778		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: DEACONESS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 08001		141.00
142.00	Street: 600 MARY STREET	PO Box:				142.00
143.00	City: EVANSVILLE	State: IN	Zip Code: 47710			
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y			
		1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				
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				
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
				1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/27/2017 10:18 am
		Beginning 1.00	Ending 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)	10/03/2016	12/31/2016	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 10:18 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	N				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.	Y					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y				12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N				14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y				15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/01/2017	Y	02/01/2017		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: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 10:18 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		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.	ERIC		HENDERSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-6856		ERIC.HENDERSON@DEACONESS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/27/2017 10:18 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT COORDINATOR		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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	417	153,099	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)		417	153,099	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,522	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,856	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	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)		500	183,477	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,856		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		516				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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	45,347	3,734	100,717			1.00
2.00 HMO and other (see instructions)	16,987	14,896				2.00
3.00 HMO IPF Subprovider	143	1,074				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	45,347	3,734	100,717			7.00
8.00 INTENSIVE CARE UNIT	8,304	978	17,882			8.00
9.00 CORONARY CARE UNIT	1,976	311	4,164			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			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)	55,627	5,023	122,763	22.80	3,893.27	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,388	127	3,821	0.00	23.53	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
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)				22.80	3,916.80	27.00
28.00 Observation Bed Days		4,453	17,653			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	12,089	891	26,497	1.00
2.00 HMO and other (see instructions)				3,179	2,739		2.00
3.00 HMO IPF Subprovider					195		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		12,089	891	26,497	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		160	28	556	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 10:18 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	237,690,696	-869,228	236,821,468	8,062,290.00	29.37
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		989,498	0	989,498	10,665.00	92.78
4.00	Physician-Part A - Administrative		3,709,440	0	3,709,440	15,310.00	242.29
4.01	Physicians - Part A - Teaching		0	1,176,891	1,176,891	8,526.00	138.04
5.00	Physician and Non-Physician-Part B		29,495,165	0	29,495,165	158,802.00	185.74
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		3,780,623	0	3,780,623	69,117.00	54.70
7.00	Interns & residents (in an approved program)	21.00	0	1,454,659	1,454,659	46,653.00	31.18
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		50,191,761	0	50,191,761	2,701,147.00	18.58
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		12,176,677	1,900,268	14,076,945	556,869.00	25.28
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		237,910	0	237,910	2,217.00	107.31
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		7,285,530	0	7,285,530	63,808.00	114.18
14.00	Home office and/or related organization salaries and wage-related costs		14,803,610	0	14,803,610	399,196.00	37.08
14.01	Home office salaries		38,928,239	0	38,928,239	2,149,123.00	18.11
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		197,161	0	197,161	634.00	310.98
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		68,017,231	0	68,017,231		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		12,850,655	0	12,850,655		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		136,565	0	136,565		
22.00	Physician Part A - Administrative		283,259	0	283,259		
22.01	Physician Part A - Teaching		167,782	0	167,782		
23.00	Physician Part B		4,739,314	0	4,739,314		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		346,804	0	346,804		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,899,249	47,871	1,947,120	74,837.42	26.02
27.00	Administrative & General	5.00	38,379,528	-2,165,163	36,214,365	1,223,838.63	29.59

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2017 10:18 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,742,984	0	1,742,984	4,792.00	363.73	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,231,195	102,230	3,333,425	130,560.00	25.53	30.00
31.00	Laundry & Linen Service	8.00	612,847	13,354	626,201	52,202.55	12.00	31.00
32.00	Housekeeping	9.00	4,155,597	34,469	4,190,066	347,741.79	12.05	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,530,217	-2,158,181	1,372,036	105,878.26	12.96	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,181,871	1,181,871	91,326.65	12.94	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,212,295	10,583	2,222,878	100,288.88	22.16	38.00
39.00	Central Services and Supply	14.00	2,023,299	36,156	2,059,455	115,838.10	17.78	39.00
40.00	Pharmacy	15.00	7,887,609	28,115	7,915,724	220,689.16	35.87	40.00
41.00	Medical Records & Medical Records Library	16.00	4,185,563	13,651	4,199,214	205,664.60	20.42	41.00
42.00	Social Service	17.00	3,335,040	23,994	3,359,034	121,653.30	27.61	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2017 10:18 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	154,976,633	-3,500,778	151,475,855	5,072,172.00	29.86	1.00
2.00	Excluded area salaries (see instructions)	12,176,677	1,900,268	14,076,945	556,869.00	25.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	142,799,956	-5,401,046	137,398,910	4,515,303.00	30.43	3.00
4.00	Subtotal other wages & related costs (see inst.)	61,452,450	0	61,452,450	2,614,978.00	23.50	4.00
5.00	Subtotal wage-related costs (see inst.)	68,300,490	0	68,300,490	0.00	49.71	5.00
6.00	Total (sum of lines 3 thru 5)	272,552,896	-5,401,046	267,151,850	7,130,281.00	37.47	6.00
7.00	Total overhead cost (see instructions)	73,195,423	-2,831,050	70,364,373	2,795,311.34	25.17	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2017 10:18 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		7,121,288	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		10,886,866	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		28,898	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		110,379	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		44,070,119	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,024,346	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		223,562	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		2,979	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		3,304,825	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		916,817	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		16,146,217	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		37,463	19.00
20.00	State or Federal Unemployment Taxes		784	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		1,163,038	21.00
22.00	Day Care Cost and Allowances		1,063,620	22.00
23.00	Tuition Reimbursement		440,409	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		86,541,610	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: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part V Date/Time Prepared: 2/27/2017 10:18 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			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 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 2/27/2017 10:18 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.241825	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		41,001,669	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		276,062,092	6.00
7.00	Medicaid cost (line 1 times line 6)		66,758,715	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)		25,757,046	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		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)		25,757,046	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	20,309,866	9,377,889	29,687,755
21.00	Cost of patients approved for charity care (line 1 times line 20)	4,911,433	2,267,808	7,179,241
22.00	Partial payment by patients approved for charity care	141,195	0	141,195
23.00	Cost of charity care (line 21 minus line 22)	4,770,238	2,267,808	7,038,046
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		32,379,039	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,126,800	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		31,252,239	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		7,557,573	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,595,619	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		40,352,665	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet A Date/Time Prepared: 2/27/2017 10:18 am					
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		25,470,799	25,470,799	101,381	25,572,180	1.00					
1.01 00101 CAP REL COSTS-BLDG & FIXT		0	0	64,421	64,421	1.01					
2.00 00200 CAP REL COSTS-MVBLE EQUIP		5,138,619	5,138,619	21,605,076	26,743,695	2.00					
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00					
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,899,249	42,903,735	44,802,984	1,880,811	46,683,795	4.00					
5.00 00500 ADMINISTRATIVE & GENERAL	38,379,528	84,573,814	122,953,342	-14,576,749	108,376,593	5.00					
7.00 00700 OPERATION OF PLANT	3,231,195	8,886,591	12,117,786	-2,436	12,115,350	7.00					
8.00 00800 LAUNDRY & LINEN SERVICE	612,847	615,470	1,228,317	-161,869	1,066,448	8.00					
9.00 00900 HOUSEKEEPING	4,155,597	1,177,555	5,333,152	7,506	5,340,658	9.00					
10.00 01000 DIETARY	3,530,217	3,373,646	6,903,863	-4,288,791	2,615,072	10.00					
11.00 01100 CAFETERIA	0	0	0	2,246,082	2,246,082	11.00					
13.00 01300 NURSING ADMINISTRATION	2,212,295	1,237,117	3,449,412	-479,678	2,969,734	13.00					
14.00 01400 CENTRAL SERVICES & SUPPLY	2,023,299	2,353,002	4,376,301	-645,905	3,730,396	14.00					
15.00 01500 PHARMACY	7,887,609	44,271,777	52,159,386	-43,479,474	8,679,912	15.00					
16.00 01600 MEDICAL RECORDS & LIBRARY	4,185,563	-702,746	3,482,817	-75,541	3,407,276	16.00					
17.00 01700 SOCIAL SERVICE	3,335,040	501,662	3,836,702	40,099	3,876,801	17.00					
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,454,659	1,454,659	21.00					
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,233,094	1,233,094	22.00					
23.00 02300 PARAMED ED PRGM-PHARMACY	244,860	23,820	268,680	589	269,269	23.00					
23.01 02301 PARAMED ED PRGM-CHAPLAIN	0	0	0	205,754	205,754	23.01					
23.03 02303 PARAMED ED PRGM-NURSING	0	0	0	617,949	617,949	23.03					
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00 03000 ADULTS & PEDIATRICS	50,890,467	14,044,184	64,934,651	-1,000,323	63,934,328	30.00					
31.00 03100 INTENSIVE CARE UNIT	10,907,041	2,760,393	13,667,434	-268,934	13,398,500	31.00					
32.00 03200 CORONARY CARE UNIT	2,753,426	768,717	3,522,143	-112,699	3,409,444	32.00					
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00					
40.00 04000 SUBPROVIDER - IPF	1,117,206	114,093	1,231,299	4,688	1,235,987	40.00					
ANCILLARY SERVICE COST CENTERS											
50.00 05000 OPERATING ROOM	23,180,005	74,791,787	97,971,792	-25,927,366	72,044,426	50.00					
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,358,166	13,309,035	22,667,201	-3,850,712	18,816,489	54.00					
55.00 05500 RADIOLOGY-THERAPEUTIC	705,473	9,884,137	10,589,610	-10,089	10,579,521	55.00					
59.00 05900 CARDIAC CATHETERIZATION	1,273,876	4,845,789	6,119,665	-2,430,746	3,688,919	59.00					
60.00 06000 LABORATORY	13,020,403	19,062,052	32,082,455	-509,049	31,573,406	60.00					
64.00 06400 INTRAVENOUS THERAPY	650,281	1,328,679	1,978,960	-6,578	1,972,382	64.00					
65.00 06500 RESPIRATORY THERAPY	3,171,395	1,202,050	4,373,445	-344,124	4,029,321	65.00					
66.00 06600 PHYSICAL THERAPY	0	14,862,962	14,862,962	-30,367	14,832,595	66.00					
69.00 06900 ELECTROCARDIOLOGY	408,226	1,832,123	2,240,349	-4,804	2,235,545	69.00					
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,187,823	10,187,823	71.00					
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,443,183	19,443,183	72.00					
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	43,382,031	43,382,031	73.00					
74.00 07400 RENAL DIALYSIS	260,775	1,473,036	1,733,811	0	1,733,811	74.00					
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00					
OUTPATIENT SERVICE COST CENTERS											
90.00 09000 CLINIC	1,643,010	513,045	2,156,055	6,403	2,162,458	90.00					
90.01 09001 FAMILY PRACTICE CLINIC	3,562,000	921,309	4,483,309	-2,683,778	1,799,531	90.01					
90.02 09002 OUTPATIENT PSYCH SERVICES	495,952	283,175	779,127	297,290	1,076,417	90.02					
90.03 09003 INFUSION CENTER	713,178	365,571	1,078,749	-9,272	1,069,477	90.03					
90.04 09004 PRIMARY CARE FOR SENIORS	1,889,665	625,990	2,515,655	-13,769	2,501,886	90.04					
90.05 09005 PAIN MANAGEMENT	2,197,172	1,452,356	3,649,528	-457,794	3,191,734	90.05					
90.06 09006 WOUND CARE CENTER	637,281	235,733	873,014	936	873,950	90.06					
90.07 09007 SLEEP CENTER	2,071,632	1,225,112	3,296,744	-49,369	3,247,375	90.07					
90.08 09008 MED/ONCOLOGY	238,241	167,789	406,030	-7,108	398,922	90.08					
91.00 09100 EMERGENCY	21,314,173	10,713,148	32,027,321	-893,250	31,134,071	91.00					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00					
OTHER REIMBURSABLE COST CENTERS											
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	2,719,742	5,191,317	7,911,059	-440,524	7,470,535	96.00					
SPECIAL PURPOSE COST CENTERS											
116.00 11600 HOSPICE	0	0	0	0	0	116.00					
118.00	SUBTOTALS (SUM OF LINES 1-117)					226,876,085	401,798,443	628,674,528	18,677	628,693,205	118.00
NONREIMBURSABLE COST CENTERS											
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,005,499	2,005,499	190.00					
192.00 19200 PHYSICIANS' PRIVATE OFFICES	7,087,946	2,179,731	9,267,677	-304,830	8,962,847	192.00					
192.01 19201 DEACONESS URGENT CARE	0	0	0	0	0	192.01					
192.02 19202 HEARTCARE	93,146	387,272	480,418	437	480,855	192.02					
192.03 19203 FAMILY PRACTICE	624,617	11,043,545	11,668,162	-981,979	10,686,183	192.03					
194.00 07950 MISC NONREIMBURSABLE	985,986	1,820,876	2,806,862	-1,003	2,805,859	194.00					
194.01 07951 OCCUPATIONAL HEALTH	380,663	210,751	591,414	8,874	600,288	194.01					
194.02 07952 OTHER FACILITIES	0	3,651,590	3,651,590	-713,178	2,938,412	194.02					
194.03 07953 HEART HOSPITAL	0	323,979	323,979	0	323,979	194.03					
194.04 07954 PUBLIC RELATIONS	550,957	978,551	1,529,508	-47,677	1,481,831	194.04					
194.05 07955 CHILD CARE CENTER	1,089,310	310,085	1,399,395	19,251	1,418,646	194.05					

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet A Date/Time Prepared: 2/27/2017 10:18 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.06	07956	CENTER FOR LIFE BALANCE	1,856	34,543	36,399	-2,688	33,711	194.06
194.07	07957	DEACONESS VNA	130	745,568	745,698	-1,383	744,315	194.07
194.08	07958	HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118-199)	237,690,696	423,484,934	661,175,630	0	661,175,630	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,620,172	27,192,352	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	64,421	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	26,743,695	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,622,193	43,061,602	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-41,837,799	66,538,794	5.00
7.00	00700	OPERATION OF PLANT	-597,458	11,517,892	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-279,906	786,542	8.00
9.00	00900	HOUSEKEEPING	-520,717	4,819,941	9.00
10.00	01000	DIETARY	-352,720	2,262,352	10.00
11.00	01100	CAFETERIA	-478,524	1,767,558	11.00
13.00	01300	NURSING ADMINISTRATION	-10,439	2,959,295	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-110,104	3,620,292	14.00
15.00	01500	PHARMACY	-1,398,373	7,281,539	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-769,055	2,638,221	16.00
17.00	01700	SOCIAL SERVICE	-525,663	3,351,138	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,454,659	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,233,094	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	269,269	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	205,754	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	617,949	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-16,622,470	47,311,858	30.00
31.00	03100	INTENSIVE CARE UNIT	-62,503	13,335,997	31.00
32.00	03200	CORONARY CARE UNIT	0	3,409,444	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	1,235,987	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-30,357,769	41,686,657	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-940,457	17,876,032	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-6,470,853	4,108,668	55.00
59.00	05900	CARDIAC CATHETERIZATION	-428,198	3,260,721	59.00
60.00	06000	LABORATORY	-676,185	30,897,221	60.00
64.00	06400	INTRAVENOUS THERAPY	255,013	2,227,395	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,029,321	65.00
66.00	06600	PHYSICAL THERAPY	-5,952,346	8,880,249	66.00
69.00	06900	ELECTROCARDIOLOGY	22,879	2,258,424	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-60,804	10,127,019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,443,183	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,382,031	73.00
74.00	07400	RENAL DIALYSIS	-1,662	1,732,149	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	17,133	2,179,591	90.00
90.01	09001	FAMILY PRACTICE CLINIC	-280,927	1,518,604	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	1,076,417	90.02
90.03	09003	INFUSION CENTER	-19,038	1,050,439	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-1,268,345	1,233,541	90.04
90.05	09005	PAIN MANAGEMENT	-307,447	2,884,287	90.05
90.06	09006	WOUND CARE CENTER	-82,220	791,730	90.06
90.07	09007	SLEEP CENTER	-1,152,996	2,094,379	90.07
90.08	09008	MED/ONCOLOGY	0	398,922	90.08
91.00	09100	EMERGENCY	-12,130,557	19,003,514	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	7,470,535	96.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-125,402,531	503,290,674	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,005,499	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,962,847	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	192.01
192.02	19202	HEARTCARE	0	480,855	192.02
192.03	19203	FAMILY PRACTICE	0	10,686,183	192.03
194.00	07950	MISC NONREIMBURSABLE	0	2,805,859	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	600,288	194.01
194.02	07952	OTHER FACILITIES	0	2,938,412	194.02
194.03	07953	HEART HOSPITAL	0	323,979	194.03
194.04	07954	PUBLIC RELATIONS	0	1,481,831	194.04
194.05	07955	CHILD CARE CENTER	0	1,418,646	194.05
194.06	07956	CENTER FOR LIFE BALANCE	0	33,711	194.06
194.07	07957	DEACONESS VNA	0	744,315	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet A Date/Time Prepared: 2/27/2017 10:18 am
---	--	-----------------------	---	--

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.08	07958	HEALTHSOUTH	6.00	7.00	
194.09	07959	HOME OFFICE	0	0	194.08
200.00		TOTAL (SUM OF LINES 118-199)	-125,402,531	535,773,099	194.09
					200.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 10:18 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	725,905	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
	0		0	725,905	
B - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	20,897,948	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	0	0	20,897,948	46.00
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	253,514	1.00
2.00		0.00	0	0	2.00
	0		0	253,514	
D - CAFETERIA					
1.00	CAFETERIA	11.00	1,181,871	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,055,278	0	2.00
3.00		0.00	0	0	3.00
4.00	CAFETERIA	11.00	0	1,064,211	4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	950,221	5.00
6.00		0.00	0	0	6.00
	0		2,237,149	2,014,432	
E - INCENTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	53,582	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	1,414,522	0	2.00
3.00	OPERATION OF PLANT	7.00	110,773	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	17,147	0	4.00
5.00	HOUSEKEEPING	9.00	66,426	0	5.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 10:18 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	DIETARY	10.00	89,150	0	6.00
7.00	NURSING ADMINISTRATION	13.00	26,459	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	38,987	0	8.00
9.00	PHARMACY	15.00	121,773	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	28,907	0	10.00
11.00	SOCIAL SERVICE	17.00	41,899	0	11.00
12.00	PARAMED ED PRGM-PHARMACY	23.00	589	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	266,247	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	85,340	0	14.00
15.00	CORONARY CARE UNIT	32.00	31,241	0	15.00
16.00	SUBPROVIDER - IPF	40.00	11,423	0	16.00
17.00	OPERATING ROOM	50.00	166,080	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	121,085	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	15,127	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	12,321	0	20.00
21.00	LABORATORY	60.00	197,564	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	7,065	0	22.00
23.00	RESPIRATORY THERAPY	65.00	43,156	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	4,636	0	24.00
25.00	CLINIC	90.00	16,593	0	25.00
26.00	FAMILY PRACTICE CLINIC	90.01	14,907	0	26.00
27.00	OUTPATIENT PSYCH SERVICES	90.02	3,548	0	27.00
28.00	INFUSION CENTER	90.03	1,369	0	28.00
29.00	PRIMARY CARE FOR SENIORS	90.04	13,170	0	29.00
30.00	PAIN MANAGEMENT	90.05	27,440	0	30.00
31.00	WOUND CARE CENTER	90.06	10,050	0	31.00
32.00	SLEEP CENTER	90.07	10,993	0	32.00
33.00	EMERGENCY	91.00	61,882	0	33.00
34.00	DURABLE MEDICAL EQUIP-RENTED	96.00	49,268	0	34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	17,332	0	35.00
36.00	HEARTCARE	192.02	4,710	0	36.00
37.00	FAMILY PRACTICE	192.03	4,857	0	37.00
38.00	MISC NONREIMBURSABLE	194.00	26,660	0	38.00
39.00	OCCUPATIONAL HEALTH	194.01	9,165	0	39.00
40.00	PUBLIC RELATIONS	194.04	14,766	0	40.00
41.00	CHILD CARE CENTER	194.05	27,527	0	41.00
44.00		0.00	0	0	44.00
0			3,285,736	0	
F - LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	458,953	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	316,802	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
0			0	775,755	
G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	43,382,031	1.00
2.00		0.00	0	0	2.00
0			0	43,382,031	
H - CENTRAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	416,681	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	53,071	2.00
3.00		0.00	0	0	3.00
0			0	469,752	
I - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,454,659	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,176,891	0	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	56,203	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
0			2,631,550	56,203	
J - PASTORAL EDUCATION					
1.00	PARAMED ED PRGM-CHAPLAIN	23.01	200,748	0	1.00
2.00	PARAMED ED PRGM-CHAPLAIN	23.01	0	5,006	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 10:18 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	0		200,748	5,006	
K - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	666,512	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	7,994	2.00
3.00		0.00	0	0	3.00
	0		0	674,506	
L - PUBLIC RELATIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	751	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	56,706	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		751	56,706	
M - NURSING EDUCATION					
1.00	PARAMED ED PRGM-NURSING	23.03	617,949	0	1.00
2.00		0.00	0	0	2.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	0		617,949	0	
N - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,771,142	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,390,112	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
9.00		0.00	0	0	9.00
	0		0	29,161,254	
P - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,845,899	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		0	1,845,899	
Q - PROPERTY TAXES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	136,812	1.00
2.00		0.00	0	0	2.00
	0		0	136,812	
R - DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,711	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	88,679	2.00
3.00	OPERATION OF PLANT	7.00	0	10,068	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	4,268	4.00
5.00	HOUSEKEEPING	9.00	0	33,032	5.00
6.00	DIETARY	10.00	0	11,107	6.00
7.00	NURSING ADMINISTRATION	13.00	0	17,265	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,356	8.00
9.00	PHARMACY	15.00	0	94,083	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,981	10.00
11.00	SOCIAL SERVICE	17.00	0	18,930	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	243,334	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	76,191	13.00
14.00	CORONARY CARE UNIT	32.00	0	20,122	14.00
15.00	SUBPROVIDER - IPF	40.00	0	2,403	15.00
16.00	OPERATING ROOM	50.00	0	72,194	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,358	17.00
19.00	CARDIAC CATHETERIZATION	59.00	0	8,454	19.00
20.00	LABORATORY	60.00	0	98,035	20.00
21.00	INTRAVENOUS THERAPY	64.00	0	2,746	21.00
22.00	RESPIRATORY THERAPY	65.00	0	15,936	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	2,620	23.00
24.00	CLINIC	90.00	0	4,867	24.00
25.00	FAMILY PRACTICE CLINIC	90.01	0	1,599	25.00
26.00	OUTPATIENT PSYCH SERVICES	90.02	0	694	26.00
27.00	INFUSION CENTER	90.03	0	2,511	27.00
28.00	PRIMARY CARE FOR SENIORS	90.04	0	6,196	28.00
29.00	PAIN MANAGEMENT	90.05	0	8,287	29.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
2/27/2017 10:18 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
30.00	WOUND CARE CENTER	90.06	0	1,335	30.00
31.00	SLEEP CENTER	90.07	0	6,257	31.00
32.00	EMERGENCY	91.00	0	105,442	32.00
33.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	14,029	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	19,722	34.00
35.00	HEARTCARE	192.02	0	124	35.00
36.00	FAMILY PRACTICE	192.03	0	9,707	36.00
37.00	MISC NONREIMBURSABLE	194.00	0	666	37.00
39.00	CHILD CARE CENTER	194.05	0	964	39.00
	0		0	1,065,273	
S - SALARY IN NON-SALARY ACCOUNTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,000	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	8,093	0	2.00
3.00	OPERATION OF PLANT	7.00	1,525	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	475	0	4.00
5.00	HOUSEKEEPING	9.00	1,075	0	5.00
6.00	DIETARY	10.00	925	0	6.00
7.00	NURSING ADMINISTRATION	13.00	1,245	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	525	0	8.00
9.00	PHARMACY	15.00	425	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	725	0	10.00
11.00	SOCIAL SERVICE	17.00	1,025	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	42,985	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	2,250	0	13.00
14.00	CORONARY CARE UNIT	32.00	200	0	14.00
15.00	SUBPROVIDER - IPF	40.00	160	0	15.00
16.00	OPERATING ROOM	50.00	4,095	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	435	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	575	0	18.00
19.00	LABORATORY	60.00	2,615	0	19.00
20.00	INTRAVENOUS THERAPY	64.00	25	0	20.00
21.00	RESPIRATORY THERAPY	65.00	10	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	150	0	22.00
23.00	CLINIC	90.00	50	0	23.00
24.00	FAMILY PRACTICE CLINIC	90.01	4,080	0	24.00
25.00	OUTPATIENT PSYCH SERVICES	90.02	300	0	25.00
26.00	PRIMARY CARE FOR SENIORS	90.04	5,065	0	26.00
27.00	PAIN MANAGEMENT	90.05	875	0	27.00
28.00	WOUND CARE CENTER	90.06	400	0	28.00
29.00	SLEEP CENTER	90.07	1,380	0	29.00
30.00	MED/ONCOLOGY	90.08	25	0	30.00
31.00	EMERGENCY	91.00	1,715	0	31.00
32.00	DURABLE MEDICAL EQUIP-RENTED	96.00	440	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	8,785	0	33.00
34.00	MISC NONREIMBURSABLE	194.00	25	0	34.00
35.00	OCCUPATIONAL HEALTH	194.01	25	0	35.00
36.00	PUBLIC RELATIONS	194.04	350	0	36.00
37.00	CHILD CARE CENTER	194.05	1,200	0	37.00
	0		95,253	0	
T - PART A PHYSICIANS					
1.00	INTENSIVE CARE UNIT	31.00	60,700	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	6,450	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		60,700	6,450	
U - HEART SALARIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	724	0	1.00
2.00	NURSING ADMINISTRATION	13.00	144	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	23,992	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	14,041	0	4.00
5.00	OPERATING ROOM	50.00	31,696	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13	6.00
7.00	CARDIAC CATHETERIZATION	59.00	2,513	0	7.00
8.00	EMERGENCY	91.00	1,979	0	8.00
	0		75,089	13	
Y - HSB BUILDING					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	56,427	1.00
	0		0	56,427	
Z - CARE TEAM					
1.00	ADULTS & PEDIATRICS	30.00	349,596	0	1.00
2.00	OUTPATIENT PSYCH SERVICES	90.02	320,771	0	2.00
3.00	EMERGENCY	91.00	0	55,769	3.00
	0		670,367	55,769	
500.00	Grand Total: Increases		9,875,292	101,639,655	500.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 10:18 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION						
1.00	0.00	0	0	9	1.00	
2.00	5.00	0	10,222	9	2.00	
3.00	194.00	0	2,505	9	3.00	
4.00	194.02	0	713,178	9	4.00	
		0	725,905			
B - EQUIPMENT DEPRECIATION						
1.00	0.00	0	0	9	1.00	
2.00	1.00	0	1,440,048	9	2.00	
3.00	4.00	0	18,670	9	3.00	
4.00	5.00	0	10,788,689	9	4.00	
5.00	7.00	0	113,209	9	5.00	
6.00	8.00	0	179,016	9	6.00	
7.00	9.00	0	58,920	9	7.00	
8.00	10.00	0	126,360	9	8.00	
9.00	13.00	0	506,137	9	9.00	
10.00	14.00	0	215,140	9	10.00	
11.00	15.00	0	219,216	9	11.00	
12.00	16.00	0	104,448	9	12.00	
13.00	17.00	0	1,800	9	13.00	
14.00	30.00	0	1,330,402	9	14.00	
15.00	31.00	0	281,964	9	15.00	
16.00	32.00	0	82,019	9	16.00	
17.00	40.00	0	491	9	17.00	
18.00	50.00	0	2,204,984	9	18.00	
19.00	54.00	0	1,186,104	9	19.00	
20.00	55.00	0	25,216	9	20.00	
21.00	59.00	0	195,704	9	21.00	
22.00	60.00	0	706,613	9	22.00	
23.00	64.00	0	6,684	9	23.00	
24.00	65.00	0	53,697	9	24.00	
25.00	66.00	0	30,367	9	25.00	
26.00	69.00	0	9,440	9	26.00	
27.00	90.00	0	10,190	9	27.00	
28.00	90.01	0	36,648	9	28.00	
29.00	90.02	0	343	9	29.00	
30.00	90.03	0	10,641	9	30.00	
31.00	90.04	0	26,939	9	31.00	
32.00	90.05	0	94,236	9	32.00	
33.00	90.06	0	9,114	9	33.00	
34.00	90.07	0	60,362	9	34.00	
35.00	90.08	0	7,108	9	35.00	
36.00	91.00	0	334,959	9	36.00	
37.00	96.00	0	174,680	9	37.00	
38.00	192.00	0	145,510	9	38.00	
39.00	192.02	0	1,344	9	39.00	
40.00	192.03	0	57,754	9	40.00	
41.00	194.00	0	25,158	9	41.00	
42.00	194.01	0	291	9	42.00	
43.00	194.04	0	4,986	9	43.00	
44.00	194.05	0	8,276	9	44.00	
45.00	194.06	0	2,688	9	45.00	
46.00	194.07	0	1,383	9	46.00	
		0	20,897,948			
C - INTEREST EXPENSE						
1.00	0.00	0	0	11	1.00	
2.00	1.00	0	253,514	11	2.00	
		0	253,514			
D - CAFETERIA						
1.00	0.00	0	0	0	1.00	
2.00	0.00	0	0	0	2.00	
3.00	10.00	2,237,149	0	0	3.00	
4.00	0.00	0	0	0	4.00	
5.00	0.00	0	0	0	5.00	
6.00	10.00	0	2,014,432	0	6.00	
		2,237,149	2,014,432			
E - INCENTIVE COMPENSATION						
1.00	0.00	0	0	0	1.00	
2.00	0.00	0	0	0	2.00	
3.00	0.00	0	0	0	3.00	
4.00	0.00	0	0	0	4.00	
5.00	0.00	0	0	0	5.00	
6.00	0.00	0	0	0	6.00	
7.00	0.00	0	0	0	7.00	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 10:18 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
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
11.00	0.00	0	0	0	0		11.00
12.00	0.00	0	0	0	0		12.00
13.00	0.00	0	0	0	0		13.00
14.00	0.00	0	0	0	0		14.00
15.00	0.00	0	0	0	0		15.00
16.00	0.00	0	0	0	0		16.00
17.00	0.00	0	0	0	0		17.00
18.00	0.00	0	0	0	0		18.00
19.00	0.00	0	0	0	0		19.00
20.00	0.00	0	0	0	0		20.00
21.00	0.00	0	0	0	0		21.00
22.00	0.00	0	0	0	0		22.00
23.00	0.00	0	0	0	0		23.00
24.00	0.00	0	0	0	0		24.00
25.00	0.00	0	0	0	0		25.00
26.00	0.00	0	0	0	0		26.00
27.00	0.00	0	0	0	0		27.00
28.00	0.00	0	0	0	0		28.00
29.00	0.00	0	0	0	0		29.00
30.00	0.00	0	0	0	0		30.00
31.00	0.00	0	0	0	0		31.00
32.00	0.00	0	0	0	0		32.00
33.00	0.00	0	0	0	0		33.00
34.00	0.00	0	0	0	0		34.00
35.00	0.00	0	0	0	0		35.00
36.00	0.00	0	0	0	0		36.00
37.00	0.00	0	0	0	0		37.00
38.00	0.00	0	0	0	0		38.00
39.00	0.00	0	0	0	0		39.00
40.00	0.00	0	0	0	0		40.00
41.00	0.00	0	0	0	0		41.00
44.00	ADMINISTRATIVE & GENERAL	5.00	3,285,736	0	0		44.00
	0		3,285,736	0			
F - LEASES							
1.00		0.00	0	0	10		1.00
2.00		0.00	0	0	10		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	16,102	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	624,890	0		4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48,048	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	83,786	0		6.00
7.00	HEARTCARE	192.02	0	2,929	0		7.00
	0		0	775,755			
G - DRUGS							
1.00		0.00	0	0	0		1.00
2.00	PHARMACY	15.00	0	43,382,031	0		2.00
	0		0	43,382,031			
H - CENTRAL SUPPLY							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	469,752	0		3.00
	0		0	469,752			
I - RESIDENTS							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	FAMILY PRACTICE CLINIC	90.01	2,605,834	0	0		4.00
5.00	FAMILY PRACTICE CLINIC	90.01	0	56,203	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	25,716	0		6.00
	0		2,605,834	81,919			
J - PASTORAL EDUCATION							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	200,748	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	5,006	0		4.00
	0		200,748	5,006			
K - INSURANCE							
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	674,506	0		3.00
	0		0	674,506			

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 10:18 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
L - PUBLIC RELATIONS						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	PUBLIC RELATIONS	194.04	751	0	0	3.00
4.00	PUBLIC RELATIONS	194.04	0	56,706	0	4.00
	0		751	56,706		
M - NURSING EDUCATION						
1.00	0.00	0	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	14,090	0	0	2.00
4.00	ADULTS & PEDIATRICS	30.00	256,681	0	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	139,460	0	0	5.00
6.00	CORONARY CARE UNIT	32.00	61,921	0	0	6.00
7.00	SUBPROVIDER - IPF	40.00	6,244	0	0	7.00
8.00	OPERATING ROOM	50.00	104,546	0	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	22,473	0	0	9.00
10.00	INTRAVENOUS THERAPY	64.00	6,959	0	0	10.00
11.00	EMERGENCY	91.00	5,575	0	0	11.00
	0		617,949	0		
N - MEDICAL SUPPLIES CHARGED						
1.00	0.00	0	0	0	0	1.00
2.00	0.00	0	0	0	0	2.00
3.00	OPERATING ROOM	50.00	0	23,783,916	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,160,803	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	2,224,890	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	333,583	0	6.00
7.00	PAIN MANAGEMENT	90.05	0	390,998	0	7.00
9.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	267,064	0	9.00
	0		0	29,161,254		
P - BENEFITS						
1.00	0.00	0	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	916,817	0	2.00
3.00	FAMILY PRACTICE	192.03	0	929,082	0	3.00
	0		0	1,845,899		
Q - PROPERTY TAXES						
1.00	0.00	0	0	0	13	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	136,812	0	2.00
	0		0	136,812		
R - DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,711	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	88,679	0	0	2.00
3.00	OPERATION OF PLANT	7.00	10,068	0	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	4,268	0	0	4.00
5.00	HOUSEKEEPING	9.00	33,032	0	0	5.00
6.00	DIETARY	10.00	11,107	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	17,265	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	3,356	0	0	8.00
9.00	PHARMACY	15.00	94,083	0	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	15,981	0	0	10.00
11.00	SOCIAL SERVICE	17.00	18,930	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	243,334	0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	76,191	0	0	13.00
14.00	CORONARY CARE UNIT	32.00	20,122	0	0	14.00
15.00	SUBPROVIDER - IPF	40.00	2,403	0	0	15.00
16.00	OPERATING ROOM	50.00	72,194	0	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	37,358	0	0	17.00
19.00	CARDIAC CATHETERIZATION	59.00	8,454	0	0	19.00
20.00	LABORATORY	60.00	98,035	0	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	2,746	0	0	21.00
22.00	RESPIRATORY THERAPY	65.00	15,936	0	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	2,620	0	0	23.00
24.00	CLINIC	90.00	4,867	0	0	24.00
25.00	FAMILY PRACTICE CLINIC	90.01	1,599	0	0	25.00
26.00	OUTPATIENT PSYCH SERVICES	90.02	694	0	0	26.00
27.00	INFUSION CENTER	90.03	2,511	0	0	27.00
28.00	PRIMARY CARE FOR SENIORS	90.04	6,196	0	0	28.00
29.00	PAIN MANAGEMENT	90.05	8,287	0	0	29.00
30.00	WOUND CARE CENTER	90.06	1,335	0	0	30.00
31.00	SLEEP CENTER	90.07	6,257	0	0	31.00
32.00	EMERGENCY	91.00	105,442	0	0	32.00
33.00	DURABLE MEDICAL EQUIP-RENTED	96.00	14,029	0	0	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	19,722	0	0	34.00
35.00	HEARTCARE	192.02	124	0	0	35.00
36.00	FAMILY PRACTICE	192.03	9,707	0	0	36.00
37.00	MISC NONREIMBURSABLE	194.00	666	0	0	37.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
2/27/2017 10:18 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
39.00	CHILD CARE CENTER	194.05	964	0	0	39.00
			1,065,273	0		
S - SALARY IN NON-SALARY ACCOUNTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,000	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	8,093	0	2.00
3.00	OPERATION OF PLANT	7.00	0	1,525	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	475	0	4.00
5.00	HOUSEKEEPING	9.00	0	1,075	0	5.00
6.00	DIETARY	10.00	0	925	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,245	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	525	0	8.00
9.00	PHARMACY	15.00	0	425	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	725	0	10.00
11.00	SOCIAL SERVICE	17.00	0	1,025	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	42,985	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	2,250	0	13.00
14.00	CORONARY CARE UNIT	32.00	0	200	0	14.00
15.00	SUBPROVIDER - IPF	40.00	0	160	0	15.00
16.00	OPERATING ROOM	50.00	0	4,095	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	435	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	575	0	18.00
19.00	LABORATORY	60.00	0	2,615	0	19.00
20.00	INTRAVENOUS THERAPY	64.00	0	25	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	10	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	150	0	22.00
23.00	CLINIC	90.00	0	50	0	23.00
24.00	FAMILY PRACTICE CLINIC	90.01	0	4,080	0	24.00
25.00	OUTPATIENT PSYCH SERVICES	90.02	0	300	0	25.00
26.00	PRIMARY CARE FOR SENIORS	90.04	0	5,065	0	26.00
27.00	PAIN MANAGEMENT	90.05	0	875	0	27.00
28.00	WOUND CARE CENTER	90.06	0	400	0	28.00
29.00	SLEEP CENTER	90.07	0	1,380	0	29.00
30.00	MED/ONCOLOGY	90.08	0	25	0	30.00
31.00	EMERGENCY	91.00	0	1,715	0	31.00
32.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	440	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,785	0	33.00
34.00	MISC NONREIMBURSABLE	194.00	0	25	0	34.00
35.00	OCCUPATIONAL HEALTH	194.01	0	25	0	35.00
36.00	PUBLIC RELATIONS	194.04	0	350	0	36.00
37.00	CHILD CARE CENTER	194.05	0	1,200	0	37.00
			0	95,253		
T - PART A PHYSICIANS						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	60,700	0	0	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,450	0	4.00
			60,700	6,450		
U - HEART SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	724	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	144	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	23,992	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	14,041	0	4.00
5.00	OPERATING ROOM	50.00	0	31,696	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	13	0	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	2,513	0	7.00
8.00	EMERGENCY	91.00	0	1,979	0	8.00
			13	75,089		
Y - HSB BUILDING						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	56,427	9	1.00
			0	56,427		
Z - CARE TEAM						
1.00	EMERGENCY	91.00	670,367	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	29,083	0	2.00
3.00	OUTPATIENT PSYCH SERVICES	90.02	0	26,686	0	3.00
			670,367	55,769		
500.00	Grand Total: Decreases		10,744,520	100,770,427		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
2/27/2017 10:18 am

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,152,133	2,349,283	0	2,349,283	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	495,659,631	18,582,732	0	18,582,732	665,037	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	285,044,852	19,089,966	0	19,089,966	81,971,305	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	799,856,616	40,021,981	0	40,021,981	82,636,342	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	799,856,616	40,021,981	0	40,021,981	82,636,342	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,501,416	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	513,577,326	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	222,163,513	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	757,242,255	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	757,242,255	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part II
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	18,506,327	0	6,964,472	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,138,619	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,506,327	5,138,619	6,964,472	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	25,470,799				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,138,619				2.00
3.00	Total (sum of lines 1-2)	0	30,609,418				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	535,078,741	0	535,078,741	0.706615	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	222,163,513	0	222,163,513	0.293385	0	2.00
3.00	Total (sum of lines 1-2)	757,242,254	0	757,242,254	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	20,019,800	458,953	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	56,427	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	20,897,948	5,455,421	2.00
3.00	Total (sum of lines 1-2)	0	0	0	40,974,175	5,914,374	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 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	6,047,087	666,512	0	0	27,192,352	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	7,994	0	0	64,421	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	253,514	0	136,812	0	26,743,695	2.00
3.00	Total (sum of lines 1-2)	6,300,601	674,506	136,812	0	54,000,468	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-663,871	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT		1.01		1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-23,813	ADMINISTRATIVE & GENERAL		5.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		7.00
8.00 Television and radio service (chapter 21)		0			0.00		8.00
9.00 Parking lot (chapter 21)	B	-27,220	CAP REL COSTS-BLDG & FIXT		1.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-44,501,651					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-55,049,215					12.00
13.00 Laundry and linen service		0			0.00		13.00
14.00 Cafeteria-employees and guests	B	-459,054	CAFETERIA		11.00		14.00
15.00 Rental of quarters to employee and others		0			0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00 Sale of drugs to other than patients		0			0.00		17.00
18.00 Sale of medical records and abstracts		0			0.00		18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00		19.00
20.00 Vending machines	B	-19,470	CAFETERIA		11.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-2,835	ADMINISTRATIVE & GENERAL		5.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00		26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.01		26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant					0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 FITNESS MEMBERSHIPS	B	-9,866	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 MISCELLANEOUS	B	-594	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 POPULATION HEALTH	A	-6,301,049	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 CALL CENTER	B	-16,081	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 PRIMARY CARE SENIORS - NON OP	B	-620	PRIMARY CARE FOR SENIORS	90.04	0	33.04
33.05 PROFESSIONAL BILLING FEES	B	-13,105	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06 WEIGHT LOSS PROGRAM	B	-15,085	OPERATING ROOM	50.00	0	33.06
33.07 FINANCE CHARGES	A	273,831	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08 HOSPITAL ASSESSMENT FEE	A	-19,733,745	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 PROPERTY TAX - RENTAL PROPERTY	A	-581,810	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10 FAMILY PRACTICE GRANT	A	74,841	FAMILY PRACTICE CLINIC	90.01	0	33.10
33.11 NURSING ADMIN GRANT	A	100,040	NURSING ADMINISTRATION	13.00	0	33.11
33.13 MEDICAL AFFAIRS -MEDICAL STAFF	A	20,058	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14 DEFEASANCE	A	2,282,225	CAP REL COSTS-BLDG & FIXT	1.00	9	33.14
33.18 AMORT. PHASE II	A	20,350	CAP REL COSTS-BLDG & FIXT	1.00	9	33.18
33.19 AMORT. PHASE I	A	6,463	CAP REL COSTS-BLDG & FIXT	1.00	9	33.19
33.20 1982 AMORT A & G COSTS	A	2,225	CAP REL COSTS-BLDG & FIXT	1.00	9	33.20
33.21 PHYSICIAN RECRUITMENT	A	-732,870	ADMINISTRATIVE & GENERAL	5.00	0	33.21
42.00 AHA/IHA DUES	A	-9,984	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00 ADVERTISEMENT	A	-14,867	ADMINISTRATIVE & GENERAL	5.00	0	43.00
43.01 ADVERTISEMENT	A	-5,759	RADIOLOGY-THERAPEUTIC	55.00	0	43.01
44.00		0		0.00	0	44.00
45.02		0		0.00	0	45.02
45.03		0		0.00	0	45.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-125,402,531				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: 15-0082

Period: From 10/01/2015 To 09/30/2016

Worksheet A-8-1

Date/Time Prepared: 2/27/2017 10:18 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	88,502	39,581	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	14,605	4,674	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	298,976	507,022	3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	FACILITY RENT	6,155	0	4.00
4.01	60.00	LABORATORY	FACILITY RENT	0	52,457	4.01
4.02	66.00	PHYSICAL THERAPY	FACILITY RENT	104,643	97,637	4.02
4.03	90.00	CLINIC	FACILITY RENT	67,917	43,350	4.03
4.04	0.00		FACILITY RENT	0	0	4.04
4.05	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	50,411	71,310	4.05
4.06	90.05	PAIN MANAGEMENT	FACILITY RENT	181,831	339,397	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	FACILITY RENT	1,970	0	4.07
4.08	50.00	OPERATING ROOM	CONTRACT SERVICES	12,484,235	28,597,026	4.08
4.09	66.00	PHYSICAL THERAPY	CONTRACT THERAPY	8,242,835	14,202,187	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	151,076	151,076	4.10
4.11	15.00	PHARMACY	FACILITY RENT	2,168	2,168	4.11
4.12	50.00	OPERATING ROOM	FACILITY RENT	224,847	224,847	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	441,860	441,860	4.13
4.14	60.00	LABORATORY	FACILITY RENT	101,062	101,062	4.14
4.15	90.00	CLINIC	FACILITY RENT	26,986	26,986	4.15
4.16	90.03	INFUSION CENTER	FACILITY RENT	46,733	46,733	4.16
4.17	55.00	RADIOLOGY-THERAPEUTIC	CONTRACT SERVICES	2,544,862	9,016,111	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	0	173,768	4.18
4.19	54.00	RADIOLOGY-DIAGNOSTIC	CONTRACT SERVICES	436,796	1,166,045	4.19
4.20	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	211,327	211,327	4.20
4.21	64.00	INTRAVENOUS THERAPY	CONTRACT SERVICES	918,471	663,458	4.21
4.22	69.00	ELECTROCARDIOLOGY	CONTRACT SERVICES	1,575,854	1,366,096	4.22
4.23	71.00	MEDICAL SUPPLIES CHARGED TO	CONTRACT SERVICES	161,815	222,619	4.23
4.24	90.08	MED/ONCOLOGY	FACILITY RENT	55,093	55,093	4.24
4.25	50.00	OPERATING ROOM	CONTRACT SERVICES	3,644,433	5,406,714	4.25
4.26	50.00	OPERATING ROOM	CONTRACT SERVICES	2,153,759	2,827,286	4.26
4.27	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	1,215,122	1,595,117	4.27
4.28	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	13,181,857	16,796,154	4.28
4.29	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	42,319,761	56,881,610	4.29
4.30	7.00	OPERATION OF PLANT	HOME OFFICE	2,195,172	2,792,630	4.30
4.31	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE	1,348,788	1,628,694	4.31
4.32	9.00	HOUSEKEEPING	HOME OFFICE	2,838,262	3,358,979	4.32
4.33	10.00	DIETARY	HOME OFFICE	2,182,483	2,535,203	4.33
4.34	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,857,157	1,967,636	4.34
4.35	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	1,613,739	1,723,843	4.35
4.36	15.00	PHARMACY	HOME OFFICE	4,973,462	6,371,835	4.36
4.37	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	2,244,734	3,023,720	4.37
4.38	17.00	SOCIAL SERVICE	HOME OFFICE	1,765,750	2,291,413	4.38
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			111,975,509	167,024,724	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

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

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

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00

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

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
2/27/2017 10:18 am

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.02	B		100.00	DEACONESS HEALT	0.00	10.02
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04
10.05	B		100.00	DEACONESS HEALT	0.00	10.05
10.06	C		100.00	DEACONESS HEALT	0.00	10.06
10.07	C		0.00	EVANSVILLE SURG	50.00	10.07
10.08	C		0.00	PROGRESSIVE HEA	51.00	10.08
10.09	C		0.00	PROGRESSIVE HEA	51.00	10.09
10.10	C	DEACONESS HEALT	0.00	PROGRESSIVE HEA	51.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.14
10.15	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.15
10.16	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.16
10.17	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.17
10.18	C		0.00	TRI-STATE RADI A	51.00	10.18
10.19	C		0.00	HEART HOSPITAL	51.00	10.19
10.20	C		0.00	HEART HOSPITAL	51.00	10.20
10.21	C		0.00	HEART HOSPITAL	51.00	10.21
10.22	C		0.00	HEART HOSPITAL	51.00	10.22
10.23	C		0.00	HEART HOSPITAL	51.00	10.23
10.24	C		0.00	HEART HOSPITAL	51.00	10.24
10.25	C		0.00	MAINSPIRING MGRS	51.00	10.25
10.26	C		0.00	VASC MED	51.00	10.26
10.27	C		0.00	VASC MED	51.00	10.27
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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
2/27/2017 10:18 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	48,921	0	1.00
2.00	9,931	0	2.00
3.00	-208,046	0	3.00
4.00	6,155	0	4.00
4.01	-52,457	0	4.01
4.02	7,006	0	4.02
4.03	24,567	0	4.03
4.04	0	0	4.04
4.05	-20,899	0	4.05
4.06	-157,566	0	4.06
4.07	1,970	0	4.07
4.08	-16,112,791	0	4.08
4.09	-5,959,352	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	-6,471,249	0	4.17
4.18	-173,768	0	4.18
4.19	-729,249	0	4.19
4.20	0	0	4.20
4.21	255,013	0	4.21
4.22	209,758	0	4.22
4.23	-60,804	0	4.23
4.24	0	0	4.24
4.25	-1,762,281	0	4.25
4.26	-673,527	0	4.26
4.27	-379,995	0	4.27
4.28	-3,614,297	0	4.28
4.29	-14,561,849	0	4.29
4.30	-597,458	0	4.30
4.31	-279,906	0	4.31
4.32	-520,717	0	4.32
4.33	-352,720	0	4.33
4.34	-110,479	0	4.34
4.35	-110,104	0	4.35
4.36	-1,398,373	0	4.36
4.37	-778,986	0	4.37
4.38	-525,663	0	4.38
5.00	-55,049,215	0	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	HEALTH SYSTEM	6.00
7.00	HEALTH SYSTEM	7.00
8.00	HEALTH SYSTEM	8.00
9.00	HEALTH SYSTEM	9.00
10.00	HEALTH SYSTEM	10.00
10.01	HEALTH SYSTEM	10.01

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

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
2/27/2017 10:18 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.02	HEALTH SYSTEM		10.02
10.03	HEALTH SYSTEM		10.03
10.04	HEALTH SYSTEM		10.04
10.05	HEALTH SYSTEM		10.05
10.06	HEALTH SYSTEM		10.06
10.07	SURGERY		10.07
10.08	THERAPY SERVICE		10.08
10.09	THERAPY SERVICE		10.09
10.10	THERAPY SERVICE		10.10
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13
10.14	CLINIC		10.14
10.15	CLINIC		10.15
10.16	CLINIC		10.16
10.17	CLINIC		10.17
10.18	RADIATION THRPY		10.18
10.19	HOSPITAL		10.19
10.20	HOSPITAL		10.20
10.21	HOSPITAL		10.21
10.22	HOSPITAL		10.22
10.23	HOSPITAL		10.23
10.24	HOSPITAL		10.24
10.25	SURGERY MGMT		10.25
10.26	SURGERY MGMT		10.26
10.27	SURGERY MGMT		10.27
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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
2/27/2017 10:18 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	153,136	0	153,136	179,000	1,614	1.00
2.00	30.00	ADULTS & PEDIATRICS	17,255,683	15,764,246	1,491,437	179,000	7,358	2.00
3.00	31.00	INTENSIVE CARE UNIT	67,150	0	67,150	179,000	54	3.00
4.00	50.00	OPERATING ROOM	12,057,422	10,514,187	1,543,235	179,000	3,060	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	3,162	3,162	0	246,400	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	71,611	0	71,611	179,000	272	6.00
7.00	60.00	LABORATORY	698,082	210,709	487,373	179,000	864	7.00
8.00	65.00	RESPIRATORY THERAPY	4,170	0	4,170	260,300	35	8.00
9.00	69.00	ELECTROCARDIOLOGY	186,879	186,879	0	179,000	0	9.00
10.00	74.00	RENAL DIALYSIS	3,900	0	3,900	179,000	26	10.00
11.00	90.00	CLINIC	9,930	6,795	3,135	179,000	29	11.00
12.00	90.01	FAMILY PRACTICE CLINIC	355,768	355,768	0	179,000	0	12.00
13.00	90.03	INFUSION CENTER	19,038	19,038	0	179,000	0	13.00
14.00	90.04	PRIMARY CARE FOR SENIORS	1,303,968	1,215,067	88,901	179,000	664	14.00
15.00	90.05	PAIN MANAGEMENT	160,036	146,420	13,616	179,000	118	15.00
16.00	90.06	WOUND CARE CENTER	83,167	81,902	1,265	179,000	11	16.00
17.00	90.07	SLEEP CENTER	1,159,967	1,150,307	9,660	179,000	81	17.00
18.00	91.00	EMERGENCY	17,153,917	10,600,196	6,553,721	179,000	58,372	18.00
200.00			50,746,986	40,254,676	10,492,310		72,558	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	138,897	6,945	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	633,213	31,661	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	4,647	232	0	0	0	3.00
4.00	50.00	OPERATING ROOM	263,337	13,167	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	23,408	1,170	0	0	0	6.00
7.00	60.00	LABORATORY	74,354	3,718	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	4,380	219	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	74.00	RENAL DIALYSIS	2,238	112	0	0	0	10.00
11.00	90.00	CLINIC	2,496	125	0	0	0	11.00
12.00	90.01	FAMILY PRACTICE CLINIC	0	0	0	0	0	12.00
13.00	90.03	INFUSION CENTER	0	0	0	0	0	13.00
14.00	90.04	PRIMARY CARE FOR SENIORS	57,142	2,857	0	0	0	14.00
15.00	90.05	PAIN MANAGEMENT	10,155	508	0	0	0	15.00
16.00	90.06	WOUND CARE CENTER	947	47	0	0	0	16.00
17.00	90.07	SLEEP CENTER	6,971	349	0	0	0	17.00
18.00	91.00	EMERGENCY	5,023,360	251,168	0	0	0	18.00
200.00			6,245,545	312,278	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	138,897	14,239	14,239		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	633,213	858,224	16,622,470		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	4,647	62,503	62,503		3.00
4.00	50.00	OPERATING ROOM	0	263,337	1,279,898	11,794,085		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,162		5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	23,408	48,203	48,203		6.00
7.00	60.00	LABORATORY	0	74,354	413,019	623,728		7.00
8.00	65.00	RESPIRATORY THERAPY	0	4,380	0	0		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	186,879		9.00
10.00	74.00	RENAL DIALYSIS	0	2,238	1,662	1,662		10.00
11.00	90.00	CLINIC	0	2,496	639	7,434		11.00
12.00	90.01	FAMILY PRACTICE CLINIC	0	0	0	355,768		12.00
13.00	90.03	INFUSION CENTER	0	0	0	19,038		13.00
14.00	90.04	PRIMARY CARE FOR SENIORS	0	57,142	31,759	1,246,826		14.00
15.00	90.05	PAIN MANAGEMENT	0	10,155	3,461	149,881		15.00
16.00	90.06	WOUND CARE CENTER	0	947	318	82,220		16.00
17.00	90.07	SLEEP CENTER	0	6,971	2,689	1,152,996		17.00
18.00	91.00	EMERGENCY	0	5,023,360	1,530,361	12,130,557		18.00
200.00			0	6,245,545	4,246,975	44,501,651		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	27,192,352	27,192,352			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	64,421	0	64,421		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	26,743,695			26,743,695	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	43,061,602	14,629	4,611	24,734	43,105,576
5.00 00500	ADMINISTRATIVE & GENERAL	66,538,794	1,234,738	35,260	14,315,154	6,646,278
7.00 00700	OPERATION OF PLANT	11,517,892	3,650,523	0	149,989	611,770
8.00 00800	LAUNDRY & LINEN SERVICE	786,542	13,587	0	237,176	114,924
9.00 00900	HOUSEKEEPING	4,819,941	6,041	0	78,062	768,986
10.00 01000	DIETARY	2,262,352	59,307	0	167,413	251,804
11.00 01100	CAFETERIA	1,767,558	162,848	0	0	216,904
13.00 01300	NURSING ADMINISTRATION	2,959,295	10,344	0	670,575	407,956
14.00 01400	CENTRAL SERVICES & SUPPLY	3,620,292	8,994	0	285,037	377,964
15.00 01500	PHARMACY	7,281,539	5,906	0	290,437	1,452,741
16.00 01600	MEDICAL RECORDS & LIBRARY	2,638,221	22,329	0	138,382	770,665
17.00 01700	SOCIAL SERVICE	3,351,138	0	0	2,385	616,470
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,454,659	0	0	0	266,968
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,233,094	0	0	0	215,990
23.00 02300	PARAMED ED PRGM-PHARMACY	269,269	7,450	0	7,131	45,046
23.01 02301	PARAMED ED PRGM-CHAPLAIN	205,754	31,497	935	17,979	36,842
23.03 02303	PARAMED ED PRGM-NURSING	617,949	36,495	0	10,333	113,410
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	47,311,858	5,608,445	0	1,728,191	9,373,301
31.00 03100	INTENSIVE CARE UNIT	13,335,997	1,088,545	0	372,572	1,991,940
32.00 03200	CORONARY CARE UNIT	3,409,444	167,982	0	108,666	496,038
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I/PF	1,235,987	94,567	0	651	205,575
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,686,657	2,427,770	0	2,921,359	4,258,746
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,876,032	825,378	0	2,399,366	1,732,910
55.00 05500	RADIOLOGY-THERAPEUTIC	4,108,668	335,810	0	33,408	132,249
59.00 05900	CARDIAC CATHETERIZATION	3,260,721	224,105	0	259,286	230,941
60.00 06000	LABORATORY	30,897,221	951,886	0	936,184	2,408,329
64.00 06400	INTRAVENOUS THERAPY	2,227,395	24,607	0	8,856	118,864
65.00 06500	RESPIRATORY THERAPY	4,029,321	123,748	0	71,143	587,031
66.00 06600	PHYSICAL THERAPY	8,880,249	149,339	0	40,233	0
69.00 06900	ELECTROCARDIOLOGY	2,258,424	76,985	0	12,507	75,318
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,127,019	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,443,183	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	43,382,031	0	0	0	0
74.00 07400	RENAL DIALYSIS	1,732,149	11,348	0	0	47,859
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,179,591	187,185	0	13,501	303,696
90.01 09001	FAMILY PRACTICE CLINIC	1,518,604	183,151	0	48,555	178,672
90.02 09002	OUTPATIENT PSYCH SERVICES	1,076,417	114,079	0	454	150,469
90.03 09003	INFUSION CENTER	1,050,439	74,612	0	14,098	130,677
90.04 09004	PRIMARY CARE FOR SENIORS	1,233,541	0	0	35,691	349,012
90.05 09005	PAIN MANAGEMENT	2,884,287	0	0	124,852	406,914
90.06 09006	WOUND CARE CENTER	791,730	9,167	0	12,075	118,630
90.07 09007	SLEEP CENTER	2,094,379	134,826	0	79,973	381,321
90.08 09008	MED/ONCOLOGY	398,922	65,020	0	9,417	43,728
91.00 09100	EMERGENCY	19,003,514	985,968	0	443,783	3,780,336
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	7,470,535	377,632	0	231,432	505,691
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPITAL	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	503,290,674	19,506,843	40,806	26,301,040	40,922,965
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,005,499	155,534	0	0	193,671
192.00 19200	PHYSICIANS' PRIVATE OFFICES	8,962,847	229,123	0	303,792	1,290,856
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	480,855	0	0	5,663	17,936
192.03 19203	FAMILY PRACTICE	10,686,183	35,086	0	76,518	113,743
194.00 07950	MISC NONREIMBURSABLE	2,805,859	153,295	17,808	33,332	185,729
194.01 07951	OCCUPATIONAL HEALTH	600,288	209,939	0	386	71,548
194.02 07952	OTHER FACILITIES	2,938,412	1,097,172	0	0	0
194.03 07953	HEART HOSPITAL	323,979	1,023,486	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.04 07954 PUBLIC RELATIONS	1,481,831	89,125	0	6,606	103,751	194.04
194.05 07955 CHILD CARE CENTER	1,418,646	301,843	0	10,965	205,012	194.05
194.06 07956 CENTER FOR LIFE BALANCE	33,711	0	0	3,561	341	194.06
194.07 07957 DEACONESS VNA	744,315	135,250	0	1,832	24	194.07
194.08 07958 HEALTHSOUTH	0	253,691	0	0	0	194.08
194.09 07959 HOME OFFICE	0	4,001,965	5,807	0	0	194.09
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)	535,773,099	27,192,352	64,421	26,743,695	43,105,576	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	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						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	88,770,224	88,770,224				5.00
7.00	00700	OPERATION OF PLANT	15,930,174	3,163,573	19,093,747			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,152,229	228,821	11,367	1,392,417		8.00
9.00	00900	HOUSEKEEPING	5,673,030	1,126,607	5,054	0	6,804,691	9.00
10.00	01000	DIETARY	2,740,876	544,311	49,616	11,989	17,698	10.00
11.00	01100	CAFETERIA	2,147,310	426,434	136,238	0	48,595	11.00
13.00	01300	NURSING ADMINISTRATION	4,048,170	803,926	23,977	0	8,552	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,292,287	852,405	7,524	10,744	2,684	14.00
15.00	01500	PHARMACY	9,030,623	1,793,391	4,941	0	1,762	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,569,597	708,886	18,681	0	6,663	16.00
17.00	01700	SOCIAL SERVICE	3,969,993	788,401	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,721,627	341,898	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,449,084	287,774	0	0	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY	328,896	65,315	6,232	0	2,223	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	293,007	58,188	37,910	0	13,522	23.01
23.03	02303	PARAMED PRGM-NURSING	778,187	154,540	30,532	0	10,890	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,021,795	12,714,012	4,692,006	649,856	1,673,592	30.00
31.00	03100	INTENSIVE CARE UNIT	16,789,054	3,334,138	910,672	112,793	324,828	31.00
32.00	03200	CORONARY CARE UNIT	4,182,130	830,529	140,533	30,760	50,127	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	1,536,780	305,189	79,114	4,222	28,219	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,294,532	10,186,581	2,031,062	158,253	724,460	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,833,686	4,534,542	690,508	65,333	246,297	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,610,135	915,527	280,937	0	100,207	55.00
59.00	05900	CARDIAC CATHETERIZATION	3,975,053	789,406	187,485	31,471	66,874	59.00
60.00	06000	LABORATORY	35,193,620	6,989,101	796,344	1,251	284,048	60.00
64.00	06400	INTRAVENOUS THERAPY	2,379,722	472,589	20,586	0	7,343	64.00
65.00	06500	RESPIRATORY THERAPY	4,811,243	955,465	103,527	153	36,927	65.00
66.00	06600	PHYSICAL THERAPY	9,069,821	1,801,176	124,936	18,325	44,564	66.00
69.00	06900	ELECTROCARDIOLOGY	2,423,234	481,230	64,406	3,629	22,973	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,127,019	2,011,125	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,443,183	3,861,222	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,382,031	8,615,238	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,791,356	355,745	9,494	0	3,386	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,683,973	533,010	156,598	1,279	55,857	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1,928,982	383,077	153,224	859	54,653	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	1,341,419	266,392	95,438	0	34,042	90.02
90.03	09003	INFUSION CENTER	1,269,826	252,175	62,420	2,399	22,264	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,618,244	321,367	0	272	0	90.04
90.05	09005	PAIN MANAGEMENT	3,416,053	678,394	0	10,628	0	90.05
90.06	09006	WOUND CARE CENTER	931,602	185,007	7,669	1,996	2,736	90.06
90.07	09007	SLEEP CENTER	2,690,499	534,306	112,795	147	40,233	90.07
90.08	09008	MED/ONCOLOGY	517,087	102,688	54,395	0	19,402	90.08
91.00	09100	EMERGENCY	24,213,601	4,808,579	824,857	166,313	294,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	8,585,290	1,704,953	315,925	0	112,687	96.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	492,956,284	80,267,233	12,247,003	1,282,672	4,362,526	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,354,704	467,621	130,119	1,838	46,412	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,786,618	2,142,114	191,683	7,490	68,371	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	1,198	0	192.01
192.02	19202	HEARTCARE	504,454	100,180	0	0	0	192.02
192.03	19203	FAMILY PRACTICE	10,911,530	2,166,921	29,353	0	10,470	192.03
194.00	07950	MISC NONREIMBURSABLE	3,196,023	634,698	568,801	12,324	202,886	194.00
194.01	07951	OCCUPATIONAL HEALTH	882,161	175,188	175,634	2,821	62,647	194.01
194.02	07952	OTHER FACILITIES	4,035,584	801,427	917,889	0	327,402	194.02
194.03	07953	HEART HOSPITAL	1,347,465	267,593	856,245	62,135	305,414	194.03
194.04	07954	PUBLIC RELATIONS	1,681,313	333,892	74,561	0	26,595	194.04
194.05	07955	CHILD CARE CENTER	1,936,466	384,563	252,520	5,974	90,072	194.05
194.06	07956	CENTER FOR LIFE BALANCE	37,613	7,470	0	0	0	194.06
194.07	07957	DEACONESS VNA	881,421	175,041	113,150	2,271	40,359	194.07
194.08	07958	HEALTHSOUTH	253,691	50,380	212,237	13,694	75,703	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
194.09	07959 HOME OFFICE	4,007,772	795,903	3,324,552	0	1,185,834	194.09
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)	535,773,099	88,770,224	19,093,747	1,392,417	6,804,691	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 2/27/2017 10:18 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,364,490					10.00
11.00	01100	CAFETERIA	0	2,758,577				11.00
13.00	01300	NURSING ADMINISTRATION	0	47,403	4,932,028			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	54,756	0	5,220,400		14.00
15.00	01500	PHARMACY	0	104,287	0	0	10,935,004	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	97,225	0	29	0	16.00
17.00	01700	SOCIAL SERVICE	0	57,464	0	1	94	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	22,057	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,063	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	3,192	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	6,191	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	10,545	31,808	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,316,553	748,005	2,256,342	203,122	3,634	30.00
31.00	03100	INTENSIVE CARE UNIT	368,155	178,391	538,114	97,379	1,512	31.00
32.00	03200	CORONARY CARE UNIT	85,823	43,437	131,027	28,092	466	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	75,387	22,637	68,286	3	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	235,275	709,703	154,864	5,974	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	162,429	0	192,142	3,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,609	0	226	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,930	51,068	6,000	84	59.00
60.00	06000	LABORATORY	0	299,608	0	820,762	690	60.00
64.00	06400	INTRAVENOUS THERAPY	0	8,803	26,556	50,639	32	64.00
65.00	06500	RESPIRATORY THERAPY	0	54,465	0	20,324	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,071	1,371	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,578	0	10,492	247	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,653,171	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,701,650	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	74,571	8,805,930	73.00
74.00	07400	RENAL DIALYSIS	0	3,676	11,089	10,099	197	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	27,958	84,336	11,553	13	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	19,638	59,239	1,720	17,711	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	0	53,111	11	0	90.02
90.03	09003	INFUSION CENTER	0	0	36,769	17,312	253	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	62,157	393	23,699	90.04
90.05	09005	PAIN MANAGEMENT	0	0	117,603	2,109	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	32,100	9,773	3,390	90.06
90.07	09007	SLEEP CENTER	0	0	89,588	4,322	16	90.07
90.08	09008	MED/ONCOLOGY	0	0	18,093	320	0	90.08
91.00	09100	EMERGENCY	57,632	184,002	555,039	94,108	396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	66,268	0	7,608	41,176	96.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,903,550	2,496,892	4,932,028	5,190,866	8,910,719	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,503	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,630	20,305	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	0	192.02
192.03	19203	FAMILY PRACTICE	0	8,997	0	17,930	2,000,461	192.03
194.00	07950	MISC NONREIMBURSABLE	225,343	22,154	0	3,251	1,259	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	3,646	2,010	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	HEART HOSPITAL	149,495	139,791	0	0	250	194.03
194.04	07954	PUBLIC RELATIONS	0	10,061	0	76	0	194.04
194.05	07955	CHILD CARE CENTER	0	42,179	0	0	0	194.05
194.06	07956	CENTER FOR LIFE BALANCE	0	0	0	3	0	194.06
194.07	07957	DEACONESS VNA	0	0	0	998	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.08	07958 HEALTHSOUTH	86,102	0	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
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)	3,364,490	2,758,577	4,932,028	5,220,400	10,935,004	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			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						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,401,081					16.00
17.00 01700 SOCIAL SERVICE	0	4,815,953				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,085,582			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		1,740,921		22.00
23.00 02300 PARAMED PRGM-PHARMACY	0	0			405,858	23.00
23.01 02301 PARAMED PRGM-CHAPLAIN	0	0				23.01
23.03 02303 PARAMED PRGM-NURSING	0	21,891				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	310,797	3,940,325	1,101,345	919,338		30.00
31.00 03100 INTENSIVE CARE UNIT	112,214	306,470	50,095	41,817		31.00
32.00 03200 CORONARY CARE UNIT	26,545	197,016	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
40.00 04000 SUBPROVIDER - I/PF	17,510	0	0	0		40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	639,209	0	170,108	141,996		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	738,954	0	6,889	5,750		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	70,980	0	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	95,184	0	36,693	30,629		59.00
60.00 06000 LABORATORY	412,629	0	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	8,097	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	60,898	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	149,869	0	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	72,853	0	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	60,434	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	110,940	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	496,409	0	0	0	405,858	73.00
74.00 07400 RENAL DIALYSIS	17,369	0	0	0		74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	11,565	0	0	0		90.00
90.01 09001 FAMILY PRACTICE CLINIC	6,423	0	569,136	475,081		90.01
90.02 09002 OUTPATIENT PSYCH SERVICES	8,079	0	0	0		90.02
90.03 09003 INFUSION CENTER	26,016	0	0	0		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	3,454	0	53,516	44,672		90.04
90.05 09005 PAIN MANAGEMENT	70,183	0	0	0		90.05
90.06 09006 WOUND CARE CENTER	4,828	0	0	0		90.06
90.07 09007 SLEEP CENTER	16,226	0	0	0		90.07
90.08 09008 MED/ONCOLOGY	2,487	0	0	0		90.08
91.00 09100 EMERGENCY	409,430	350,251	97,800	81,638		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	47,379	0	0	0		96.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,006,961	4,815,953	2,085,582	1,740,921	405,858	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,338	0	0	0		192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0		192.01
192.02 19202 HEARTCARE	1,942	0	0	0		192.02
192.03 19203 FAMILY PRACTICE	31,741	0	0	0		192.03
194.00 07950 MISC NONREIMBURSABLE	0	0	0	0		194.00
194.01 07951 OCCUPATIONAL HEALTH	0	0	0	0		194.01
194.02 07952 OTHER FACILITIES	0	0	0	0		194.02
194.03 07953 HEART HOSPITAL	356,836	0	0	0		194.03
194.04 07954 PUBLIC RELATIONS	0	0	0	0		194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0		194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			16.00	17.00			21.00
194.06 07956 CENTER FOR LIFE BALANCE	0	0	0	0	0	0	194.06
194.07 07957 DEACONESS VNA	2,263	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments			0	0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,401,081	4,815,953	2,085,582	1,740,921	405,858		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description			PARAMED PRGM-CHAPLAIN	PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	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						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED PRGM-PHARMACY						23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	408,818					23.01
23.03	02303	PARAMED PRGM-NURSING		1,038,393				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	408,818	441,396	96,400,936	-2,020,683	94,380,253	30.00
31.00	03100	INTENSIVE CARE UNIT	0	239,805	23,405,437	-91,912	23,313,525	31.00
32.00	03200	CORONARY CARE UNIT	0	106,482	5,852,967	0	5,852,967	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - I/PF	0	10,718	2,148,065	0	2,148,065	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	179,784	66,631,801	-312,104	66,319,697	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	29,480,364	-12,639	29,467,725	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,989,621	0	5,989,621	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,632	5,325,509	-67,322	5,258,187	59.00
60.00	06000	LABORATORY	0	0	44,798,053	0	44,798,053	60.00
64.00	06400	INTRAVENOUS THERAPY	0	11,976	2,986,343	0	2,986,343	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,043,002	0	6,043,002	65.00
66.00	06600	PHYSICAL THERAPY	0	0	11,228,133	0	11,228,133	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,085,642	0	3,085,642	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,851,749	0	13,851,749	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	25,116,995	0	25,116,995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	61,780,037	0	61,780,037	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,202,411	0	2,202,411	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	3,566,142	0	3,566,142	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	3,669,743	-1,044,217	2,625,526	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	0	1,798,492	0	1,798,492	90.02
90.03	09003	INFUSION CENTER	0	0	1,689,434	0	1,689,434	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	2,127,774	-98,188	2,029,586	90.04
90.05	09005	PAIN MANAGEMENT	0	0	4,294,970	0	4,294,970	90.05
90.06	09006	WOUND CARE CENTER	0	0	1,179,101	0	1,179,101	90.06
90.07	09007	SLEEP CENTER	0	0	3,488,132	0	3,488,132	90.07
90.08	09008	MED/ONCOLOGY	0	0	714,472	0	714,472	90.08
91.00	09100	EMERGENCY	0	9,600	32,147,464	-179,438	31,968,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	10,881,286	0	10,881,286	96.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	408,818	1,038,393	471,884,075	-3,826,503	468,057,572	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,039,197	0	3,039,197	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	13,221,549	0	13,221,549	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	1,198	0	1,198	192.01
192.02	19202	HEARTCARE	0	0	606,576	0	606,576	192.02
192.03	19203	FAMILY PRACTICE	0	0	15,177,403	0	15,177,403	192.03
194.00	07950	MISC NONREIMBURSABLE	0	0	4,866,739	0	4,866,739	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	1,304,107	0	1,304,107	194.01
194.02	07952	OTHER FACILITIES	0	0	6,082,302	0	6,082,302	194.02
194.03	07953	HEART HOSPITAL	0	0	3,485,224	0	3,485,224	194.03
194.04	07954	PUBLIC RELATIONS	0	0	2,126,498	0	2,126,498	194.04
194.05	07955	CHILD CARE CENTER	0	0	2,711,774	0	2,711,774	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
194.06	07956 CENTER FOR LIFE BALANCE	0	0	45,086	0	45,086	194.06
194.07	07957 DEACONESS VNA	0	0	1,215,503	0	1,215,503	194.07
194.08	07958 HEALTHSOUTH	0	0	691,807	0	691,807	194.08
194.09	07959 HOME OFFICE	0	0	9,314,061	0	9,314,061	194.09
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	408,818	1,038,393	535,773,099	-3,826,503	531,946,596	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,629	4,611	24,734	43,974
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,234,738	35,260	14,315,154	15,585,152
7.00 00700	OPERATION OF PLANT	0	3,650,523	0	149,989	3,800,512
8.00 00800	LAUNDRY & LINEN SERVICE	0	13,587	0	237,176	250,763
9.00 00900	HOUSEKEEPING	0	6,041	0	78,062	84,103
10.00 01000	DIETARY	0	59,307	0	167,413	226,720
11.00 01100	CAFETERIA	0	162,848	0	0	162,848
13.00 01300	NURSING ADMINISTRATION	0	10,344	0	670,575	680,919
14.00 01400	CENTRAL SERVICES & SUPPLY	0	8,994	0	285,037	294,031
15.00 01500	PHARMACY	0	5,906	0	290,437	296,343
16.00 01600	MEDICAL RECORDS & LIBRARY	0	22,329	0	138,382	160,711
17.00 01700	SOCIAL SERVICE	0	0	0	2,385	2,385
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-PHARMACY	0	7,450	0	7,131	14,581
23.01 02301	PARAMED ED PRGM-CHAPLAIN	0	31,497	935	17,979	50,411
23.03 02303	PARAMED ED PRGM-NURSING	0	36,495	0	10,333	46,828
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	5,608,445	0	1,728,191	7,336,636
31.00 03100	INTENSIVE CARE UNIT	0	1,088,545	0	372,572	1,461,117
32.00 03200	CORONARY CARE UNIT	0	167,982	0	108,666	276,648
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I/PF	0	94,567	0	651	95,218
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,427,770	0	2,921,359	5,349,129
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	825,378	0	2,399,366	3,224,744
55.00 05500	RADIOLOGY-THERAPEUTIC	0	335,810	0	33,408	369,218
59.00 05900	CARDIAC CATHETERIZATION	0	224,105	0	259,286	483,391
60.00 06000	LABORATORY	0	951,886	0	936,184	1,888,070
64.00 06400	INTRAVENOUS THERAPY	0	24,607	0	8,856	33,463
65.00 06500	RESPIRATORY THERAPY	0	123,748	0	71,143	194,891
66.00 06600	PHYSICAL THERAPY	0	149,339	0	40,233	189,572
69.00 06900	ELECTROCARDIOLOGY	0	76,985	0	12,507	89,492
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	11,348	0	0	11,348
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	187,185	0	13,501	200,686
90.01 09001	FAMILY PRACTICE CLINIC	0	183,151	0	48,555	231,706
90.02 09002	OUTPATIENT PSYCH SERVICES	0	114,079	0	454	114,533
90.03 09003	INFUSION CENTER	0	74,612	0	14,098	88,710
90.04 09004	PRIMARY CARE FOR SENIORS	0	0	0	35,691	35,691
90.05 09005	PAIN MANAGEMENT	0	0	0	124,852	124,852
90.06 09006	WOUND CARE CENTER	0	9,167	0	12,075	21,242
90.07 09007	SLEEP CENTER	0	134,826	0	79,973	214,799
90.08 09008	MED/ONCOLOGY	0	65,020	0	9,417	74,437
91.00 09100	EMERGENCY	0	985,968	0	443,783	1,429,751
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	377,632	0	231,432	609,064
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	19,506,843	40,806	26,301,040	45,848,689
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	155,534	0	0	155,534
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	229,123	0	303,792	532,915
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	0	0	0	5,663	5,663
192.03 19203	FAMILY PRACTICE	0	35,086	0	76,518	111,604
194.00 07950	MISC NONREIMBURSABLE	0	153,295	17,808	33,332	204,435
194.01 07951	OCCUPATIONAL HEALTH	0	209,939	0	386	210,325
194.02 07952	OTHER FACILITIES	0	1,097,172	0	0	1,097,172
194.03 07953	HEART HOSPITAL	0	1,023,486	0	0	1,023,486
194.04 07954	PUBLIC RELATIONS	0	89,125	0	6,606	95,731

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
	0				2A	
194.05 07955 CHILD CARE CENTER	0	301,843	0	10,965	312,808	194.05
194.06 07956 CENTER FOR LIFE BALANCE	0	0	0	3,561	3,561	194.06
194.07 07957 DEACONESS VNA	0	135,250	0	1,832	137,082	194.07
194.08 07958 HEALTHSOUTH	0	253,691	0	0	253,691	194.08
194.09 07959 HOME OFFICE	0	4,001,965	5,807	0	4,007,772	194.09
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	27,192,352	64,421	26,743,695	54,000,468	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/27/2017 10:18 am		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	43,974				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,772	15,591,924			5.00
7.00	00700	OPERATION OF PLANT	623	555,660	4,356,795		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	117	40,191	2,594	293,665	8.00
9.00	00900	HOUSEKEEPING	784	197,881	1,153	0	283,921
10.00	01000	DIETARY	257	95,604	11,321	2,529	738
11.00	01100	CAFETERIA	221	74,900	31,087	0	2,028
13.00	01300	NURSING ADMINISTRATION	416	141,204	5,471	0	357
14.00	01400	CENTRAL SERVICES & SUPPLY	385	149,719	1,717	2,266	112
15.00	01500	PHARMACY	1,480	314,997	1,127	0	74
16.00	01600	MEDICAL RECORDS & LIBRARY	785	124,511	4,263	0	278
17.00	01700	SOCIAL SERVICE	628	138,477	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	272	60,052	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	220	50,545	0	0	0
23.00	02300	PARAMED ED PRGM-PHARMACY	46	11,472	1,422	0	93
23.01	02301	PARAMED ED PRGM-CHAPLAIN	38	10,220	8,650	0	564
23.03	02303	PARAMED ED PRGM-NURSING	116	27,144	6,967	0	454
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,603	2,233,162	1,070,621	137,057	69,827
31.00	03100	INTENSIVE CARE UNIT	2,030	585,619	207,796	23,788	13,553
32.00	03200	CORONARY CARE UNIT	505	145,877	32,067	6,487	2,092
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	209	53,604	18,052	890	1,177
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,339	1,789,205	463,446	33,376	30,228
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,766	796,462	157,560	13,779	10,277
55.00	05500	RADIOLOGY-THERAPEUTIC	135	160,806	64,104	0	4,181
59.00	05900	CARDIAC CATHETERIZATION	235	138,654	42,780	6,637	2,790
60.00	06000	LABORATORY	2,454	1,227,589	181,709	264	11,852
64.00	06400	INTRAVENOUS THERAPY	121	83,007	4,697	0	306
65.00	06500	RESPIRATORY THERAPY	598	167,821	23,623	32	1,541
66.00	06600	PHYSICAL THERAPY	0	316,364	28,508	3,865	1,859
69.00	06900	ELECTROCARDIOLOGY	77	84,525	14,696	765	959
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	353,241	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	678,198	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,513,209	0	0	0
74.00	07400	RENAL DIALYSIS	49	62,484	2,166	0	141
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	309	93,620	35,732	270	2,331
90.01	09001	FAMILY PRACTICE CLINIC	182	67,285	34,962	181	2,280
90.02	09002	OUTPATIENT PSYCH SERVICES	153	46,790	21,777	0	1,420
90.03	09003	INFUSION CENTER	133	44,293	14,243	506	929
90.04	09004	PRIMARY CARE FOR SENIORS	356	56,446	0	57	0
90.05	09005	PAIN MANAGEMENT	415	119,155	0	2,242	0
90.06	09006	WOUND CARE CENTER	121	32,495	1,750	421	114
90.07	09007	SLEEP CENTER	389	93,847	25,737	31	1,679
90.08	09008	MED/ONCOLOGY	45	18,037	12,412	0	810
91.00	09100	EMERGENCY	3,852	844,595	188,215	35,076	12,276
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	515	299,464	72,088	0	4,702
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,751	14,098,431	2,794,513	270,519	182,022
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	197	82,134	29,690	388	1,937
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,315	376,248	43,738	1,580	2,853
192.01	19201	DEACONESS URGENT CARE	0	0	0	253	0
192.02	19202	HEARTCARE	18	17,596	0	0	0
192.03	19203	FAMILY PRACTICE	116	380,605	6,698	0	437
194.00	07950	MISC NONREIMBURSABLE	189	111,480	129,788	2,599	8,465
194.01	07951	OCCUPATIONAL HEALTH	73	30,771	40,076	595	2,614
194.02	07952	OTHER FACILITIES	0	140,765	209,443	0	13,661
194.03	07953	HEART HOSPITAL	0	47,001	195,377	13,104	12,743
194.04	07954	PUBLIC RELATIONS	106	58,646	17,013	0	1,110
194.05	07955	CHILD CARE CENTER	209	67,546	57,620	1,260	3,758
194.06	07956	CENTER FOR LIFE BALANCE	0	1,312	0	0	0
194.07	07957	DEACONESS VNA	0	30,745	25,818	479	1,684

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 10:18 am	
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.08	07958 HEALTHSOUTH	0	8,849	48,428	2,888	3,159	194.08
194.09	07959 HOME OFFICE	0	139,795	758,593	0	49,478	194.09
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)	43,974	15,591,924	4,356,795	293,665	283,921	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 10:18 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	337,169					10.00
11.00	01100	CAFETERIA	0	271,084				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,658	833,025			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,381	0	453,611		14.00
15.00	01500	PHARMACY	0	10,248	0	0	624,269	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,554	0	3	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,647	0	0	5	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,168	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	399	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	314	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	608	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	1,036	5,372	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	232,151	73,507	381,098	17,649	207	30.00
31.00	03100	INTENSIVE CARE UNIT	36,894	17,530	90,888	8,461	86	31.00
32.00	03200	CORONARY CARE UNIT	8,601	4,269	22,131	2,441	27	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	7,555	2,225	11,534	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	23,120	119,870	13,456	341	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,962	0	16,695	219	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,141	0	20	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,664	8,625	521	5	59.00
60.00	06000	LABORATORY	0	29,442	0	71,313	39	60.00
64.00	06400	INTRAVENOUS THERAPY	0	865	4,485	4,400	2	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,352	0	1,766	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,570	78	66.00
69.00	06900	ELECTROCARDIOLOGY	0	646	0	912	14	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	143,638	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	147,878	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,479	502,723	73.00
74.00	07400	RENAL DIALYSIS	0	361	1,873	877	11	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,747	14,244	1,004	1	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	1,930	10,006	149	1,011	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	0	8,971	1	0	90.02
90.03	09003	INFUSION CENTER	0	0	6,210	1,504	14	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	10,498	34	1,353	90.04
90.05	09005	PAIN MANAGEMENT	0	0	19,863	183	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	5,422	849	194	90.06
90.07	09007	SLEEP CENTER	0	0	15,132	376	1	90.07
90.08	09008	MED/ONCOLOGY	0	0	3,056	28	0	90.08
91.00	09100	EMERGENCY	5,776	18,082	93,747	8,177	23	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	6,512	0	661	2,351	96.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	290,977	245,368	833,025	451,045	508,705	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,784	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	315	1,159	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	0	192.02
192.03	19203	FAMILY PRACTICE	0	884	0	1,558	114,204	192.03
194.00	07950	MISC NONREIMBURSABLE	22,582	2,177	0	282	72	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	317	115	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	HEART HOSPITAL	14,981	13,737	0	0	14	194.03
194.04	07954	PUBLIC RELATIONS	0	989	0	7	0	194.04
194.05	07955	CHILD CARE CENTER	0	4,145	0	0	0	194.05
194.06	07956	CENTER FOR LIFE BALANCE	0	0	0	0	0	194.06
194.07	07957	DEACONESS VNA	0	0	0	87	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 10:18 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.08	07958 HEALTHSOUTH	8,629	0	0	0	0	194.08
194.09	07959 HOME OFFICE	0	0	0	0	0	194.09
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)	337,169	271,084	833,025	453,611	624,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			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					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	300,105				16.00
17.00 01700	SOCIAL SERVICE	0	147,142			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	62,492		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	51,164	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03 02303	PARAMED PRGM-NURSING	0	669	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,170	120,389			30.00
31.00 03100	INTENSIVE CARE UNIT	7,644	9,364			31.00
32.00 03200	CORONARY CARE UNIT	1,808	6,019			32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0			33.00
40.00 04000	SUBPROVIDER - I/PF	1,193	0			40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	43,540	0			50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	50,656	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,835	0			55.00
59.00 05900	CARDIAC CATHETERIZATION	6,484	0			59.00
60.00 06000	LABORATORY	28,107	0			60.00
64.00 06400	INTRAVENOUS THERAPY	552	0			64.00
65.00 06500	RESPIRATORY THERAPY	4,148	0			65.00
66.00 06600	PHYSICAL THERAPY	10,208	0			66.00
69.00 06900	ELECTROCARDIOLOGY	4,962	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,117	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,557	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	33,813	0			73.00
74.00 07400	RENAL DIALYSIS	1,183	0			74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	788	0			90.00
90.01 09001	FAMILY PRACTICE CLINIC	438	0			90.01
90.02 09002	OUTPATIENT PSYCH SERVICES	550	0			90.02
90.03 09003	INFUSION CENTER	1,772	0			90.03
90.04 09004	PRIMARY CARE FOR SENIORS	235	0			90.04
90.05 09005	PAIN MANAGEMENT	4,781	0			90.05
90.06 09006	WOUND CARE CENTER	329	0			90.06
90.07 09007	SLEEP CENTER	1,105	0			90.07
90.08 09008	MED/ONCOLOGY	169	0			90.08
91.00 09100	EMERGENCY	27,889	10,701			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	3,227	0			96.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0			116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	273,260	147,142	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	91	0			192.00
192.01 19201	DEACONESS URGENT CARE	0	0			192.01
192.02 19202	HEARTCARE	132	0			192.02
192.03 19203	FAMILY PRACTICE	2,162	0			192.03
194.00 07950	MISC NONREIMBURSABLE	0	0			194.00
194.01 07951	OCCUPATIONAL HEALTH	0	0			194.01
194.02 07952	OTHER FACILITIES	0	0			194.02
194.03 07953	HEART HOSPITAL	24,306	0			194.03
194.04 07954	PUBLIC RELATIONS	0	0			194.04
194.05 07955	CHILD CARE CENTER	0	0			194.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.06 07956 CENTER FOR LIFE BALANCE	0	0				194.06
194.07 07957 DEACONESS VNA	154	0				194.07
194.08 07958 HEALTHSOUTH	0	0				194.08
194.09 07959 HOME OFFICE	0	0				194.09
200.00 Cross Foot Adjustments			62,492	51,164	27,928	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	300,105	147,142	62,492	51,164	27,928	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description			PARAMED PRGM-CHAPLAIN	PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	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						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED PRGM-PHARMACY						23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	70,491					23.01
23.03	02303	PARAMED PRGM-NURSING		88,586				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			11,703,077	0	11,703,077	30.00
31.00	03100	INTENSIVE CARE UNIT			2,464,770	0	2,464,770	31.00
32.00	03200	CORONARY CARE UNIT			508,972	0	508,972	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			0	0	0	33.00
40.00	04000	SUBPROVIDER - I PF			191,657	0	191,657	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			7,870,050	0	7,870,050	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			4,288,120	0	4,288,120	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			604,440	0	604,440	55.00
59.00	05900	CARDIAC CATHETERIZATION			691,786	0	691,786	59.00
60.00	06000	LABORATORY			3,440,839	0	3,440,839	60.00
64.00	06400	INTRAVENOUS THERAPY			131,898	0	131,898	64.00
65.00	06500	RESPIRATORY THERAPY			399,772	0	399,772	65.00
66.00	06600	PHYSICAL THERAPY			552,024	0	552,024	66.00
69.00	06900	ELECTROCARDIOLOGY			197,048	0	197,048	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			500,996	0	500,996	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			833,633	0	833,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,056,224	0	2,056,224	73.00
74.00	07400	RENAL DIALYSIS			80,493	0	80,493	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			351,732	0	351,732	90.00
90.01	09001	FAMILY PRACTICE CLINIC			350,130	0	350,130	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES			194,195	0	194,195	90.02
90.03	09003	INFUSION CENTER			158,314	0	158,314	90.03
90.04	09004	PRIMARY CARE FOR SENIORS			104,670	0	104,670	90.04
90.05	09005	PAIN MANAGEMENT			271,491	0	271,491	90.05
90.06	09006	WOUND CARE CENTER			62,937	0	62,937	90.06
90.07	09007	SLEEP CENTER			353,096	0	353,096	90.07
90.08	09008	MED/ONCOLOGY			108,994	0	108,994	90.08
91.00	09100	EMERGENCY			2,678,160	0	2,678,160	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			998,584	0	998,584	96.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	42,148,102	0	42,148,102	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			273,664	0	273,664	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			960,214	0	960,214	192.00
192.01	19201	DEACONESS URGENT CARE			253	0	253	192.01
192.02	19202	HEARTCARE			23,409	0	23,409	192.02
192.03	19203	FAMILY PRACTICE			618,268	0	618,268	192.03
194.00	07950	MISC NONREIMBURSABLE			482,069	0	482,069	194.00
194.01	07951	OCCUPATIONAL HEALTH			284,886	0	284,886	194.01
194.02	07952	OTHER FACILITIES			1,461,041	0	1,461,041	194.02
194.03	07953	HEART HOSPITAL			1,344,749	0	1,344,749	194.03
194.04	07954	PUBLIC RELATIONS			173,602	0	173,602	194.04
194.05	07955	CHILD CARE CENTER			447,346	0	447,346	194.05

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/27/2017 10:18 am	
Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
194.06	07956	CENTER FOR LIFE BALANCE			4,873	0	4,873	194.06
194.07	07957	DEACONESS VNA			196,049	0	196,049	194.07
194.08	07958	HEALTHSOUTH			325,644	0	325,644	194.08
194.09	07959	HOME OFFICE			4,955,638	0	4,955,638	194.09
200.00		Cross Foot Adjustments	70,491	88,586	300,661	0	300,661	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	70,491	88,586	54,000,468	0	54,000,468	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET - C)	BLDG & FIXT (SQUARE FEET - B)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,408,973				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	49,355			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			20,185,606		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	758	3,533	18,669	234,874,348	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	63,978	27,014	10,804,791	36,214,365	-88,770,224
7.00	00700	OPERATION OF PLANT	189,152	0	113,209	3,333,425	0
8.00	00800	LAUNDRY & LINEN SERVICE	704	0	179,016	626,201	0
9.00	00900	HOUSEKEEPING	313	0	58,920	4,190,066	0
10.00	01000	DIETARY	3,073	0	126,360	1,372,036	0
11.00	01100	CAFETERIA	8,438	0	0	1,181,871	0
13.00	01300	NURSING ADMINISTRATION	536	0	506,137	2,222,878	0
14.00	01400	CENTRAL SERVICES & SUPPLY	466	0	215,140	2,059,455	0
15.00	01500	PHARMACY	306	0	219,216	7,915,724	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,157	0	104,448	4,199,214	0
17.00	01700	SOCIAL SERVICE	0	0	1,800	3,359,034	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,454,659	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,176,891	0
23.00	02300	PARAMED ED PRGM-PHARMACY	386	0	5,382	245,449	0
23.01	02301	PARAMED ED PRGM-CHAPLAIN	1,632	716	13,570	200,748	0
23.03	02303	PARAMED ED PRGM-NURSING	1,891	0	7,799	617,949	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	290,602	0	1,304,404	51,073,272	0
31.00	03100	INTENSIVE CARE UNIT	56,403	0	281,210	10,853,721	0
32.00	03200	CORONARY CARE UNIT	8,704	0	82,019	2,702,824	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	4,900	0	491	1,120,142	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	125,795	0	2,204,984	23,205,136	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,767	0	1,810,994	9,442,315	0
55.00	05500	RADIOLOGY-THERAPEUTIC	17,400	0	25,216	720,600	0
59.00	05900	CARDIAC CATHETERIZATION	11,612	0	195,704	1,258,358	0
60.00	06000	LABORATORY	49,322	0	706,613	13,122,547	0
64.00	06400	INTRAVENOUS THERAPY	1,275	0	6,684	647,666	0
65.00	06500	RESPIRATORY THERAPY	6,412	0	53,697	3,198,625	0
66.00	06600	PHYSICAL THERAPY	7,738	0	30,367	0	0
69.00	06900	ELECTROCARDIOLOGY	3,989	0	9,440	410,392	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	588	0	0	260,775	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,699	0	10,190	1,654,786	0
90.01	09001	FAMILY PRACTICE CLINIC	9,490	0	36,648	973,554	0
90.02	09002	OUTPATIENT PSYCH SERVICES	5,911	0	343	819,877	0
90.03	09003	INFUSION CENTER	3,866	0	10,641	712,036	0
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	26,939	1,901,704	0
90.05	09005	PAIN MANAGEMENT	0	0	94,236	2,217,200	0
90.06	09006	WOUND CARE CENTER	475	0	9,114	646,396	0
90.07	09007	SLEEP CENTER	6,986	0	60,362	2,077,748	0
90.08	09008	MED/ONCOLOGY	3,369	0	7,108	238,266	0
91.00	09100	EMERGENCY	51,088	0	334,959	20,598,365	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	19,567	0	174,680	2,755,421	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPITAL	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,010,748	31,263	19,851,500	222,981,691	-88,770,224
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,059	0	0	1,055,278	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,872	0	229,296	7,033,641	0
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02	19202	HEARTCARE	0	0	4,274	97,732	0
192.03	19203	FAMILY PRACTICE	1,818	0	57,754	619,767	0
194.00	07950	MISC NONREIMBURSABLE	7,943	13,643	25,158	1,012,005	0
194.01	07951	OCCUPATIONAL HEALTH	10,878	0	291	389,853	0
194.02	07952	OTHER FACILITIES	56,850	0	0	0	0
194.03	07953	HEART HOSPITAL	53,032	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET - C)	BLDG & FIXT (SQUARE FEET - B)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
194.04 07954 PUBLIC RELATIONS	4,618	0	4,986	565,322	0	194.04
194.05 07955 CHILD CARE CENTER	15,640	0	8,276	1,117,073	0	194.05
194.06 07956 CENTER FOR LIFE BALANCE	0	0	2,688	1,856	0	194.06
194.07 07957 DEACONESS VNA	7,008	0	1,383	130	0	194.07
194.08 07958 HEALTHSOUTH	13,145	0	0	0	0	194.08
194.09 07959 HOME OFFICE	207,362	4,449	0	0	0	194.09
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)	27,192,352	64,421	26,743,695	43,105,576		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	19.299413	1.305258	1.324889	0.183526		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				43,974		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000187		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	447,002,875				5.00	
7.00	00700	OPERATION OF PLANT	15,930,174	1,182,582			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,152,229	704	4,956,429		8.00	
9.00	00900	HOUSEKEEPING	5,673,030	313	0	1,181,565	9.00	
10.00	01000	DIETARY	2,740,876	3,073	42,677	3,073	481,331	10.00
11.00	01100	CAFETERIA	2,147,310	8,438	0	8,438	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,048,170	1,485	0	1,485	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,292,287	466	38,246	466	0	14.00
15.00	01500	PHARMACY	9,030,623	306	0	306	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,569,597	1,157	0	1,157	0	16.00
17.00	01700	SOCIAL SERVICE	3,969,993	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,721,627	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,449,084	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	328,896	386	0	386	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	293,007	2,348	0	2,348	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	778,187	1,891	0	1,891	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,021,795	290,602	2,313,218	290,602	331,411	30.00
31.00	03100	INTENSIVE CARE UNIT	16,789,054	56,403	401,497	56,403	52,669	31.00
32.00	03200	CORONARY CARE UNIT	4,182,130	8,704	109,493	8,704	12,278	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - I/PF	1,536,780	4,900	15,027	4,900	10,785	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,294,532	125,795	563,315	125,795	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,833,686	42,767	232,559	42,767	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,610,135	17,400	0	17,400	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	3,975,053	11,612	112,024	11,612	0	59.00
60.00	06000	LABORATORY	35,193,620	49,322	4,454	49,322	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,379,722	1,275	0	1,275	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,811,243	6,412	543	6,412	0	65.00
66.00	06600	PHYSICAL THERAPY	9,069,821	7,738	65,229	7,738	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,423,234	3,989	12,919	3,989	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,127,019	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,443,183	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,382,031	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,791,356	588	0	588	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,683,973	9,699	4,552	9,699	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1,928,982	9,490	3,056	9,490	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	1,341,419	5,911	0	5,911	0	90.02
90.03	09003	INFUSION CENTER	1,269,826	3,866	8,541	3,866	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,618,244	0	969	0	0	90.04
90.05	09005	PAIN MANAGEMENT	3,416,053	0	37,833	0	0	90.05
90.06	09006	WOUND CARE CENTER	931,602	475	7,105	475	0	90.06
90.07	09007	SLEEP CENTER	2,690,499	6,986	523	6,986	0	90.07
90.08	09008	MED/ONCOLOGY	517,087	3,369	0	3,369	0	90.08
91.00	09100	EMERGENCY	24,213,601	51,088	592,007	51,088	8,245	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	8,585,290	19,567	0	19,567	0	96.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	404,186,060	758,525	4,565,787	757,508	415,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,354,704	8,059	6,541	8,059	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,786,618	11,872	26,661	11,872	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	4,263	0	0	192.01
192.02	19202	HEARTCARE	504,454	0	0	0	0	192.02
192.03	19203	FAMILY PRACTICE	10,911,530	1,818	0	1,818	0	192.03
194.00	07950	MISC NONREIMBURSABLE	3,196,023	35,229	43,867	35,229	32,238	194.00
194.01	07951	OCCUPATIONAL HEALTH	882,161	10,878	10,042	10,878	0	194.01
194.02	07952	OTHER FACILITIES	4,035,584	56,850	0	56,850	0	194.02
194.03	07953	HEART HOSPITAL	1,347,465	53,032	221,174	53,032	21,387	194.03
194.04	07954	PUBLIC RELATIONS	1,681,313	4,618	0	4,618	0	194.04
194.05	07955	CHILD CARE CENTER	1,936,466	15,640	21,264	15,640	0	194.05
194.06	07956	CENTER FOR LIFE BALANCE	37,613	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - C)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - C)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
194.07	07957 DEACONESS VNA	881,421	7,008	8,084	7,008	0	194.07
194.08	07958 HEALTHSOUTH	253,691	13,145	48,746	13,145	12,318	194.08
194.09	07959 HOME OFFICE	4,007,772	205,908	0	205,908	0	194.09
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)	88,770,224	19,093,747	1,392,417	6,804,691	3,364,490	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.198590	16.145812	0.280931	5.759049	6.989972	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15,591,924	4,356,795	293,665	283,921	337,169	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.034881	3.684138	0.059249	0.240292	0.700493	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S - NRSG)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	28,515					11.00
13.00	01300	NURSING ADMINISTRATION	490	16,901				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	566	0	60,061,217			14.00
15.00	01500	PHARMACY	1,078	0	0	52,805,450		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,005	0	337	0	2,125,920,333	16.00
17.00	01700	SOCIAL SERVICE	594	0	11	452	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	228	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	33	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	64	0	0	0	0	23.01
23.03	02303	PARAMED ED PRGM-NURSING	109	109	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,732	7,732	2,336,940	17,547	150,143,285	30.00
31.00	03100	INTENSIVE CARE UNIT	1,844	1,844	1,120,352	7,302	54,209,718	31.00
32.00	03200	CORONARY CARE UNIT	449	449	323,201	2,252	12,823,535	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - I/PF	234	234	39	0	8,458,968	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,432	2,432	1,781,728	28,848	308,796,473	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,679	0	2,210,609	18,516	356,777,525	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	120	0	2,602	0	34,289,839	55.00
59.00	05900	CARDIAC CATHETERIZATION	175	175	69,029	408	45,982,439	59.00
60.00	06000	LABORATORY	3,097	0	9,442,947	3,331	199,337,771	60.00
64.00	06400	INTRAVENOUS THERAPY	91	91	582,601	153	3,911,777	64.00
65.00	06500	RESPIRATORY THERAPY	563	0	233,831	0	29,419,298	65.00
66.00	06600	PHYSICAL THERAPY	0	0	207,909	6,622	72,400,247	66.00
69.00	06900	ELECTROCARDIOLOGY	68	0	120,712	1,192	35,194,618	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	19,019,888	0	29,195,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	19,577,632	0	53,594,076	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	857,942	42,524,089	239,811,078	73.00
74.00	07400	RENAL DIALYSIS	38	38	116,193	952	8,390,918	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	289	289	132,922	63	5,587,011	90.00
90.01	09001	FAMILY PRACTICE CLINIC	203	203	19,794	85,528	3,102,928	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	182	132	0	3,902,659	90.02
90.03	09003	INFUSION CENTER	0	126	199,177	1,223	12,567,906	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	213	4,518	114,441	1,668,625	90.04
90.05	09005	PAIN MANAGEMENT	0	403	24,266	0	33,904,862	90.05
90.06	09006	WOUND CARE CENTER	0	110	112,445	16,370	2,332,405	90.06
90.07	09007	SLEEP CENTER	0	307	49,725	78	7,838,861	90.07
90.08	09008	MED/ONCOLOGY	0	62	3,681	0	1,201,614	90.08
91.00	09100	EMERGENCY	1,902	1,902	1,082,727	1,911	197,792,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	685	0	87,533	198,840	22,888,417	96.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,810	16,901	59,721,423	43,030,118	1,935,524,412	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	398	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	41,763	98,054	646,608	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE	0	0	0	0	938,194	192.02
192.03	19203	FAMILY PRACTICE	93	0	206,284	9,660,283	15,333,703	192.03
194.00	07950	MISC NONREIMBURSABLE	229	0	37,407	6,082	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	41,943	9,706	0	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	HEART HOSPITAL	1,445	0	0	1,207	172,384,334	194.03
194.04	07954	PUBLIC RELATIONS	104	0	879	0	0	194.04
194.05	07955	CHILD CARE CENTER	436	0	0	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S - NRSG)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
194.06	07956	CENTER FOR LIFE BALANCE	0	0	36	0	0	194.06
194.07	07957	DEACONESS VNA	0	0	11,482	0	1,093,082	194.07
194.08	07958	HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
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)	2,758,577	4,932,028	5,220,400	10,935,004	4,401,081	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	96.741259	291.818709	0.086918	0.207081	0.002070	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	271,084	833,025	453,611	624,269	300,105	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.506716	49.288504	0.007552	0.011822	0.000141	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (HOURS - C)	PARAMED PRGM-CHAPLAIN (HOURS - D)	
		SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
1.01 00101						1.01
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700	220					17.00
21.00 02100	0	44,505				21.00
22.00 02200	0		44,505			22.00
23.00 02300	0			100		23.00
23.01 02301	0				100	23.01
23.03 02303	1					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	180	23,502	23,502	0	100	30.00
31.00 03100	14	1,069	1,069	0	0	31.00
32.00 03200	9	0	0	0	0	32.00
33.00 03300	0	0	0	0	0	33.00
40.00 04000	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0	3,630	3,630	0	0	50.00
54.00 05400	0	147	147	0	0	54.00
55.00 05500	0	0	0	0	0	55.00
59.00 05900	0	783	783	0	0	59.00
60.00 06000	0	0	0	0	0	60.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	0	0	0	0	65.00
66.00 06600	0	0	0	0	0	66.00
69.00 06900	0	0	0	0	0	69.00
71.00 07100	0	0	0	0	0	71.00
72.00 07200	0	0	0	0	0	72.00
73.00 07300	0	0	0	100	0	73.00
74.00 07400	0	0	0	0	0	74.00
76.00 03550	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0	0	0	0	0	90.00
90.01 09001	0	12,145	12,145	0	0	90.01
90.02 09002	0	0	0	0	0	90.02
90.03 09003	0	0	0	0	0	90.03
90.04 09004	0	1,142	1,142	0	0	90.04
90.05 09005	0	0	0	0	0	90.05
90.06 09006	0	0	0	0	0	90.06
90.07 09007	0	0	0	0	0	90.07
90.08 09008	0	0	0	0	0	90.08
91.00 09100	16	2,087	2,087	0	0	91.00
92.00 09200						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	0	0	0	0	0	116.00
118.00	220	44,505	44,505	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	0	0	0	190.00
192.00 19200	0	0	0	0	0	192.00
192.01 19201	0	0	0	0	0	192.01
192.02 19202	0	0	0	0	0	192.02
192.03 19203	0	0	0	0	0	192.03
194.00 07950	0	0	0	0	0	194.00
194.01 07951	0	0	0	0	0	194.01
194.02 07952	0	0	0	0	0	194.02
194.03 07953	0	0	0	0	0	194.03
194.04 07954	0	0	0	0	0	194.04
194.05 07955	0	0	0	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (HOURS - C)	PARAMED ED PRGM-CHAPLAIN (HOURS - D)		
		SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)				
		17.00	21.00				22.00
194.06 07956 CENTER FOR LIFE BALANCE	0	0	0	0	0	0	194.06
194.07 07957 DEACONESS VNA	0	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,815,953	2,085,582	1,740,921	405,858	408,818		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	21,890.695455	46.861746	39.117425	4,058.580000	4,088.180000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	147,142	62,492	51,164	27,928	70,491		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	668.827273	1.404157	1.149624	279.280000	704.910000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		PARAMED PRGM-NURSING (HOURS - E)	
		23.03	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	23.01
23.03	02303	PARAMED ED PRGM-NURSING	22,283
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	9,472
31.00	03100	INTENSIVE CARE UNIT	5,146
32.00	03200	CORONARY CARE UNIT	2,285
33.00	03300	BURN INTENSIVE CARE UNIT	0
40.00	04000	SUBPROVIDER - IPF	230
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	3,858
54.00	05400	RADIOLOGY-DIAGNOSTIC	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0
59.00	05900	CARDIAC CATHETERIZATION	829
60.00	06000	LABORATORY	0
64.00	06400	INTRAVENOUS THERAPY	257
65.00	06500	RESPIRATORY THERAPY	0
66.00	06600	PHYSICAL THERAPY	0
69.00	06900	ELECTROCARDIOLOGY	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0
74.00	07400	RENAL DIALYSIS	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0
90.01	09001	FAMILY PRACTICE CLINIC	0
90.02	09002	OUTPATIENT PSYCH SERVICES	0
90.03	09003	INFUSION CENTER	0
90.04	09004	PRIMARY CARE FOR SENIORS	0
90.05	09005	PAIN MANAGEMENT	0
90.06	09006	WOUND CARE CENTER	0
90.07	09007	SLEEP CENTER	0
90.08	09008	MED/ONCOLOGY	0
91.00	09100	EMERGENCY	206
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0
OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0
SPECIAL PURPOSE COST CENTERS			
116.00	11600	HOSPICE	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,283
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
192.01	19201	DEACONESS URGENT CARE	0
192.02	19202	HEARTCARE	0
192.03	19203	FAMILY PRACTICE	0
194.00	07950	MISC NONREIMBURSABLE	0
194.01	07951	OCCUPATIONAL HEALTH	0
194.02	07952	OTHER FACILITIES	0
194.03	07953	HEART HOSPITAL	0
194.04	07954	PUBLIC RELATIONS	0
194.05	07955	CHILD CARE CENTER	0
194.06	07956	CENTER FOR LIFE BALANCE	0
194.07	07957	DEACONESS VNA	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		PARAMED ED PRGM-NURSING (HOURS - E)	
		23.03	
194.08	07958 HEALTHSOUTH	0	194.08
194.09	07959 HOME OFFICE	0	194.09
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)	1,038,393	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	46.600233	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	88,586	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.975497	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 10:18 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	94,380,253	94,380,253	858,224	95,238,477	30.00
31.00	03100 INTENSIVE CARE UNIT	23,313,525	23,313,525	62,503	23,376,028	31.00
32.00	03200 CORONARY CARE UNIT	5,852,967	5,852,967	0	5,852,967	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000 SUBPROVIDER - IPF	2,148,065	2,148,065	0	2,148,065	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	66,319,697	66,319,697	1,279,898	67,599,595	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,467,725	29,467,725	0	29,467,725	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,989,621	5,989,621	0	5,989,621	55.00
59.00	05900 CARDIAC CATHETERIZATION	5,258,187	5,258,187	48,203	5,306,390	59.00
60.00	06000 LABORATORY	44,798,053	44,798,053	413,019	45,211,072	60.00
64.00	06400 INTRAVENOUS THERAPY	2,986,343	2,986,343	0	2,986,343	64.00
65.00	06500 RESPIRATORY THERAPY	6,043,002	6,043,002	0	6,043,002	65.00
66.00	06600 PHYSICAL THERAPY	11,228,133	11,228,133	0	11,228,133	66.00
69.00	06900 ELECTROCARDIOLOGY	3,085,642	3,085,642	0	3,085,642	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,851,749	13,851,749	0	13,851,749	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,116,995	25,116,995	0	25,116,995	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	61,780,037	61,780,037	0	61,780,037	73.00
74.00	07400 RENAL DIALYSIS	2,202,411	2,202,411	1,662	2,204,073	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,566,142	3,566,142	639	3,566,781	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,625,526	2,625,526	0	2,625,526	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	1,798,492	1,798,492	0	1,798,492	90.02
90.03	09003 INFUSION CENTER	1,689,434	1,689,434	0	1,689,434	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	2,029,586	2,029,586	31,759	2,061,345	90.04
90.05	09005 PAIN MANAGEMENT	4,294,970	4,294,970	3,461	4,298,431	90.05
90.06	09006 WOUND CARE CENTER	1,179,101	1,179,101	318	1,179,419	90.06
90.07	09007 SLEEP CENTER	3,488,132	3,488,132	2,689	3,490,821	90.07
90.08	09008 MED/ONCOLOGY	714,472	714,472	0	714,472	90.08
91.00	09100 EMERGENCY	31,968,026	31,968,026	1,530,361	33,498,387	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,203,251	14,203,251	0	14,203,251	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	10,881,286	10,881,286	0	10,881,286	96.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)	482,260,823	482,260,823	4,232,736	486,493,559	200.00
201.00	Less Observation Beds	14,203,251	14,203,251	0	14,203,251	201.00
202.00	Total (see instructions)	468,057,572	468,057,572	4,232,736	472,290,308	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 10:18 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	127,853,685		127,853,685		30.00
31.00	03100	INTENSIVE CARE UNIT	54,209,718		54,209,718		31.00
32.00	03200	CORONARY CARE UNIT	12,823,535		12,823,535		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - I/PF	8,458,968		8,458,968		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	120,032,948	188,595,872	308,628,820	0.214885	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90,598,547	266,178,979	356,777,526	0.082594	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,508,284	32,781,555	34,289,839	0.174676	55.00
59.00	05900	CARDIAC CATHETERIZATION	29,322,781	16,659,658	45,982,439	0.114352	59.00
60.00	06000	LABORATORY	95,915,355	103,422,416	199,337,771	0.224734	60.00
64.00	06400	INTRAVENOUS THERAPY	3,838,675	73,102	3,911,777	0.763424	64.00
65.00	06500	RESPIRATORY THERAPY	26,734,708	2,684,590	29,419,298	0.205409	65.00
66.00	06600	PHYSICAL THERAPY	50,955,776	21,444,471	72,400,247	0.155084	66.00
69.00	06900	ELECTROCARDIOLOGY	20,487,481	14,707,137	35,194,618	0.087674	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,567,487	10,795,561	29,363,048	0.471741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,450,342	14,143,735	53,594,077	0.468652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,976,431	120,834,647	239,811,078	0.257620	73.00
74.00	07400	RENAL DIALYSIS	7,717,473	673,444	8,390,917	0.262476	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,918	5,568,093	5,587,011	0.638292	90.00
90.01	09001	FAMILY PRACTICE CLINIC	7,004	3,095,924	3,102,928	0.846145	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	4,289	3,898,370	3,902,659	0.460838	90.02
90.03	09003	INFUSION CENTER	179,795	12,388,111	12,567,906	0.134424	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	4,215	1,664,410	1,668,625	1.216322	90.04
90.05	09005	PAIN MANAGEMENT	33,980	33,870,882	33,904,862	0.126677	90.05
90.06	09006	WOUND CARE CENTER	15,013	2,317,392	2,332,405	0.505530	90.06
90.07	09007	SLEEP CENTER	17,849	7,821,012	7,838,861	0.444979	90.07
90.08	09008	MED/ONCOLOGY	7,861	1,193,753	1,201,614	0.594594	90.08
91.00	09100	EMERGENCY	78,172,730	119,619,433	197,792,163	0.161624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,358,324	17,931,276	22,289,600	0.637214	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	22,888,417	22,888,417	0.475406	96.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	910,272,172	1,025,252,240	1,935,524,412		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	910,272,172	1,025,252,240	1,935,524,412		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 10:18 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.219032		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082594		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.174676		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.115400		59.00
60.00	06000 LABORATORY	0.226806		60.00
64.00	06400 INTRAVENOUS THERAPY	0.763424		64.00
65.00	06500 RESPIRATORY THERAPY	0.205409		65.00
66.00	06600 PHYSICAL THERAPY	0.155084		66.00
69.00	06900 ELECTROCARDIOLOGY	0.087674		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471741		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.468652		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257620		73.00
74.00	07400 RENAL DIALYSIS	0.262674		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.638406		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.846145		90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.460838		90.02
90.03	09003 INFUSION CENTER	0.134424		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.235355		90.04
90.05	09005 PAIN MANAGEMENT	0.126779		90.05
90.06	09006 WOUND CARE CENTER	0.505666		90.06
90.07	09007 SLEEP CENTER	0.445322		90.07
90.08	09008 MED/ONCOLOGY	0.594594		90.08
91.00	09100 EMERGENCY	0.169362		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.637214		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.475406		96.00
SPECIAL PURPOSE COST CENTERS				
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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 10:18 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	94,380,253		94,380,253	858,224	95,238,477	30.00
31.00	03100 INTENSIVE CARE UNIT	23,313,525		23,313,525	62,503	23,376,028	31.00
32.00	03200 CORONARY CARE UNIT	5,852,967		5,852,967	0	5,852,967	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000 SUBPROVIDER - IPF	2,148,065		2,148,065	0	2,148,065	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	66,319,697		66,319,697	1,279,898	67,599,595	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,467,725		29,467,725	0	29,467,725	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,989,621		5,989,621	0	5,989,621	55.00
59.00	05900 CARDIAC CATHETERIZATION	5,258,187		5,258,187	48,203	5,306,390	59.00
60.00	06000 LABORATORY	44,798,053		44,798,053	413,019	45,211,072	60.00
64.00	06400 INTRAVENOUS THERAPY	2,986,343		2,986,343	0	2,986,343	64.00
65.00	06500 RESPIRATORY THERAPY	6,043,002	0	6,043,002	0	6,043,002	65.00
66.00	06600 PHYSICAL THERAPY	11,228,133	0	11,228,133	0	11,228,133	66.00
69.00	06900 ELECTROCARDIOLOGY	3,085,642		3,085,642	0	3,085,642	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,851,749		13,851,749	0	13,851,749	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,116,995		25,116,995	0	25,116,995	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	61,780,037		61,780,037	0	61,780,037	73.00
74.00	07400 RENAL DIALYSIS	2,202,411		2,202,411	1,662	2,204,073	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,566,142		3,566,142	639	3,566,781	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,625,526		2,625,526	0	2,625,526	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	1,798,492		1,798,492	0	1,798,492	90.02
90.03	09003 INFUSION CENTER	1,689,434		1,689,434	0	1,689,434	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	2,029,586		2,029,586	31,759	2,061,345	90.04
90.05	09005 PAIN MANAGEMENT	4,294,970		4,294,970	3,461	4,298,431	90.05
90.06	09006 WOUND CARE CENTER	1,179,101		1,179,101	318	1,179,419	90.06
90.07	09007 SLEEP CENTER	3,488,132		3,488,132	2,689	3,490,821	90.07
90.08	09008 MED/ONCOLOGY	714,472		714,472	0	714,472	90.08
91.00	09100 EMERGENCY	31,968,026		31,968,026	1,530,361	33,498,387	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,203,251		14,203,251	0	14,203,251	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	10,881,286		10,881,286	0	10,881,286	96.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	482,260,823	0	482,260,823	4,232,736	486,493,559	200.00
201.00	Less Observation Beds	14,203,251		14,203,251		14,203,251	201.00
202.00	Total (see instructions)	468,057,572	0	468,057,572	4,232,736	472,290,308	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
2/27/2017 10:18 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	127,853,685		127,853,685		30.00
31.00	03100	INTENSIVE CARE UNIT	54,209,718		54,209,718		31.00
32.00	03200	CORONARY CARE UNIT	12,823,535		12,823,535		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - I/PF	8,458,968		8,458,968		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	120,032,948	188,595,872	308,628,820	0.214885	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90,598,547	266,178,979	356,777,526	0.082594	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,508,284	32,781,555	34,289,839	0.174676	55.00
59.00	05900	CARDIAC CATHETERIZATION	29,322,781	16,659,658	45,982,439	0.114352	59.00
60.00	06000	LABORATORY	95,915,355	103,422,416	199,337,771	0.224734	60.00
64.00	06400	INTRAVENOUS THERAPY	3,838,675	73,102	3,911,777	0.763424	64.00
65.00	06500	RESPIRATORY THERAPY	26,734,708	2,684,590	29,419,298	0.205409	65.00
66.00	06600	PHYSICAL THERAPY	50,955,776	21,444,471	72,400,247	0.155084	66.00
69.00	06900	ELECTROCARDIOLOGY	20,487,481	14,707,137	35,194,618	0.087674	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,567,487	10,795,561	29,363,048	0.471741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,450,342	14,143,735	53,594,077	0.468652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,976,431	120,834,647	239,811,078	0.257620	73.00
74.00	07400	RENAL DIALYSIS	7,717,473	673,444	8,390,917	0.262476	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,918	5,568,093	5,587,011	0.638292	90.00
90.01	09001	FAMILY PRACTICE CLINIC	7,004	3,095,924	3,102,928	0.846145	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	4,289	3,898,370	3,902,659	0.460838	90.02
90.03	09003	INFUSION CENTER	179,795	12,388,111	12,567,906	0.134424	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	4,215	1,664,410	1,668,625	1.216322	90.04
90.05	09005	PAIN MANAGEMENT	33,980	33,870,882	33,904,862	0.126677	90.05
90.06	09006	WOUND CARE CENTER	15,013	2,317,392	2,332,405	0.505530	90.06
90.07	09007	SLEEP CENTER	17,849	7,821,012	7,838,861	0.444979	90.07
90.08	09008	MED/ONCOLOGY	7,861	1,193,753	1,201,614	0.594594	90.08
91.00	09100	EMERGENCY	78,172,730	119,619,433	197,792,163	0.161624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,358,324	17,931,276	22,289,600	0.637214	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	22,888,417	22,888,417	0.475406	96.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	910,272,172	1,025,252,240	1,935,524,412		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	910,272,172	1,025,252,240	1,935,524,412		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/27/2017 10:18 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.219032		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082594		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.174676		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.115400		59.00
60.00	06000 LABORATORY	0.226806		60.00
64.00	06400 INTRAVENOUS THERAPY	0.763424		64.00
65.00	06500 RESPIRATORY THERAPY	0.205409		65.00
66.00	06600 PHYSICAL THERAPY	0.155084		66.00
69.00	06900 ELECTROCARDIOLOGY	0.087674		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471741		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.468652		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257620		73.00
74.00	07400 RENAL DIALYSIS	0.262674		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.638406		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.846145		90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.460838		90.02
90.03	09003 INFUSION CENTER	0.134424		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.235355		90.04
90.05	09005 PAIN MANAGEMENT	0.126779		90.05
90.06	09006 WOUND CARE CENTER	0.505666		90.06
90.07	09007 SLEEP CENTER	0.445322		90.07
90.08	09008 MED/ONCOLOGY	0.594594		90.08
91.00	09100 EMERGENCY	0.169362		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.637214		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.475406		96.00
SPECIAL PURPOSE COST CENTERS				
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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part II
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	66,319,697	7,870,050	58,449,647	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,467,725	4,288,120	25,179,605	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,989,621	604,440	5,385,181	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	5,258,187	691,786	4,566,401	0	0	59.00
60.00	06000	LABORATORY	44,798,053	3,440,839	41,357,214	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,986,343	131,898	2,854,445	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,043,002	399,772	5,643,230	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,228,133	552,024	10,676,109	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,085,642	197,048	2,888,594	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,851,749	500,996	13,350,753	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,116,995	833,633	24,283,362	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,780,037	2,056,224	59,723,813	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,202,411	80,493	2,121,918	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,566,142	351,732	3,214,410	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,625,526	350,130	2,275,396	0	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	1,798,492	194,195	1,604,297	0	0	90.02
90.03	09003	INFUSION CENTER	1,689,434	158,314	1,531,120	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	2,029,586	104,670	1,924,916	0	0	90.04
90.05	09005	PAIN MANAGEMENT	4,294,970	271,491	4,023,479	0	0	90.05
90.06	09006	WOUND CARE CENTER	1,179,101	62,937	1,116,164	0	0	90.06
90.07	09007	SLEEP CENTER	3,488,132	353,096	3,135,036	0	0	90.07
90.08	09008	MED/ONCOLOGY	714,472	108,994	605,478	0	0	90.08
91.00	09100	EMERGENCY	31,968,026	2,678,160	29,289,866	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,203,251	1,745,324	12,457,927	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	10,881,286	998,584	9,882,702	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	356,566,013	29,024,950	327,541,063	0	0	200.00
201.00		Less Observation Beds	14,203,251	1,745,324	12,457,927	0	0	201.00
202.00		Total (line 200 minus line 201)	342,362,762	27,279,626	315,083,136	0	0	202.00

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

Provider CCN: 15-0082

Period: From 10/01/2015 To 09/30/2016

Worksheet C Part II Date/Time Prepared: 2/27/2017 10:18 am

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	66,319,697	308,628,820	0.214885	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,467,725	356,777,526	0.082594	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,989,621	34,289,839	0.174676	55.00
59.00	05900 CARDIAC CATHETERIZATION	5,258,187	45,982,439	0.114352	59.00
60.00	06000 LABORATORY	44,798,053	199,337,771	0.224734	60.00
64.00	06400 INTRAVENOUS THERAPY	2,986,343	3,911,777	0.763424	64.00
65.00	06500 RESPIRATORY THERAPY	6,043,002	29,419,298	0.205409	65.00
66.00	06600 PHYSICAL THERAPY	11,228,133	72,400,247	0.155084	66.00
69.00	06900 ELECTROCARDIOLOGY	3,085,642	35,194,618	0.087674	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,851,749	29,363,048	0.471741	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,116,995	53,594,077	0.468652	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	61,780,037	239,811,078	0.257620	73.00
74.00	07400 RENAL DIALYSIS	2,202,411	8,390,917	0.262476	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3,566,142	5,587,011	0.638292	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,625,526	3,102,928	0.846145	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	1,798,492	3,902,659	0.460838	90.02
90.03	09003 INFUSION CENTER	1,689,434	12,567,906	0.134424	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	2,029,586	1,668,625	1.216322	90.04
90.05	09005 PAIN MANAGEMENT	4,294,970	33,904,862	0.126677	90.05
90.06	09006 WOUND CARE CENTER	1,179,101	2,332,405	0.505530	90.06
90.07	09007 SLEEP CENTER	3,488,132	7,838,861	0.444979	90.07
90.08	09008 MED/ONCOLOGY	714,472	1,201,614	0.594594	90.08
91.00	09100 EMERGENCY	31,968,026	197,792,163	0.161624	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,203,251	22,289,600	0.637214	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	10,881,286	22,888,417	0.475406	96.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600 HOSPICE	0	0	0.000000	116.00
200.00	Subtotal (sum of lines 50 thru 199)	356,566,013	1,732,178,506		200.00
201.00	Less Observation Beds	14,203,251	0		201.00
202.00	Total (line 200 minus line 201)	342,362,762	1,732,178,506		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part I Date/Time Prepared: 2/27/2017 10:18 am
--	--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	11,703,077	0	11,703,077	118,370	98.87	30.00	
31.00	INTENSIVE CARE UNIT	2,464,770		2,464,770	17,882	137.84	31.00	
32.00	CORONARY CARE UNIT	508,972		508,972	4,164	122.23	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
40.00	SUBPROVIDER - IPF	191,657	0	191,657	3,821	50.16	40.00	
200.00	Total (lines 30-199)	14,868,476		14,868,476	144,237		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	45,347	4,483,458					30.00
31.00	INTENSIVE CARE UNIT	8,304	1,144,623					31.00
32.00	CORONARY CARE UNIT	1,976	241,526					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
40.00	SUBPROVIDER - IPF	1,388	69,622					40.00
200.00	Total (lines 30-199)	57,015	5,939,229					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/27/2017 10:18 am
--	--	-----------------------	---	---

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,870,050	308,628,820	0.025500	47,284,932	1,205,766	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,288,120	356,777,526	0.012019	42,554,106	511,458	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	604,440	34,289,839	0.017627	564,058	9,943	55.00
59.00	05900	CARDIAC CATHETERIZATION	691,786	45,982,439	0.015045	13,440,279	202,209	59.00
60.00	06000	LABORATORY	3,440,839	199,337,771	0.017261	46,765,223	807,215	60.00
64.00	06400	INTRAVENOUS THERAPY	131,898	3,911,777	0.033718	1,814,036	61,166	64.00
65.00	06500	RESPIRATORY THERAPY	399,772	29,419,298	0.013589	12,597,109	171,182	65.00
66.00	06600	PHYSICAL THERAPY	552,024	72,400,247	0.007625	26,945,325	205,458	66.00
69.00	06900	ELECTROCARDIOLOGY	197,048	35,194,618	0.005599	11,063,635	61,945	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	500,996	29,363,048	0.017062	8,281,597	141,301	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	833,633	53,594,077	0.015555	16,561,396	257,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,224	239,811,078	0.008574	51,600,392	442,422	73.00
74.00	07400	RENAL DIALYSIS	80,493	8,390,917	0.009593	4,210,058	40,387	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	351,732	5,587,011	0.062955	14,550	916	90.00
90.01	09001	FAMILY PRACTICE CLINIC	350,130	3,102,928	0.112839	4,123	465	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	194,195	3,902,659	0.049760	0	0	90.02
90.03	09003	INFUSION CENTER	158,314	12,567,906	0.012597	85,698	1,080	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	104,670	1,668,625	0.062728	4,123	259	90.04
90.05	09005	PAIN MANAGEMENT	271,491	33,904,862	0.008007	2,425	19	90.05
90.06	09006	WOUND CARE CENTER	62,937	2,332,405	0.026984	8,051	217	90.06
90.07	09007	SLEEP CENTER	353,096	7,838,861	0.045044	12,923	582	90.07
90.08	09008	MED/ONCOLOGY	108,994	1,201,614	0.090706	6,111	554	90.08
91.00	09100	EMERGENCY	2,678,160	197,792,163	0.013540	34,797,931	471,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,745,324	22,289,600	0.078302	2,598,785	203,490	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	998,584	22,888,417	0.043628	0	0	96.00
200.00		Total (lines 50-199)	29,024,950	1,732,178,506		321,216,866	4,796,811	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part III Date/Time Prepared: 2/27/2017 10:18 am	
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	850,214	0	0	850,214	30.00
31.00	03100	INTENSIVE CARE UNIT	0	239,805	0	0	239,805	31.00
32.00	03200	CORONARY CARE UNIT	0	106,482	0	0	106,482	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	10,718	0	0	10,718	40.00
200.00		Total (lines 30-199)	0	1,207,219	0	0	1,207,219	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	118,370	7.18	45,347	325,591		30.00
31.00	03100	INTENSIVE CARE UNIT	17,882	13.41	8,304	111,357		31.00
32.00	03200	CORONARY CARE UNIT	4,164	25.57	1,976	50,526		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
40.00	04000	SUBPROVIDER - IPF	3,821	2.81	1,388	3,900		40.00
200.00		Total (lines 30-199)	144,237		57,015	491,374		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am
--	-----------------------	---	---

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	0	179,784	0	179,784	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	
59.00	05900 CARDIAC CATHETERIZATION	0	0	38,632	0	38,632	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	11,976	0	11,976	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	
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	405,858	0	405,858	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	90.00	
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01	
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.02	
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03	
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04	
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05	
90.06	09006 WOUND CARE CENTER	0	0	0	0	0	90.06	
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07	
90.08	09008 MED/ONCOLOGY	0	0	0	0	0	90.08	
91.00	09100 EMERGENCY	0	0	9,600	0	9,600	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	126,792	0	126,792	92.00	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
200.00	Total (Lines 50-199)	0	0	772,642	0	772,642	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am
--	-----------------------	---	---

Cost Center Description		Title XVIII				Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	179,784	308,628,820	0.000583	0.000583	47,284,932	50.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	356,777,526	0.000000	0.000000	42,554,106	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	34,289,839	0.000000	0.000000	564,058	55.00	
59.00	05900 CARDIAC CATHETERIZATION	38,632	45,982,439	0.000840	0.000840	13,440,279	59.00	
60.00	06000 LABORATORY	0	199,337,771	0.000000	0.000000	46,765,223	60.00	
64.00	06400 INTRAVENOUS THERAPY	11,976	3,911,777	0.003062	0.003062	1,814,036	64.00	
65.00	06500 RESPIRATORY THERAPY	0	29,419,298	0.000000	0.000000	12,597,109	65.00	
66.00	06600 PHYSICAL THERAPY	0	72,400,247	0.000000	0.000000	26,945,325	66.00	
69.00	06900 ELECTROCARDIOLOGY	0	35,194,618	0.000000	0.000000	11,063,635	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,363,048	0.000000	0.000000	8,281,597	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	53,594,077	0.000000	0.000000	16,561,396	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	405,858	239,811,078	0.001692	0.001692	51,600,392	73.00	
74.00	07400 RENAL DIALYSIS	0	8,390,917	0.000000	0.000000	4,210,058	74.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	5,587,011	0.000000	0.000000	14,550	90.00	
90.01	09001 FAMILY PRACTICE CLINIC	0	3,102,928	0.000000	0.000000	4,123	90.01	
90.02	09002 OUTPATIENT PSYCH SERVICES	0	3,902,659	0.000000	0.000000	0	90.02	
90.03	09003 INFUSION CENTER	0	12,567,906	0.000000	0.000000	85,698	90.03	
90.04	09004 PRIMARY CARE FOR SENIORS	0	1,668,625	0.000000	0.000000	4,123	90.04	
90.05	09005 PAIN MANAGEMENT	0	33,904,862	0.000000	0.000000	2,425	90.05	
90.06	09006 WOUND CARE CENTER	0	2,332,405	0.000000	0.000000	8,051	90.06	
90.07	09007 SLEEP CENTER	0	7,838,861	0.000000	0.000000	12,923	90.07	
90.08	09008 MED/ONCOLOGY	0	1,201,614	0.000000	0.000000	6,111	90.08	
91.00	09100 EMERGENCY	9,600	197,792,163	0.000049	0.000049	34,797,931	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	126,792	22,289,600	0.005688	0.005688	2,598,785	92.00	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	22,888,417	0.000000	0.000000	0	96.00	
200.00	Total (lines 50-199)	772,642	1,732,178,506			321,216,866	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am
--	-----------------------	---	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	27,567	31,745,164	18,507	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	66,575,249	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,098,233	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	11,290	6,280,128	5,275	59.00
60.00	06000 LABORATORY	0	11,517,836	0	60.00
64.00	06400 INTRAVENOUS THERAPY	5,555	2,397	7	64.00
65.00	06500 RESPIRATORY THERAPY	0	605,466	0	65.00
66.00	06600 PHYSICAL THERAPY	0	936,797	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,433,580	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,297,993	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,165,957	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	87,308	38,528,021	65,189	73.00
74.00	07400 RENAL DIALYSIS	0	451,479	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	1,660,397	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	293,779	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	190,985	0	90.02
90.03	09003 INFUSION CENTER	0	4,390,404	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	976,125	0	90.04
90.05	09005 PAIN MANAGEMENT	0	12,959,405	0	90.05
90.06	09006 WOUND CARE CENTER	0	1,013,224	0	90.06
90.07	09007 SLEEP CENTER	0	2,453,396	0	90.07
90.08	09008 MED/ONCOLOGY	0	478,319	0	90.08
91.00	09100 EMERGENCY	1,705	21,558,945	1,056	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,782	2,494,325	14,188	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	148,207	228,107,604	104,222	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 10:18 am
--	-----------------------	---	--

		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.214885	31,745,164	0	1	6,821,560	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082594	66,575,249	21	23,923	5,498,716	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.174676	12,098,233	0	0	2,113,271	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.114352	6,280,128	0	0	718,145	59.00
60.00	06000 LABORATORY	0.224734	11,517,836	9,698	0	2,588,449	60.00
64.00	06400 INTRAVENOUS THERAPY	0.763424	2,397	0	0	1,830	64.00
65.00	06500 RESPIRATORY THERAPY	0.205409	605,466	0	0	124,368	65.00
66.00	06600 PHYSICAL THERAPY	0.155084	936,797	0	0	145,282	66.00
69.00	06900 ELECTROCARDIOLOGY	0.087674	3,433,580	0	0	301,036	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471741	3,297,993	0	0	1,555,799	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.468652	4,165,957	0	0	1,952,384	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257620	38,528,021	233	555,451	9,925,589	73.00
74.00	07400 RENAL DIALYSIS	0.262476	451,479	0	0	118,502	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.638292	1,660,397	0	0	1,059,818	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.846145	293,779	0	9	248,580	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.460838	190,985	0	0	88,013	90.02
90.03	09003 INFUSION CENTER	0.134424	4,390,404	0	0	590,176	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.216322	976,125	0	34	1,187,282	90.04
90.05	09005 PAIN MANAGEMENT	0.126677	12,959,405	0	0	1,641,659	90.05
90.06	09006 WOUND CARE CENTER	0.505530	1,013,224	0	0	512,215	90.06
90.07	09007 SLEEP CENTER	0.444979	2,453,396	0	0	1,091,710	90.07
90.08	09008 MED/ONCOLOGY	0.594594	478,319	0	0	284,406	90.08
91.00	09100 EMERGENCY	0.161624	21,558,945	0	12	3,484,443	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.637214	2,494,325	0	10	1,589,419	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.475406	0	0	0	0	96.00
200.00	Subtotal (see instructions)		228,107,604	9,952	579,440	43,642,652	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		228,107,604	9,952	579,440	43,642,652	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 10:18 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2	1,976		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	2,179	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
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	60	143,095		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	8		90.01
90.02 09002 OUTPATIENT PSYCH SERVICES	0	0		90.02
90.03 09003 INFUSION CENTER	0	0		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	41		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
90.06 09006 WOUND CARE CENTER	0	0		90.06
90.07 09007 SLEEP CENTER	0	0		90.07
90.08 09008 MED/ONCOLOGY	0	0		90.08
91.00 09100 EMERGENCY	0	2		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	2,241	145,128		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,241	145,128		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part II Date/Time Prepared: 2/27/2017 10:18 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,870,050	308,628,820	0.025500	8,941	228	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,288,120	356,777,526	0.012019	60,469	727	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	604,440	34,289,839	0.017627	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	691,786	45,982,439	0.015045	0	0	59.00
60.00	06000	LABORATORY	3,440,839	199,337,771	0.017261	227,917	3,934	60.00
64.00	06400	INTRAVENOUS THERAPY	131,898	3,911,777	0.033718	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	399,772	29,419,298	0.013589	2,711	37	65.00
66.00	06600	PHYSICAL THERAPY	552,024	72,400,247	0.007625	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	197,048	35,194,618	0.005599	2,763	15	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	500,996	29,363,048	0.017062	613	10	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	833,633	53,594,077	0.015555	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,224	239,811,078	0.008574	187,012	1,603	73.00
74.00	07400	RENAL DIALYSIS	80,493	8,390,917	0.009593	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	351,732	5,587,011	0.062955	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	350,130	3,102,928	0.112839	0	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	194,195	3,902,659	0.049760	0	0	90.02
90.03	09003	INFUSION CENTER	158,314	12,567,906	0.012597	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	104,670	1,668,625	0.062728	0	0	90.04
90.05	09005	PAIN MANAGEMENT	271,491	33,904,862	0.008007	0	0	90.05
90.06	09006	WOUND CARE CENTER	62,937	2,332,405	0.026984	0	0	90.06
90.07	09007	SLEEP CENTER	353,096	7,838,861	0.045044	0	0	90.07
90.08	09008	MED/ONCOLOGY	108,994	1,201,614	0.090706	0	0	90.08
91.00	09100	EMERGENCY	2,678,160	197,792,163	0.013540	280,890	3,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,289,600	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	998,584	22,888,417	0.043628	0	0	96.00
200.00		Total (lines 50-199)	27,279,626	1,732,178,506		771,316	10,357	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	179,784	0	179,784	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
59.00	05900 CARDIAC CATHETERIZATION	0	0	38,632	0	38,632	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	11,976	0	11,976	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
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	405,858	0	405,858	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 MED/ONCOLOGY	0	0	0	0	0	90.08
91.00	09100 EMERGENCY	0	0	9,600	0	9,600	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	645,850	0	645,850	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	179,784	308,628,820	0.000583	0.000583	8,941	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	356,777,526	0.000000	0.000000	60,469	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,289,839	0.000000	0.000000	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	38,632	45,982,439	0.000840	0.000840	0	59.00
60.00	06000	LABORATORY	0	199,337,771	0.000000	0.000000	227,917	60.00
64.00	06400	INTRAVENOUS THERAPY	11,976	3,911,777	0.003062	0.003062	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	29,419,298	0.000000	0.000000	2,711	65.00
66.00	06600	PHYSICAL THERAPY	0	72,400,247	0.000000	0.000000	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	35,194,618	0.000000	0.000000	2,763	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,363,048	0.000000	0.000000	613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	53,594,077	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	405,858	239,811,078	0.001692	0.001692	187,012	73.00
74.00	07400	RENAL DIALYSIS	0	8,390,917	0.000000	0.000000	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,587,011	0.000000	0.000000	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	3,102,928	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	3,902,659	0.000000	0.000000	0	90.02
90.03	09003	INFUSION CENTER	0	12,567,906	0.000000	0.000000	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,668,625	0.000000	0.000000	0	90.04
90.05	09005	PAIN MANAGEMENT	0	33,904,862	0.000000	0.000000	0	90.05
90.06	09006	WOUND CARE CENTER	0	2,332,405	0.000000	0.000000	0	90.06
90.07	09007	SLEEP CENTER	0	7,838,861	0.000000	0.000000	0	90.07
90.08	09008	MED/ONCOLOGY	0	1,201,614	0.000000	0.000000	0	90.08
91.00	09100	EMERGENCY	9,600	197,792,163	0.000049	0.000049	280,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,289,600	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	22,888,417	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	645,850	1,732,178,506			771,316	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	5	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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
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	316	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	90.07
90.08	09008 MED/ONCOLOGY	0	0	0	90.08
91.00	09100 EMERGENCY	14	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	335	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet D
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		Title XIX			Hospital	PPS		
		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	11,703,077	0	11,703,077	118,370	98.87	30.00	
31.00	INTENSIVE CARE UNIT	2,464,770		2,464,770	17,882	137.84	31.00	
32.00	CORONARY CARE UNIT	508,972		508,972	4,164	122.23	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
40.00	SUBPROVIDER - IPF	191,657	0	191,657	3,821	50.16	40.00	
200.00	Total (Lines 30-199)	14,868,476		14,868,476	144,237		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,734	369,181					30.00
31.00	INTENSIVE CARE UNIT	978	134,808					31.00
32.00	CORONARY CARE UNIT	311	38,014					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
40.00	SUBPROVIDER - IPF	127	6,370					40.00
200.00	Total (Lines 30-199)	5,150	548,373					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/27/2017 10:18 am
--	--	-----------------------	---	---

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,870,050	308,628,820	0.025500	13,212,548	336,920	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,288,120	356,777,526	0.012019	10,574,018	127,089	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	604,440	34,289,839	0.017627	110,018	1,939	55.00
59.00	05900	CARDIAC CATHETERIZATION	691,786	45,982,439	0.015045	2,665,217	40,098	59.00
60.00	06000	LABORATORY	3,440,839	199,337,771	0.017261	13,300,033	229,572	60.00
64.00	06400	INTRAVENOUS THERAPY	131,898	3,911,777	0.033718	587,186	19,799	64.00
65.00	06500	RESPIRATORY THERAPY	399,772	29,419,298	0.013589	4,595,668	62,451	65.00
66.00	06600	PHYSICAL THERAPY	552,024	72,400,247	0.007625	4,788,760	36,514	66.00
69.00	06900	ELECTROCARDIOLOGY	197,048	35,194,618	0.005599	1,788,084	10,011	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	500,996	29,363,048	0.017062	2,210,805	37,721	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	833,633	53,594,077	0.015555	3,785,600	58,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,224	239,811,078	0.008574	16,631,364	142,597	73.00
74.00	07400	RENAL DIALYSIS	80,493	8,390,917	0.009593	626,814	6,013	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	351,732	5,587,011	0.062955	1,908	120	90.00
90.01	09001	FAMILY PRACTICE CLINIC	350,130	3,102,928	0.112839	2,778	313	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	194,195	3,902,659	0.049760	0	0	90.02
90.03	09003	INFUSION CENTER	158,314	12,567,906	0.012597	3,515	44	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	104,670	1,668,625	0.062728	0	0	90.04
90.05	09005	PAIN MANAGEMENT	271,491	33,904,862	0.008007	7,176	57	90.05
90.06	09006	WOUND CARE CENTER	62,937	2,332,405	0.026984	4,115	111	90.06
90.07	09007	SLEEP CENTER	353,096	7,838,861	0.045044	305	14	90.07
90.08	09008	MED/ONCOLOGY	108,994	1,201,614	0.090706	801	73	90.08
91.00	09100	EMERGENCY	2,678,160	197,792,163	0.013540	11,339,632	153,539	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,745,324	22,289,600	0.078302	385,652	30,197	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	998,584	22,888,417	0.043628	0	0	96.00
200.00		Total (lines 50-199)	29,024,950	1,732,178,506		86,621,997	1,294,077	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part III Date/Time Prepared: 2/27/2017 10:18 am		
Cost Center Description			Title XIX			Hospital		PPS	
			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	850,214	0	0	850,214	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	239,805	0	0	239,805	31.00	
32.00	03200	CORONARY CARE UNIT	0	106,482	0	0	106,482	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	10,718	0	0	10,718	40.00	
200.00		Total (lines 30-199)	0	1,207,219	0	0	1,207,219	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	118,370	7.18	3,734	26,810	30.00		
31.00	03100	INTENSIVE CARE UNIT	17,882	13.41	978	13,115	31.00		
32.00	03200	CORONARY CARE UNIT	4,164	25.57	311	7,952	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00		
40.00	04000	SUBPROVIDER - IPF	3,821	2.81	127	357	40.00		
200.00		Total (lines 30-199)	144,237		5,150	48,234	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am
--	-----------------------	---	---

Cost Center Description	Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	179,784	0		179,784	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
59.00 05900 CARDIAC CATHETERIZATION	0	0	38,632	0		38,632	59.00
60.00 06000 LABORATORY	0	0	0	0		0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	11,976	0		11,976	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
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	405,858	0		405,858	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0		0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	0	0	0		0	90.01
90.02 09002 OUTPATIENT PSYCH SERVICES	0	0	0	0		0	90.02
90.03 09003 INFUSION CENTER	0	0	0	0		0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	0		0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0		0	90.05
90.06 09006 WOUND CARE CENTER	0	0	0	0		0	90.06
90.07 09007 SLEEP CENTER	0	0	0	0		0	90.07
90.08 09008 MED/ONCOLOGY	0	0	0	0		0	90.08
91.00 09100 EMERGENCY	0	0	9,600	0		9,600	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		0	96.00
200.00 Total (Lines 50-199)	0	0	645,850	0		645,850	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am
--	-----------------------	---	---

Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	179,784	308,628,820	0.000583	0.000583	13,212,548	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	356,777,526	0.000000	0.000000	10,574,018	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,289,839	0.000000	0.000000	110,018	55.00
59.00	05900	CARDIAC CATHETERIZATION	38,632	45,982,439	0.000840	0.000840	2,665,217	59.00
60.00	06000	LABORATORY	0	199,337,771	0.000000	0.000000	13,300,033	60.00
64.00	06400	INTRAVENOUS THERAPY	11,976	3,911,777	0.003062	0.003062	587,186	64.00
65.00	06500	RESPIRATORY THERAPY	0	29,419,298	0.000000	0.000000	4,595,668	65.00
66.00	06600	PHYSICAL THERAPY	0	72,400,247	0.000000	0.000000	4,788,760	66.00
69.00	06900	ELECTROCARDIOLOGY	0	35,194,618	0.000000	0.000000	1,788,084	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,363,048	0.000000	0.000000	2,210,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	53,594,077	0.000000	0.000000	3,785,600	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	405,858	239,811,078	0.001692	0.001692	16,631,364	73.00
74.00	07400	RENAL DIALYSIS	0	8,390,917	0.000000	0.000000	626,814	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,587,011	0.000000	0.000000	1,908	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	3,102,928	0.000000	0.000000	2,778	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	3,902,659	0.000000	0.000000	0	90.02
90.03	09003	INFUSION CENTER	0	12,567,906	0.000000	0.000000	3,515	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,668,625	0.000000	0.000000	0	90.04
90.05	09005	PAIN MANAGEMENT	0	33,904,862	0.000000	0.000000	7,176	90.05
90.06	09006	WOUND CARE CENTER	0	2,332,405	0.000000	0.000000	4,115	90.06
90.07	09007	SLEEP CENTER	0	7,838,861	0.000000	0.000000	305	90.07
90.08	09008	MED/ONCOLOGY	0	1,201,614	0.000000	0.000000	801	90.08
91.00	09100	EMERGENCY	9,600	197,792,163	0.000049	0.000049	11,339,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,289,600	0.000000	0.000000	385,652	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	22,888,417	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	645,850	1,732,178,506			86,621,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet D
Part IV
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,703	0	0		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
59.00	05900 CARDIAC CATHETERIZATION	2,239	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	1,798	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
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	28,140	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0		90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0		90.02
90.03	09003 INFUSION CENTER	0	0	0		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0		90.04
90.05	09005 PAIN MANAGEMENT	0	0	0		90.05
90.06	09006 WOUND CARE CENTER	0	0	0		90.06
90.07	09007 SLEEP CENTER	0	0	0		90.07
90.08	09008 MED/ONCOLOGY	0	0	0		90.08
91.00	09100 EMERGENCY	556	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00	Total (lines 50-199)	40,436	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 10:18 am
--	--	-----------------------	---	--

		Title XIX		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.214885	0	0	19,125,203	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082594	0	0	40,579,036	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.174676	0	0	2,867,142	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.114352	0	0	1,959,819	0	59.00
60.00	06000 LABORATORY	0.224734	0	0	17,847,921	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.763424	0	0	36,481	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.205409	0	0	663,283	0	65.00
66.00	06600 PHYSICAL THERAPY	0.155084	0	0	801,501	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.087674	0	0	2,129,427	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471741	0	0	3,562,850	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.468652	0	0	1,974,226	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257620	0	0	12,842,222	0	73.00
74.00	07400 RENAL DIALYSIS	0.262476	0	0	42,149	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.638292	0	0	629,842	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.846145	0	0	2,158,545	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.460838	0	0	53,938	0	90.02
90.03	09003 INFUSION CENTER	0.134424	0	0	868,766	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.216322	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.126677	0	0	3,353,944	0	90.05
90.06	09006 WOUND CARE CENTER	0.505530	0	0	271,370	0	90.06
90.07	09007 SLEEP CENTER	0.444979	0	0	776,219	0	90.07
90.08	09008 MED/ONCOLOGY	0.594594	0	0	85,347	0	90.08
91.00	09100 EMERGENCY	0.161624	0	0	35,504,337	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.637214	0	0	5,482,684	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.475406	0	0	0	0	96.00
200.00	Subtotal (see instructions)		0	0	153,616,252	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	153,616,252	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/27/2017 10:18 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	4,109,719	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,351,585	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	500,821	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	224,109	59.00
60.00	06000 LABORATORY	0	4,011,035	60.00
64.00	06400 INTRAVENOUS THERAPY	0	27,850	64.00
65.00	06500 RESPIRATORY THERAPY	0	136,244	65.00
66.00	06600 PHYSICAL THERAPY	0	124,300	66.00
69.00	06900 ELECTROCARDIOLOGY	0	186,695	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,680,742	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	925,225	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,308,413	73.00
74.00	07400 RENAL DIALYSIS	0	11,063	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	402,023	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	1,826,442	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	24,857	90.02
90.03	09003 INFUSION CENTER	0	116,783	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	424,868	90.05
90.06	09006 WOUND CARE CENTER	0	137,186	90.06
90.07	09007 SLEEP CENTER	0	345,401	90.07
90.08	09008 MED/ONCOLOGY	0	50,747	90.08
91.00	09100 EMERGENCY	0	5,738,353	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,493,643	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	0	31,158,104	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	31,158,104	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part II Date/Time Prepared: 2/27/2017 10:18 am		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,870,050	308,628,820	0.025500	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,288,120	356,777,526	0.012019	65,630	789	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	604,440	34,289,839	0.017627	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	691,786	45,982,439	0.015045	0	0	59.00
60.00	06000	LABORATORY	3,440,839	199,337,771	0.017261	267,940	4,625	60.00
64.00	06400	INTRAVENOUS THERAPY	131,898	3,911,777	0.033718	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	399,772	29,419,298	0.013589	165	2	65.00
66.00	06600	PHYSICAL THERAPY	552,024	72,400,247	0.007625	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	197,048	35,194,618	0.005599	1,632	9	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	500,996	29,363,048	0.017062	108	2	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	833,633	53,594,077	0.015555	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,224	239,811,078	0.008574	165,936	1,423	73.00
74.00	07400	RENAL DIALYSIS	80,493	8,390,917	0.009593	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	351,732	5,587,011	0.062955	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	350,130	3,102,928	0.112839	0	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	194,195	3,902,659	0.049760	0	0	90.02
90.03	09003	INFUSION CENTER	158,314	12,567,906	0.012597	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	104,670	1,668,625	0.062728	0	0	90.04
90.05	09005	PAIN MANAGEMENT	271,491	33,904,862	0.008007	0	0	90.05
90.06	09006	WOUND CARE CENTER	62,937	2,332,405	0.026984	0	0	90.06
90.07	09007	SLEEP CENTER	353,096	7,838,861	0.045044	0	0	90.07
90.08	09008	MED/ONCOLOGY	108,994	1,201,614	0.090706	0	0	90.08
91.00	09100	EMERGENCY	2,678,160	197,792,163	0.013540	445,138	6,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,289,600	0.000000	1,922	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	998,584	22,888,417	0.043628	0	0	96.00
200.00		Total (lines 50-199)	27,279,626	1,732,178,506		948,471	12,877	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	179,784	0	179,784	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
59.00	05900 CARDIAC CATHETERIZATION	0	0	38,632	0	38,632	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	11,976	0	11,976	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
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	405,858	0	405,858	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 MED/ONCOLOGY	0	0	0	0	0	90.08
91.00	09100 EMERGENCY	0	0	9,600	0	9,600	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	645,850	0	645,850	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	179,784	308,628,820	0.000583	0.000583	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	356,777,526	0.000000	0.000000	65,630	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,289,839	0.000000	0.000000	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	38,632	45,982,439	0.000840	0.000840	0	59.00
60.00	06000	LABORATORY	0	199,337,771	0.000000	0.000000	267,940	60.00
64.00	06400	INTRAVENOUS THERAPY	11,976	3,911,777	0.003062	0.003062	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	29,419,298	0.000000	0.000000	165	65.00
66.00	06600	PHYSICAL THERAPY	0	72,400,247	0.000000	0.000000	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	35,194,618	0.000000	0.000000	1,632	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,363,048	0.000000	0.000000	108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	53,594,077	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	405,858	239,811,078	0.001692	0.001692	165,936	73.00
74.00	07400	RENAL DIALYSIS	0	8,390,917	0.000000	0.000000	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,587,011	0.000000	0.000000	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	3,102,928	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0	3,902,659	0.000000	0.000000	0	90.02
90.03	09003	INFUSION CENTER	0	12,567,906	0.000000	0.000000	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	1,668,625	0.000000	0.000000	0	90.04
90.05	09005	PAIN MANAGEMENT	0	33,904,862	0.000000	0.000000	0	90.05
90.06	09006	WOUND CARE CENTER	0	2,332,405	0.000000	0.000000	0	90.06
90.07	09007	SLEEP CENTER	0	7,838,861	0.000000	0.000000	0	90.07
90.08	09008	MED/ONCOLOGY	0	1,201,614	0.000000	0.000000	0	90.08
91.00	09100	EMERGENCY	9,600	197,792,163	0.000049	0.000049	445,138	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,289,600	0.000000	0.000000	1,922	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	22,888,417	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	645,850	1,732,178,506			948,471	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/27/2017 10:18 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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
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	281	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	90.07
90.08	09008 MED/ONCOLOGY	0	0	0	90.08
91.00	09100 EMERGENCY	22	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	303	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		118,370	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		118,370	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)		100,717	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)		45,347	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		95,238,477	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)		95,238,477	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)		95,238,477	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)		804.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		36,485,289	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)		36,485,289	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	23,376,028	17,882	1,307.24	8,304	10,855,321	43.00	
44.00	5,852,967	4,164	1,405.61	1,976	2,777,485	44.00	
45.00	0	0	0.00	0	0	45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					68,909,069	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					119,027,164	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)					6,357,081	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,945,018	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					11,302,099	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					107,725,065	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)					17,653	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					804.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,203,251	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am	
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	11,703,077	95,238,477	0.122882	14,203,251	1,745,324	90.00
91.00	Nursing School cost	0	95,238,477	0.000000	14,203,251	0	91.00
92.00	Allied health cost	850,214	95,238,477	0.008927	14,203,251	126,792	92.00
93.00	All other Medical Education	0	95,238,477	0.000000	14,203,251	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,821	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,821	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,821	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,388	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,148,065	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,148,065	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,148,065	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)		562.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		780,292	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)		780,292	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
		Component CCN: 15-S082				Date/Time Prepared: 2/27/2017 10:18 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0	0	43.00
44.00	0	0	0.00	0	0	0	44.00
45.00	0	0	0.00	0	0	0	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)				155,483	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				935,775	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)				73,522	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				10,692	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)				84,214	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				851,561	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: 15-0082 Component CCN: 15-S082		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	191,657	2,148,065	0.089223	0	0	90.00
91.00	Nursing School cost	0	2,148,065	0.000000	0	0	91.00
92.00	Allied health cost	10,718	2,148,065	0.004990	0	0	92.00
93.00	All other Medical Education	0	2,148,065	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am
		Title XIX	Hospital	PPS
Cost Center Description				
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		118,370	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		118,370	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)		100,717	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)		3,734	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)		95,238,477	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)		95,238,477	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)		95,238,477	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)		804.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,004,302	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)		3,004,302	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	23,376,028	17,882	1,307.24	978	1,278,481	43.00
44.00	5,852,967	4,164	1,405.61	311	437,145	44.00
45.00	0	0	0.00	0	0	45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				18,842,491	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				23,562,419	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)				589,880	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,334,513	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,924,393	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				21,638,026	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)				17,653	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				804.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				14,203,251	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,703,077	95,238,477	0.122882	14,203,251	1,745,324	90.00
91.00	Nursing School cost	0	95,238,477	0.000000	14,203,251	0	91.00
92.00	Allied health cost	850,214	95,238,477	0.008927	14,203,251	126,792	92.00
93.00	All other Medical Education	0	95,238,477	0.000000	14,203,251	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,821	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,821	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,821	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)		127	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,148,065	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,148,065	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,148,065	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)		562.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		71,396	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)		71,396	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
		Component CCN: 15-S082				Date/Time Prepared: 2/27/2017 10:18 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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)					185,781		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					257,177		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)					6,727		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					13,180		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					19,907		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					237,270		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: 15-0082 Component CCN: 15-S082		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/27/2017 10:18 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	191,657	2,148,065	0.089223	0	0	90.00
91.00	Nursing School cost	0	2,148,065	0.000000	0	0	91.00
92.00	Allied health cost	10,718	2,148,065	0.004990	0	0	92.00
93.00	All other Medical Education	0	2,148,065	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 10:18 am	
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		53,125,749	30.00
31.00	03100	INTENSIVE CARE UNIT		23,812,032	31.00
32.00	03200	CORONARY CARE UNIT		6,013,987	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.219032	47,284,932	10,356,913 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082594	42,554,106	3,514,714 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.174676	564,058	98,527 55.00
59.00	05900	CARDIAC CATHETERIZATION	0.115400	13,440,279	1,551,008 59.00
60.00	06000	LABORATORY	0.226806	46,765,223	10,606,633 60.00
64.00	06400	INTRAVENOUS THERAPY	0.763424	1,814,036	1,384,879 64.00
65.00	06500	RESPIRATORY THERAPY	0.205409	12,597,109	2,587,560 65.00
66.00	06600	PHYSICAL THERAPY	0.155084	26,945,325	4,178,789 66.00
69.00	06900	ELECTROCARDIOLOGY	0.087674	11,063,635	969,993 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471741	8,281,597	3,906,769 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.468652	16,561,396	7,761,531 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257620	51,600,392	13,293,293 73.00
74.00	07400	RENAL DIALYSIS	0.262674	4,210,058	1,105,873 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.638406	14,550	9,289 90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.846145	4,123	3,489 90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0.460838	0	0 90.02
90.03	09003	INFUSION CENTER	0.134424	85,698	11,520 90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.235355	4,123	5,093 90.04
90.05	09005	PAIN MANAGEMENT	0.126779	2,425	307 90.05
90.06	09006	WOUND CARE CENTER	0.505666	8,051	4,071 90.06
90.07	09007	SLEEP CENTER	0.445322	12,923	5,755 90.07
90.08	09008	MED/ONCOLOGY	0.594594	6,111	3,634 90.08
91.00	09100	EMERGENCY	0.169362	34,797,931	5,893,447 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.637214	2,598,785	1,655,982 92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.475406	0	0 96.00
200.00		Total (sum of lines 50-94 and 96-98)		321,216,866	68,909,069 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		321,216,866	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 10:18 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000 SUBPROVIDER - IPF		3,056,400	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.219032	8,941	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082594	60,469	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.174676	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.115400	0	59.00
60.00	06000 LABORATORY	0.226806	227,917	60.00
64.00	06400 INTRAVENOUS THERAPY	0.763424	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.205409	2,711	65.00
66.00	06600 PHYSICAL THERAPY	0.155084	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.087674	2,763	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471741	613	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.468652	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257620	187,012	73.00
74.00	07400 RENAL DIALYSIS	0.262674	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.638406	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.846145	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.460838	0	90.02
90.03	09003 INFUSION CENTER	0.134424	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.235355	0	90.04
90.05	09005 PAIN MANAGEMENT	0.126779	0	90.05
90.06	09006 WOUND CARE CENTER	0.505666	0	90.06
90.07	09007 SLEEP CENTER	0.445322	0	90.07
90.08	09008 MED/ONCOLOGY	0.594594	0	90.08
91.00	09100 EMERGENCY	0.169362	280,890	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.637214	0	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.475406	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		771,316	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)		771,316	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 10:18 am	
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		22,294,328	30.00
31.00	03100	INTENSIVE CARE UNIT		8,318,905	31.00
32.00	03200	CORONARY CARE UNIT		2,534,841	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.219032	13,212,548	2,893,971 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082594	10,574,018	873,350 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.174676	110,018	19,218 55.00
59.00	05900	CARDIAC CATHETERIZATION	0.115400	2,665,217	307,566 59.00
60.00	06000	LABORATORY	0.226806	13,300,033	3,016,527 60.00
64.00	06400	INTRAVENOUS THERAPY	0.763424	587,186	448,272 64.00
65.00	06500	RESPIRATORY THERAPY	0.205409	4,595,668	943,992 65.00
66.00	06600	PHYSICAL THERAPY	0.155084	4,788,760	742,660 66.00
69.00	06900	ELECTROCARDIOLOGY	0.087674	1,788,084	156,768 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471741	2,210,805	1,042,927 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.468652	3,785,600	1,774,129 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257620	16,631,364	4,284,572 73.00
74.00	07400	RENAL DIALYSIS	0.262674	626,814	164,648 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.638406	1,908	1,218 90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.846145	2,778	2,351 90.01
90.02	09002	OUTPATIENT PSYCH SERVICES	0.460838	0	0 90.02
90.03	09003	INFUSION CENTER	0.134424	3,515	473 90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1.235355	0	0 90.04
90.05	09005	PAIN MANAGEMENT	0.126779	7,176	910 90.05
90.06	09006	WOUND CARE CENTER	0.505666	4,115	2,081 90.06
90.07	09007	SLEEP CENTER	0.445322	305	136 90.07
90.08	09008	MED/ONCOLOGY	0.594594	801	476 90.08
91.00	09100	EMERGENCY	0.169362	11,339,632	1,920,503 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.637214	385,652	245,743 92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.475406	0	0 96.00
200.00		Total (sum of lines 50-94 and 96-98)		86,621,997	18,842,491 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		86,621,997	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/27/2017 10:18 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000 SUBPROVIDER - IPF		2,671,353	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.219032	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082594	65,630	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.174676	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.115400	0	59.00
60.00	06000 LABORATORY	0.226806	267,940	60.00
64.00	06400 INTRAVENOUS THERAPY	0.763424	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.205409	165	65.00
66.00	06600 PHYSICAL THERAPY	0.155084	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.087674	1,632	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471741	108	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.468652	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257620	165,936	73.00
74.00	07400 RENAL DIALYSIS	0.262674	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.638406	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.846145	0	90.01
90.02	09002 OUTPATIENT PSYCH SERVICES	0.460838	0	90.02
90.03	09003 INFUSION CENTER	0.134424	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1.235355	0	90.04
90.05	09005 PAIN MANAGEMENT	0.126779	0	90.05
90.06	09006 WOUND CARE CENTER	0.505666	0	90.06
90.07	09007 SLEEP CENTER	0.445322	0	90.07
90.08	09008 MED/ONCOLOGY	0.594594	0	90.08
91.00	09100 EMERGENCY	0.169362	445,138	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.637214	1,922	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.475406	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		948,471	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)		948,471	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 10:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		93,970,414	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)		1,581,592	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		26,120,623	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		453.07	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)		15.30	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)		15.30	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.33	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)		15.30	12.00
13.00	Total allowable FTE count for the prior year.		15.30	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.		15.30	14.00
15.00	Sum of lines 12 through 14 divided by 3.		15.30	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		15.30	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.033770	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.033507	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.033507	21.00
22.00	IME payment adjustment (see instructions)		1,704,623	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		473,828	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).		2.22	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		5.03	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)		2.22	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.004900	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001308	27.00
28.00	IME add-on adjustment amount (see instructions)		122,913	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		34,166	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,827,536	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		507,994	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.23	31.00
32.00	Sum of lines 30 and 31		21.05	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.58	33.00
34.00	Disproportionate share adjustment (see instructions)		1,545,813	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 10:18 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000561598	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	3,597,681	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	3,597,681	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,597,681		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 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 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 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		102,523,036		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)			103,031,030	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			8,139,409	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).			830,294	52.00
53.00	Nursing and Allied Health Managed Care payment			423,622	53.00
54.00	Special add-on payments for new technologies			8,286	54.00
54.01	Islet isolation add-on payment				54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			487,474	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			148,207	58.00
59.00	Total (sum of amounts on lines 49 through 58)			113,068,322	59.00
60.00	Primary payer payments			59,897	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			113,008,425	61.00
62.00	Deductibles billed to program beneficiaries			10,670,469	62.00
63.00	Coinurance billed to program beneficiaries			478,723	63.00
64.00	Allowable bad debts (see instructions)			903,794	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			587,466	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			576,148	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			102,446,699	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)			-554,928	70.93
70.94	HRR adjustment amount (see instructions)			-667,249	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/27/2017 10:18 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			101,224,522	71.00
71.01	Sequestration adjustment (see instructions)			2,024,490	71.01
72.00	Interim payments			100,039,797	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)			-839,765	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,254,184	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2017 10:18 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	93,970,414	0	0	93,970,414	93,970,414	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,581,592	0	0	1,581,592	1,581,592	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	26,120,623	0	0	26,120,623	26,120,623	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.033507	0.033507	0.033507	0.033507		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,704,623	0	0	1,704,623	1,704,623	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	473,828	0	0	473,828	473,828	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001308	0.001308	0.001308	0.001308		7.00
8.00	IME adjustment (see instructions)	28.00	122,913	0	0	122,913	122,913	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	34,166	0	0	34,166	34,166	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,827,536	0	0	1,827,536	1,827,536	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	507,994	0	0	507,994	507,994	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0658	0.0658	0.0658	0.0658		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,545,813	0	0	1,545,813	1,545,813	11.00
11.01	Uncompensated care payments	36.00	3,597,681	0	0	3,597,681	3,597,681	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	102,523,036	0	0	102,523,036	102,523,036	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	103,031,030	0	0	103,031,030	103,031,030	15.00
16.00	Payment for inpatient program capital	50.00	8,139,409	0	0	8,139,409	8,139,409	16.00
17.00	Special add-on payments for new technologies	54.00	8,286	0	0	8,286	8,286	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2017 10:18 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	0	111,178,725	111,178,725	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	7,472,327	0	0	7,472,327	7,472,327	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	231,446	0	0	231,446	231,446	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0148	0.0148	0.0148	0.0148		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	110,590	0	0	110,590	110,590	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0435	0.0435	0.0435	0.0435		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	325,046	0	0	325,046	325,046	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,139,409	0	0	8,139,409	8,139,409	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	93,970,414		93,970,414	93,970,414	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,581,592	0	1,581,592	1,581,592	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	26,120,623	0	26,120,623	26,120,623	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.033507	0.033507	0.033507		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,704,623	0	1,704,623	1,704,623	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	473,828	0	473,828	473,828	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001308	0.001308	0.001308		7.00
8.00	IME adjustment (see instructions)	28.00	122,913	0	122,913	122,913	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	34,166	0	34,166	34,166	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,827,536	0	1,827,536	1,827,536	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	507,994	0	507,994	507,994	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0658	0.0658	0.0658		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,545,813	0	1,545,813	1,545,813	11.00
11.01	Uncompensated care payments	36.00	3,597,681	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	102,523,036	0	102,523,036	102,523,036	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	103,031,030	0	103,031,030	103,031,030	15.00
16.00	Payment for inpatient program capital	50.00	8,139,409	0	8,139,409	8,139,409	16.00
17.00	Special add-on payments for new technologies	54.00	8,286	0	8,286	8,286	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	111,178,725	111,178,725	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/27/2017 10:18 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	7,472,327	0	7,472,327	7,472,327	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	231,446	0	231,446	231,446	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0148	0.0148	0.0148		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	110,590	0	110,590	110,590	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0435	0.0435	0.0435		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	325,046	0	325,046	325,046	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,139,409	0	8,139,409	8,139,409	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-554,928	0	-554,928	-554,928	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-667,249	0	-667,249	-667,249	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/27/2017 10:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		147,369	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		43,538,430	2.00
3.00	PPS payments		45,916,487	3.00
4.00	Outlier payment (see instructions)		32,937	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		104,222	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		147,369	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		589,392	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)		589,392	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		589,392	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		442,023	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)		147,369	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)		46,053,646	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		11	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,504,582	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)		36,696,422	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		303,097	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)		36,999,519	30.00
31.00	Primary payer payments		19,743	31.00
32.00	Subtotal (line 30 minus line 31)		36,979,776	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)		773,917	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		503,046	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		623,563	36.00
37.00	Subtotal (see instructions)		37,482,822	37.00
38.00	MSP-LCC reconciliation amount from PS&R		136	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)		950	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		37,482,686	40.00
40.01	Sequestration adjustment (see instructions)		749,654	40.01
41.00	Interim payments		36,708,585	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		24,447	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		388,351	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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2017 10:18 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		99,889,697		36,708,585	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	03/16/2016	150,100		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)		150,100		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)		100,039,797		36,708,585	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		24,447	6.01	
6.02	SETTLEMENT TO PROGRAM		839,765		0	6.02	
7.00	Total Medicare program liability (see instructions)		99,200,032		36,733,032	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: 15-0082
Component CCN: 15-S082

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2017 10:18 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		812,487		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)		812,487		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		39,747		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		852,234		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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part II
Date/Time Prepared:
2/27/2017 10:18 am

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	26,497	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	55,627	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	16,987	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	122,763	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,935,524,412	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	29,687,755	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: 15-0082 Component CCN: 15-S082	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part II Date/Time Prepared: 2/27/2017 10:18 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,008,836 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			1,995 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			10.439891 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,010,831 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,010,831 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,010,831 18.00
19.00	Deductibles			121,688 19.00
20.00	Subtotal (line 18 minus line 19)			889,143 20.00
21.00	Coinsurance			60,039 21.00
22.00	Subtotal (line 20 minus line 21)			829,104 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			55,828 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			36,288 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,097 25.00
26.00	Subtotal (sum of lines 22 and 24)			865,392 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			4,235 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			869,627 31.00
31.01	Sequestration adjustment (see instructions)			17,393 31.01
32.00	Interim payments			812,487 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			39,747 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 2/27/2017 10:18 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.40	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.50	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	20.50	0.00	20.50	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	16.60	0.00	16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	16.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.60	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	16.60	0.00		17.00
18.00	Per resident amount	120,498.99	0.00		18.00
19.00	Approved amount for resident costs	2,000,283	0	2,000,283	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.90	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,000,283	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	57,015	17,130		26.00
27.00	Total Inpatient Days (see instructions)	126,584	126,584		27.00
28.00	Ratio of inpatient days to total inpatient days	0.450412	0.135325		28.00
29.00	Program direct GME amount	900,951	270,688		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		38,248		30.00
31.00	Net Program direct GME amount			1,133,391	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 2/27/2017 10:18 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		8,390,917	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		119,962,939	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		59,897	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		119,903,042	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		43,790,021	42.00
43.00	Primary payer payments (see instructions)		19,743	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		43,770,278	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		163,673,320	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.732575	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.267425	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,133,391	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		830,294	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		303,097	50.00

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

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet G

Date/Time Prepared:
2/27/2017 10:18 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	54,272,944	0	0	0	1.00
2.00	Temporary investments	14,148	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	104,933,100	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,135,745	0	0	0	7.00
8.00	Prepaid expenses	13,654,386	0	0	0	8.00
9.00	Other current assets	24,554,570	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)	204,564,893	0	0	0	11.00
FIXED ASSETS						
12.00	Land	14,859,297	0	0	0	12.00
13.00	Land improvements	6,642,119	0	0	0	13.00
14.00	Accumulated depreciation	-4,521,260	0	0	0	14.00
15.00	Buildings	513,577,325	0	0	0	15.00
16.00	Accumulated depreciation	-294,616,095	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	222,163,513	0	0	0	19.00
20.00	Accumulated depreciation	-162,841,817	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)	295,263,082	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	654,116,328	14,127,460	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	70,339,962	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	724,456,290	14,127,460	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,224,284,265	14,127,460	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	33,584,766	0	0	0	37.00
38.00	Salaries, wages, and fees payable	31,112,344	0	0	0	38.00
39.00	Payroll taxes payable	2,064,152	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,317,873	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,317,745	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	85,396,880	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	253,941,996	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	117,926,072	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	371,868,068	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	457,264,948	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	767,019,317				52.00
53.00	Specific purpose fund		14,127,460			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)	767,019,317	14,127,460	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,224,284,265	14,127,460	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-1

Date/Time Prepared:
2/27/2017 10:18 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		681,150,256		12,263,197	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		108,603,356			2.00
3.00	Total (sum of line 1 and line 2)		789,753,612		12,263,197	3.00
4.00	NET UNREALIZED GAIN ON INVESTMENTS	32,974,682		822,087		4.00
5.00	BENEFIT RELATED CHANGES	-29,112,043		0		5.00
6.00	RESTRICTED CONTRIBUTIONS	0		1,230,489		6.00
7.00	RESTRICTED REALIZED INVESTMENT INCOM	0		46,186		7.00
8.00	FOUNDATION - CHANGE IN BENEFICIAL IN	0		39,514		8.00
9.00	FOUNDATION NET INCOME	0		-274,013		9.00
10.00	Total additions (sum of line 4-9)		3,862,639		1,864,263	10.00
11.00	Subtotal (line 3 plus line 10)		793,616,251		14,127,460	11.00
12.00	CHANGES IN UNRESTRICTED ASSETS (TRAN	26,596,934		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		26,596,934		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		767,019,317		14,127,460	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	NET UNREALIZED GAIN ON INVESTMENTS		0			4.00
5.00	BENEFIT RELATED CHANGES		0			5.00
6.00	RESTRICTED CONTRIBUTIONS		0			6.00
7.00	RESTRICTED REALIZED INVESTMENT INCOM		0			7.00
8.00	FOUNDATION - CHANGE IN BENEFICIAL IN		0			8.00
9.00	FOUNDATION NET INCOME		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	CHANGES IN UNRESTRICTED ASSETS (TRAN		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: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2017 10:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	158,056,115		158,056,115	1.00
2.00	SUBPROVIDER - IPF	8,458,968		8,458,968	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF		0	0	5.00
6.00	Swing bed - NF		0	0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	166,515,083		166,515,083	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	54,768,174		54,768,174	11.00
12.00	CORONARY CARE UNIT	12,949,081		12,949,081	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	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)	67,717,255		67,717,255	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	234,232,338		234,232,338	17.00
18.00	Ancillary services	643,115,760	800,118,048	1,443,233,808	18.00
19.00	Outpatient services	80,120,061	310,465,286	390,585,347	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	DIETARY	0	288	288	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	957,468,159	1,110,583,622	2,068,051,781	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		661,175,630		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	ROUNDING	4			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		4		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		661,175,626		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-3

Date/Time Prepared:
2/27/2017 10:18 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,068,051,781	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,369,380,216	2.00
3.00	Net patient revenues (line 1 minus line 2)	698,671,565	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	661,175,626	4.00
5.00	Net income from service to patients (line 3 minus line 4)	37,495,939	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	14,857,040	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	56,250,376	24.00
25.00	Total other income (sum of lines 6-24)	71,107,416	25.00
26.00	Total (line 5 plus line 25)	108,603,355	26.00
27.00	ROUNDING	-1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	108,603,356	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 2/27/2017 10:18 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,472,327	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		231,446	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)		335.42	3.00
4.00	Number of interns & residents (see instructions)		17.52	4.00
5.00	Indirect medical education percentage (see instructions)		1.48	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)		110,590	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.23	8.00
9.00	Sum of lines 7 and 8		21.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.35	10.00
11.00	Disproportionate share adjustment (see instructions)		325,046	11.00
12.00	Total prospective capital payments (see instructions)		8,139,409	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