

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: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/31/2017 1:08 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/31/2017 Time: 1:08 pm
 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 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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 FRANCSAN HEALTH HAMMOND (15-0004) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	611,555	-153,842	0	0	1.00
2.00 Subprovider - IPF	0	38,463	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	650,018	-153,842	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 1:02 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 5454 HOMAN AVENUE		PO Box:									
2.00 City: HAMMOND		State: IN		Zip Code: 46320		County: LAKE					
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			
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		FRANCSAN HEALTH HAMMOND	150004	23844	1	07/01/1966	N	P	O	3.00	
4.00 Subprovider - IPF		FRANCSAN ST. MARGARET HLTH HAMMOND	155004	23844	4	01/01/2002	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		ST. MARGARET HOME CARE	157145	23844		04/11/1985	N	P	N	12.00	
13.00 Separately Certified ASC										13.00	
14.00 Hospital-Based Hospice										14.00	
15.00 Hospital-Based Health Clinic - RHC										15.00	
16.00 Hospital-Based Health Clinic - FOHC										16.00	
17.00 Hospital-Based (CMHC) I										17.00	
17.10 Hospital-Based (CORF) I										17.10	
18.00 Renal Dialysis										18.00	
19.00 Other		ST. MARGARET HOME CARE	147302	23844		04/11/1985				19.00	
						From:	To:				
						1.00	2.00				
20.00 Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00		
21.00 Type of Control (see instructions)						1			21.00		
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01		
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							1		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 IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,931	668	2,285	1,116	0	0		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 1:02 pm			
		Urban/Rural S		Date of Geogr					
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1					26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1					27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0					35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0					37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N					37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		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			
		1.00		2.00		3.00		4.00	
								5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			0.00		0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)			0.00		0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)			0.00		0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).			0.00		0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)			0.00		0.00			61.05

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		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06	
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
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)					N	63.00	
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00	
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)				0.00	0.00	0.000000	65.00

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

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		V	XIX				
		1.00	2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00			
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N		107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00			
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		
				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.	2		118.00			
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	613,400		601,003		0	
		1.00		2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02			
119.00	DO NOT USE THIS LINE			119.00			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00			
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00			
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: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 1:02 pm		
		1.00	2.00					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y				140.00	
		1.00	2.00		3.00			
141.00	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.							
	Name: FRANCSAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101			141.00	
142.00	Street: 1515 DRAGOON TRAIL	PO Box:		Zip Code: 46546			142.00	
143.00	City: MISHAWAKA	State:					143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00	
		1.00	2.00					
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		N		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00	
			Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00			
155.00	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)							
	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	
161.10	CORF		N	N	N		161.10	
						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	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
							1.00	
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							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: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/31/2017 1:02 pm
		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)	01/01/2016	03/30/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/31/2017 1:02 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/03/2017		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					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	Y			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.	Y				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.	N				11.00	
		Y/N					
		1.00					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	04/12/2017	Y	04/12/2017	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: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/31/2017 1:02 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSM - HAMMOND			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 EXT 33175		HONG.YANG@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0004

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

Worksheet S-2
Part II
Date/Time Prepared:
5/31/2017 1:02 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

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	171	62,586	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)		171	62,586	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	35.00	0	0	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		191	69,906	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,836		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				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: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,539	4,734	20,133			1.00
2.00 HMO and other (see instructions)	0	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,539	4,734	20,133			7.00
8.00 INTENSIVE CARE UNIT	1,543	764	3,213			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	0	0	0			12.00
13.00 NURSERY		215	258			13.00
14.00 Total (see instructions)	11,082	5,713	23,604	5.62	794.13	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	946	3,973	9,176	0.00	45.90	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	7,917	1,323	10,987	0.00	27.30	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				5.62	867.33	27.00
28.00 Observation Bed Days		1,431	4,189			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	287	376			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: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

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	2,076	1,112	4,754	1.00
2.00	HMO and other (see instructions)			0	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEWBORN INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,076	1,112	4,754	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	177	831	1,964	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2017 1:02 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	59,575,268	0	59,575,268	1,804,036.00	33.02
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		570,219	0	570,219	11,690.00	48.78
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,193,631	133,965	6,327,596	200,796.00	31.51
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		687,297	0	687,297	10,678.00	64.37
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		420,319	0	420,319	3,030.95	138.68
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		7,989,316	0	7,989,316	266,109.00	30.02
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,541,926	0	13,541,926		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,630,084	0	1,630,084		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		2,500,026	0	2,500,026		
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	1,027,376	0	1,027,376	47,275.00	21.73
27.00	Administrative & General	5.00	2,936,038	0	2,936,038	114,208.00	25.71

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2017 1:02 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		334,922	0	334,922	5,192.00	64.51	28.00
29.00	Maintenance & Repairs	6.00	1,709,596	0	1,709,596	51,231.00	33.37	29.00
30.00	Operation of Plant	7.00	342,993	0	342,993	45,779.00	7.49	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,550,805	0	1,550,805	113,724.00	13.64	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,005,383	-652,832	352,551	21,139.00	16.68	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	652,832	652,832	39,144.00	16.68	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,545,159	0	3,545,159	91,323.00	38.82	38.00
39.00	Central Services and Supply	14.00	276,792	0	276,792	12,272.00	22.55	39.00
40.00	Pharmacy	15.00	2,612,458	-36,854	2,575,604	62,145.00	41.45	40.00
41.00	Medical Records & Medical Records Library	16.00	245,617	0	245,617	8,644.00	28.41	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2017 1:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	59,339,971	0	59,339,971	1,797,538.00	33.01	1.00
2.00	Excluded area salaries (see instructions)	6,193,631	133,965	6,327,596	200,796.00	31.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,146,340	-133,965	53,012,375	1,596,742.00	33.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,096,932	0	9,096,932	279,817.95	32.51	4.00
5.00	Subtotal wage-related costs (see inst.)	16,041,952	0	16,041,952	0.00	30.26	5.00
6.00	Total (sum of lines 3 thru 5)	78,285,224	-133,965	78,151,259	1,876,559.95	41.65	6.00
7.00	Total overhead cost (see instructions)	15,587,139	-36,854	15,550,285	612,076.00	25.41	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2017 1:02 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			723,946 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			18,422 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			4,625,931 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			2,768,277 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			1,202,977 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			151,375 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			931,815 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			4,739,143 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			36,276 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			15,198,162 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: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/31/2017 1:02 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		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	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0004 Component CCN: 15-7145		Period: From 01/01/2016 To 12/31/2016		Worksheet S-4 Date/Time Prepared: 5/31/2017 1:02 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	438.00	86.00	0.00	633.00	
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.96	0.00	0.96	
4.00	Director(s) and Assistant Director(s)			0.92	0.00	0.92	
5.00	Other Administrative Personnel			8.85	0.00	8.85	
6.00	Direct Nursing Service			12.03	0.00	12.03	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			3.38	0.00	3.38	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.01	0.00	0.01	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.03	0.00	0.03	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.01	0.00	0.01	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			1.89	0.00	1.89	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,012	212	222	193	4,639	
22.00	Skilled Nursing Visit Charges	874,616	46,216	48,396	42,074	1,011,302	
23.00	Physical Therapy Visits	2,041	40	27	79	2,187	
24.00	Physical Therapy Visit Charges	444,938	8,720	5,886	17,222	476,766	
25.00	Occupational Therapy Visits	0	0	0	0	0	
26.00	Occupational Therapy Visit Charges	0	0	0	0	0	
27.00	Speech Pathology Visits	44	0	0	0	44	
28.00	Speech Pathology Visit Charges	9,592	0	0	0	9,592	
29.00	Medical Social Service Visits	6	1	0	0	7	
30.00	Medical Social Service Visit Charges	1,692	282	0	0	1,974	
31.00	Home Health Aide Visits	947	47	8	38	1,040	
32.00	Home Health Aide Visit Charges	125,004	6,204	1,056	5,016	137,280	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,050	300	257	310	7,917	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,455,842	61,422	55,338	64,312	1,636,914	
36.00	Total Number of Episodes (standard/non outlier)	484		94	23	601	
37.00	Total Number of Outlier Episodes		9		2	11	
38.00	Total Non-Routine Medical Supply Charges	59,122	2,188	6,641	1,841	69,792	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/31/2017 1:02 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.277595	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		10,440,628	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		16,397,559	5.00
6.00	Medicaid charges		121,640,220	6.00
7.00	Medicaid cost (line 1 times line 6)		33,766,717	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)		6,928,530	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)		6,928,530	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)	12,159,043	15,885,349	28,044,392
21.00	Cost of patients approved for charity care (line 1 times line 20)	3,375,290	4,409,693	7,784,983
22.00	Partial payment by patients approved for charity care	68,800	1,024,700	1,093,500
23.00	Cost of charity care (line 21 minus line 22)	3,306,490	3,384,993	6,691,483
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		1,153,992	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,153,992	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		0	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		0	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,691,483	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,620,013	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,013,218	8,013,218	1,657,685	9,670,903	1.00
2.00	00200		0	0	3,787,094	3,787,094	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,027,376	15,599,488	16,626,864	-10,616	16,616,248	4.00
5.01	01160	338,561	618,589	957,150	0	957,150	5.01
5.02	00550	22,526	-17,220,634	-17,198,108	0	-17,198,108	5.02
5.03	00560	0	249,248	249,248	-245	249,003	5.03
5.04	00570	0	1,482,344	1,482,344	0	1,482,344	5.04
5.05	00590	2,574,951	11,989,842	14,564,793	855,252	15,420,045	5.05
6.00	00600	1,709,596	3,523,728	5,233,324	-410	5,232,914	6.00
7.00	00700	342,993	3,716,314	4,059,307	0	4,059,307	7.00
8.00	00800	0	406,582	406,582	-2,665	403,917	8.00
9.00	00900	1,550,805	344,105	1,894,910	-3,260	1,891,650	9.00
10.00	01000	1,005,383	608,812	1,614,195	-1,052,066	562,129	10.00
11.00	01100	0	0	0	1,048,156	1,048,156	11.00
13.00	01300	3,545,159	353,786	3,898,945	-225	3,898,720	13.00
14.00	01400	276,792	1,089,374	1,366,166	-239,035	1,127,131	14.00
15.00	01500	2,612,458	23,598,461	26,210,919	-20,435,818	5,775,101	15.00
16.00	01600	245,617	1,561,668	1,807,285	-9	1,807,276	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	3,269	3,269	376,477	379,746	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	73,350	15,112	88,462	97,111	185,573	23.01
23.02	02302	71,148	147	71,295	3,061	74,356	23.02
23.03	02303	66,378	1,488	67,866	2,799	70,665	23.03
23.04	02304	425,962	14,925	440,887	38,866	479,753	23.04
23.05	02305	0	379	379	-379	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,436,924	2,158,891	15,595,815	-2,229,629	13,366,186	30.00
31.00	03100	2,410,186	356,730	2,766,916	-255,018	2,511,898	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	2,913,717	17,396,139	20,309,856	-11,404	20,298,452	40.00
43.00	04300	0	0	0	819,564	819,564	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	880,593	3,431,930	4,312,523	-2,149,509	2,163,014	50.00
50.01	05001	124,760	172,114	296,874	-97,452	199,422	50.01
50.02	05002	972,794	296,651	1,269,445	-255,247	1,014,198	50.02
51.00	05100	267,491	28,557	296,048	-12,512	283,536	51.00
53.00	05300	53,042	3,022,812	3,075,854	-111,117	2,964,737	53.00
54.00	05400	1,204,000	222,459	1,426,459	-142,253	1,284,206	54.00
54.01	05401	602,059	1,012,083	1,614,142	-713,083	901,059	54.01
54.02	05402	376,927	61,824	438,751	7,738	446,489	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	443,556	365,912	809,468	-97,228	712,240	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	7,347,094	7,347,094	-97,587	7,249,507	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	444,752	444,752	0	444,752	63.00
63.01	06301	244,900	349,813	594,713	53,641	648,354	63.01
65.00	06500	1,250,121	340,823	1,590,944	118,226	1,709,170	65.00
66.00	06600	1,503,705	1,291,434	2,795,139	-281,468	2,513,671	66.00
67.00	06700	490,094	21,825	511,919	14,694	526,613	67.00
68.00	06800	267,900	94,167	362,067	-14,722	347,345	68.00
69.00	06900	304,009	369,325	673,334	-9,182	664,152	69.00
70.00	07000	115,889	32,271	148,160	45	148,205	70.00
71.00	07100	0	0	0	4,411,756	4,411,756	71.00
72.00	07200	0	0	0	3,155,283	3,155,283	72.00
73.00	07300	0	0	0	20,356,436	20,356,436	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	45,856	19,637	65,493	-18,837	46,656	76.01
76.02	03140	838,478	2,137,024	2,975,502	-1,556,580	1,418,922	76.02
76.03	03957	352,377	20,358	372,735	3,847	376,582	76.03
76.04	03190	572,330	279,517	851,847	-5,672	846,175	76.04
76.05	03951	166,011	171,075	337,086	-13,042	324,044	76.05
76.06	03952	0	801	801	-801	0	76.06
76.07	03550	0	3,247,074	3,247,074	0	3,247,074	76.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + - col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.08	03953 WOUND CARE	286,356	78,168	364,524	-60,816	303,708	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	674,683	674,683	76.09
76.10	03955 INFUSION	2,168,615	858,638	3,027,253	-267,288	2,759,965	76.10
76.11	03956 CARE TRANSITION CENTER	15,270	0	15,270	0	15,270	76.11
76.12	03958 ANTI COAGULATION CLINIC	306,219	30,962	337,181	-14,776	322,405	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	8,428,958	2,190,216	10,619,174	-595,831	10,023,343	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	1,957,198	273,378	2,230,576	-48,838	2,181,738	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		5,756,395	5,756,395	-6,677,794	-921,399	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	58,889,390	109,851,094	168,740,484	0	168,740,484	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,593	61,115	99,708	0	99,708	190.00
190.01	19001 CONVENT	0	12,354	12,354	0	12,354	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	176,673	176,673	0	176,673	190.03
190.04	19004 WOMEN'S HEALTH CENTER	71,476	1,157	72,633	0	72,633	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	10	10	0	10	190.07
190.08	19008 FAMILY SERVICES	0	25	25	0	25	190.08
190.09	19009 MDWISE	75,914	13,737,909	13,813,823	0	13,813,823	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	91,300	21,453	112,753	0	112,753	190.10
190.11	19011 CENTER OF HOPE	7,917	1,177	9,094	0	9,094	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	46,129	22,488	68,617	0	68,617	192.00
192.01	19201 WORKING WELL	354,549	330,704	685,253	0	685,253	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	TOTAL (SUM OF LINES 118-199)	59,575,268	124,216,159	183,791,427	0	183,791,427	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,135,136	11,806,039	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,787,094	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,948,131	18,564,379	4.00
5.01	01160	COMMUNICATIONS	-28,868	928,282	5.01
5.02	00550	DATA PROCESSING	25,731,713	8,533,605	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-81,547	167,456	5.03
5.04	00570	ADMINISTRATIVE	-82,055	1,400,289	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-2,584,997	12,835,048	5.05
6.00	00600	MAINTENANCE & REPAIRS	-28,819	5,204,095	6.00
7.00	00700	OPERATION OF PLANT	0	4,059,307	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1	403,918	8.00
9.00	00900	HOUSEKEEPING	0	1,891,650	9.00
10.00	01000	DIETARY	-346,384	215,745	10.00
11.00	01100	CAFETERIA	-701,202	346,954	11.00
13.00	01300	NURSING ADMINISTRATION	-63,758	3,834,962	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-108,225	1,018,906	14.00
15.00	01500	PHARMACY	-1,392,263	4,382,838	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-192,297	1,614,979	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	226,356	606,102	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMEDICAL PRGM - LAB	0	185,573	23.01
23.02	02302	PARAMEDICAL PRGM - RADIOLOGY	0	74,356	23.02
23.03	02303	PARAMEDICAL PRGM - RESP THER	0	70,665	23.03
23.04	02304	PARAMEDICAL PRGM-PHARMACY	0	479,753	23.04
23.05	02305	PARAMEDICAL PRGM-EMT	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,147	13,357,039	30.00
31.00	03100	INTENSIVE CARE UNIT	-18,898	2,493,000	31.00
32.00	02060	CORONARY CARE UNIT	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	-15,473,785	4,824,667	40.00
43.00	04300	NURSERY	0	819,564	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-811,137	1,351,877	50.00
50.01	05001	OPEN HEART SURGERY	-18,957	180,465	50.01
50.02	05002	OUTPATIENT SURGERY	-480	1,013,718	50.02
51.00	05100	RECOVERY ROOM	0	283,536	51.00
53.00	05300	ANESTHESIOLOGY	-6,400	2,958,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-143,850	1,140,356	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	901,059	54.01
54.02	05402	ULTRASOUND	-22,401	424,088	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	-149,203	563,037	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-2,058,973	5,190,534	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-1,948	442,804	63.00
63.01	06301	NUCLEAR MEDICINE	0	648,354	63.01
65.00	06500	RESPIRATORY THERAPY	-68,999	1,640,171	65.00
66.00	06600	PHYSICAL THERAPY	-150,848	2,362,823	66.00
67.00	06700	OCCUPATIONAL THERAPY	-126	526,487	67.00
68.00	06800	SPEECH PATHOLOGY	0	347,345	68.00
69.00	06900	ELECTROCARDIOLOGY	-317,901	346,251	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-652	147,553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,411,756	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,155,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,356,436	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03950	ORTHOPEDICS	0	46,656	76.01
76.02	03140	CARDIOVASCULAR SERVICES	-62,005	1,356,917	76.02
76.03	03957	CARDIAC REHABILITATION	-2,998	373,584	76.03
76.04	03190	RADIATION ONCOLOGY	0	846,175	76.04
76.05	03951	MRI	-24,810	299,234	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	-1,302,346	1,944,728	76.07
76.08	03953	WOUND CARE	-1,013	302,695	76.08
76.09	03954	RENAL DIALYSIS	0	674,683	76.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
76.10	03955 INFUSION	-36,681	2,723,284	76.10
76.11	03956 CARE TRANSITION CENTER	0	15,270	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	322,405	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	90.01
91.00	09100 EMERGENCY	-908,362	9,114,981	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	-75,000	2,106,738	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	921,399	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,685,401	172,425,885	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	99,708	190.00
190.01	19001 CONVENT	0	12,354	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	176,673	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	72,633	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	10	190.07
190.08	19008 FAMILY SERVICES	0	25	190.08
190.09	19009 MDWISE	0	13,813,823	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	112,753	190.10
190.11	19011 CENTER OF HOPE	0	9,094	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINI AS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	68,617	192.00
192.01	19201 WORKING WELL	0	685,253	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	0	194.01
200.00	TOTAL (SUM OF LINES 118-199)	3,685,401	187,476,828	200.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
5/31/2017 1:02 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,787,094	1.00
	O		0	3,787,094	
B - DIETARY					
1.00	CAFETERIA	11.00	652,832	395,324	1.00
	O		652,832	395,324	
C - INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,232,707	1.00
2.00		0.00	0	0	2.00
	O		0	1,232,707	
D - CHARGEABLE SUPPLIES					
1.00	ELECTROENCEPHALOGRAPHY	70.00	0	45	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,567,039	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
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
	O		0	7,567,084	
E - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,356,436	1.00
	O		0	20,356,436	
F - RADIOLOGY ADMINISTRATION					
1.00	NUCLEAR MEDICINE	63.01	5,707	0	1.00
2.00	ULTRASOUND	54.02	39,619	0	2.00
3.00	NUCLEAR MEDICINE	63.01	54,278	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	14,677	0	4.00
5.00	MRI	76.05	9,767	0	5.00
	O		124,048	0	
G - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	376,477	1.00
	O		0	376,477	

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
5/31/2017 1:02 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - LAB	23.01	97,111	0	1.00
2.00	PARAMED ED PRGM - RADIOLOGY	23.02	0	3,061	2.00
3.00	PARAMED ED PRGM - RESP THER	23.03	0	2,839	3.00
4.00	PARAMED ED PRGM-PHARMACY	23.04	36,854	2,012	4.00
	O		133,965	7,912	
I - PROFESSIONAL SUPPORT SERVICES					
1.00	RESPIRATORY THERAPY	65.00	216,457	919	1.00
2.00	OCCUPATIONAL THERAPY	67.00	27,485	117	2.00
3.00	SPEECH PATHOLOGY	68.00	11,477	49	3.00
4.00	CARDIAC REHABILITATION	76.03	13,096	56	4.00
	O		268,515	1,141	
J - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,000	1.00
	O		0	18,000	
K - NURSERY					
1.00	NURSERY	43.00	621,735	197,829	1.00
	O		621,735	197,829	
L - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	76.09	429,788	244,895	1.00
	O		429,788	244,895	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,155,283	1.00
	O		0	3,155,283	
O - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,657,991	1.00
	O		0	6,657,991	
P - MISCELLANEOUS A&G					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	308	1.00
	O		0	308	
Q - CATH LAB RECOVERY					
1.00	CARDIOVASCULAR SERVICES	76.02	128,821	2,405	1.00
	O		128,821	2,405	
500.00	Grand Total: Increases		2,359,704	44,000,886	500.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6
Date/Time Prepared:
5/31/2017 1:02 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,787,094	9		1.00
	O		0	3,787,094			
B - DIETARY							
1.00	DIETARY	10.00	652,832	395,324	0		1.00
	O		652,832	395,324			
C - INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,231,212	12		1.00
2.00	INTEREST EXPENSE	113.00	0	1,495	0		2.00
	O		0	1,232,707			
D - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,616	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	225	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	239,035	0		3.00
4.00	PHARMACY	15.00	0	40,516	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	604,156	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	255,018	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	11,404	0		7.00
8.00	OPERATING ROOM	50.00	0	2,149,509	0		8.00
9.00	OPEN HEART SURGERY	50.01	0	97,452	0		9.00
10.00	OUTPATIENT SURGERY	50.02	0	255,247	0		10.00
11.00	RECOVERY ROOM	51.00	0	12,512	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	111,117	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,144	0		13.00
14.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	727,760	0		14.00
15.00	ULTRASOUND	54.02	0	31,881	0		15.00
16.00	COMPUTED TOMOGRAPHY	55.01	0	97,228	0		16.00
17.00	NUCLEAR MEDICINE	63.01	0	6,344	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	96,311	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	11,812	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	12,908	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	26,248	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	9,182	0		22.00
24.00	ORTHOPEDICS	76.01	0	18,837	0		24.00
25.00	CARDIOVASCULAR SERVICES	76.02	0	1,687,806	0		25.00
26.00	CARDIAC REHABILITATION	76.03	0	9,305	0		26.00
27.00	RADIATION ONCOLOGY	76.04	0	5,672	0		27.00
28.00	MRI	76.05	0	22,809	0		28.00
29.00	WOUND CARE	76.08	0	60,816	0		29.00
30.00	INFUSION	76.10	0	267,288	0		30.00
31.00	EMERGENCY	91.00	0	595,831	0		31.00
32.00	HOME HEALTH AGENCY	101.00	0	48,838	0		32.00
33.00	PURCHASING RECEIVING AND STORES	5.03	0	245	0		33.00
34.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,286	0		34.00
35.00	MAINTENANCE & REPAIRS	6.00	0	410	0		35.00
36.00	LAUNDRY & LINEN SERVICE	8.00	0	2,665	0		36.00
37.00	HOUSEKEEPING	9.00	0	3,260	0		37.00
38.00	DIETARY	10.00	0	3,910	0		38.00
39.00	MEDICAL RECORDS & LIBRARY	16.00	0	9	0		39.00
40.00	PARAMED PRGM - RESP THER	23.03	0	40	0		40.00
41.00	PARAMED PRGM-EMT	23.05	0	379	0		41.00
42.00	LABORATORY	60.00	0	476	0		42.00
43.00	BARIATRIC CENTER	76.06	0	801	0		43.00
44.00	ANTI COAGULATION CLINIC	76.12	0	14,776	0		44.00
	O		0	7,567,084			
E - PHARMACY							
1.00	PHARMACY	15.00	0	20,356,436	0		1.00
	O		0	20,356,436			
F - RADIOLOGY ADMINISTRATION							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	124,048	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
	O		124,048	0			
G - MEDICAL EDUCATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	376,477	0		1.00
	O		0	376,477			

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
H - PARAMEDICAL EDUCATION							
1.00	LABORATORY	60.00	97,111	0	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,061	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	2,839	0		3.00
4.00	PHARMACY	15.00	36,854	2,012	0		4.00
	O		133,965	7,912			
I - PROFESSIONAL SUPPORT SERVICES							
1.00	PHYSICAL THERAPY	66.00	268,515	1,141	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
	O		268,515	1,141			
J - RENT							
1.00	INTEREST EXPENSE	113.00	0	18,000	10		1.00
	O		0	18,000			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	621,735	197,829	0		1.00
	O		621,735	197,829			
L - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	429,788	244,895	0		1.00
	O		429,788	244,895			
M - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,155,283	0		1.00
	O		0	3,155,283			
O - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	6,657,991	11		1.00
	O		0	6,657,991			
P - MISCELLANEOUS A&G							
1.00	INTEREST EXPENSE	113.00	0	308	0		1.00
	O		0	308			
Q - CATH LAB RECOVERY							
1.00	ADULTS & PEDIATRICS	30.00	128,821	2,405	0		1.00
	O		128,821	2,405			
500.00	Grand Total: Decreases		2,359,704	44,000,886			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,547,620	0	0	0	1.00
2.00	Land Improvements	3,607,761	48,213	0	48,213	2.00
3.00	Buildings and Fixtures	45,475,476	0	0	0	3.00
4.00	Building Improvements	157,134	0	0	0	4.00
5.00	Fixed Equipment	146,570,508	2,073,608	0	2,073,608	5.00
6.00	Movable Equipment	0	3,430,047	0	3,430,047	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	201,358,499	5,551,868	0	5,551,868	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	201,358,499	5,551,868	0	5,551,868	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,547,620	0			1.00
2.00	Land Improvements	3,655,974	3,009,445			2.00
3.00	Buildings and Fixtures	45,475,476	11,295,037			3.00
4.00	Building Improvements	147,397	124,730			4.00
5.00	Fixed Equipment	148,644,116	56,157,453			5.00
6.00	Movable Equipment	2,706,431	16,120,810			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	206,177,014	86,707,475			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	206,177,014	86,707,475			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,561,220	0	0	1,451,998	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,561,220	0	0	1,451,998	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	8,013,218				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,013,218				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,774,126	17,248	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,787,094	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,561,220	17,248	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	6,657,991	220,786	0	2,135,888	11,806,039	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,787,094	2.00
3.00	Total (sum of lines 1-2)	6,657,991	220,786	0	2,135,888	15,593,133	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7 Ref.			
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)	B	-8,937		INTEREST EXPENSE	113.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-82,809		CENTRAL SERVICES & SUPPLY	14.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-752		CAP REL COSTS-BLDG & FIXT	1.00		10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-28,868		COMMUNICATIONS	5.01		0	7.00
8.00 Television and radio service (chapter 21)		0			0.00		0	8.00
9.00 Parking lot (chapter 21)		0			0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,014,010					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-140		RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	7,475,342					0	12.00
13.00 Laundry and linen service	B	1		LAUNDRY & LINEN SERVICE	8.00		0	13.00
14.00 Cafeteria-employees and guests	B	-687,717		CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0			0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		0	16.00
17.00 Sale of drugs to other than patients		0			0.00		0	17.00
18.00 Sale of medical records and abstracts		0			0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00		0	19.00
20.00 Vending machines	B	-13,485		CAFETERIA	11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			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			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 KINDRED MEALS	B	-265,564		DIETARY	10.00		0	33.00
33.01 WELLNESS CENTER REVENUE	B	-220		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		3.00
33.02	PHYSICIAN APPLICATION FEES	B	-69,150	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.02
33.03	CARDIAC DIETETIC INSTRUCTION	B	-1,960	DIETARY	10.00	0 33.03
33.04	LOBBYING EXPENSE	A	-5,447	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.04
33.05	PROGRAM FEES	B	-18,897	NURSING ADMINISTRATION	13.00	0 33.05
33.06	LIFELINE	B	-23,098	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.06
33.07	UNNECESSARY BORROWING	A	-868,901	INTEREST EXPENSE	113.00	0 33.07
33.08	MISCELLANEOUS INCOME	B	-840	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.08
33.09	MISCELLANEOUS INCOME	B	-28,732	MAINTENANCE & REPAIRS	6.00	0 33.09
33.10	MISCELLANEOUS INCOME	B	-75,000	HOME HEALTH AGENCY	101.00	0 33.10
33.11	DONATIONS EXPENSE	A	-8,990	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.11
33.12	ADVERTISING EXPENSE	A	2,846	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.12
33.13	ADVERTISING EXPENSE	A	-3,228	SUBPROVIDER - IPF	40.00	0 33.13
33.14	MISCELLANEOUS INCOME	B	-9,468	RADIOLOGY-DIAGNOSTIC	54.00	0 33.14
33.15	PATIENT INTEREST	B	-65,585	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.15
33.16	HAF ASSESSMENT	A	-2,001,224	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.16
33.17	PENSION COST	A	1,951,461	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.17
33.18	DISCOUNTS/REBATES	B	-78,498	PURCHASING RECEIVING AND STORES	5.03	0 33.18
33.19	DISCOUNTS/REBATES	B	-87	MAINTENANCE & REPAIRS	6.00	0 33.19
33.20	DISCOUNTS/REBATES	B	-78,860	DIETARY	10.00	0 33.20
33.21	DISCOUNTS/REBATES	B	-131,264	PHARMACY	15.00	0 33.21
33.22	DISCOUNTS/REBATES	B	-116,134	OPERATING ROOM	50.00	0 33.22
33.23	DISCOUNTS/REBATES	B	-82,078	RADIOLOGY-DIAGNOSTIC	54.00	0 33.23
33.24	DISCOUNTS/REBATES	B	-35,632	LABORATORY	60.00	0 33.24
33.25	DISCOUNTS/REBATES	B	-9,919	RESPIRATORY THERAPY	65.00	0 33.25
33.26	DISCOUNTS/REBATES	B	-55,173	CARDIOVASCULAR SERVICES	76.02	0 33.26
33.27	DISCOUNTS/REBATES	B	-60	CARDIAC REHABILITATION	76.03	0 33.27
33.28	SALE OF MEDICAL RECORDS	B	-15,061	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.28
33.29	PODIATRY RESIDENTS ADD ON	A	226,356	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.29
33.30	BAD DEBT OTHER	A	-222	INTEREST EXPENSE	113.00	0 33.30
33.31	ADVERTISING EXPENSE	A	-3,110	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.31
33.32	MISCELLANEOUS INCOME	B	-1	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.32
33.33	PROPERTY TAXES	A	-81,484	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		3,685,401			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: 15-0004
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 5/31/2017 1:02 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,135,888	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	7,769,593	8,225,413
3.00	5.03	PURCHASING RECEIVING AND STO	PURCHASING	51,970	55,019
4.00	5.04	ADMINITTING	ADMINITTING	1,398,649	1,480,704
4.01	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	5,389,958	5,706,171
4.02	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	425,521	450,485
4.03	15.00	PHARMACY	COEP / PHARMACY	227,798	290,100
4.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,219,187	1,411,484
4.05	113.00	INTEREST EXPENSE	INTEREST	1,799,459	0
4.06	5.02	DATA PROCESSING	PURCHASED SERVICES OTHER	0	-26,187,533
4.07	14.00	CENTRAL SERVICES & SUPPLY	SPD	122	574
4.08	15.00	PHARMACY	PHARMACY	233,180	1,431,503
4.09	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMCU)	0	3,924
4.10	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	6,405,588
4.11	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	10,887,378
4.12	50.00	OPERATING ROOM	SURGERY	2,598	15,432
4.13	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	5,396	57,560
4.14	54.02	ULTRASOUND	ULTRASOUND	3,053	25,454
4.15	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	15,434	164,637
4.16	60.00	LABORATORY	CHEMISTRY	327,952	2,339,126
4.17	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	478	2,426
4.18	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	12,827	59,427
4.19	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	3,514	7,530
4.20	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	39,231	357,132
4.21	76.03	CARDIAC REHABILITATION	CARDIAC REHAB	363	3,301
4.22	76.05	MRI	MRI	2,566	27,376
4.23	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	1,944,728	3,247,074
4.24	40.00	SUBPROVIDER - IPF	PSYCH REVENUE RECLASSIFICATI	0	5,992
4.25	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	40	166
4.26	91.00	EMERGENCY	EMERGENCY ROOM	256,812	1,145,933
4.27	40.00	SUBPROVIDER - IPF	PYSCH UNIT OVERHEAD	1,828,401	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			25,094,718	17,619,376

* 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	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2017 1:02 pm

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

(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: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2017 1:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,135,888	14	1.00
2.00	-455,820	0	2.00
3.00	-3,049	0	3.00
4.00	-82,055	0	4.00
4.01	-316,213	0	4.01
4.02	-24,964	0	4.02
4.03	-62,302	0	4.03
4.04	-192,297	0	4.04
4.05	1,799,459	0	4.05
4.06	26,187,533	0	4.06
4.07	-452	0	4.07
4.08	-1,198,323	0	4.08
4.09	-3,924	0	4.09
4.10	-6,405,588	0	4.10
4.11	-10,887,378	0	4.11
4.12	-12,834	0	4.12
4.13	-52,164	0	4.13
4.14	-22,401	0	4.14
4.15	-149,203	0	4.15
4.16	-2,011,174	0	4.16
4.17	-1,948	0	4.17
4.18	-46,600	0	4.18
4.19	-4,016	0	4.19
4.20	-317,901	0	4.20
4.21	-2,938	0	4.21
4.22	-24,810	0	4.22
4.23	-1,302,346	0	4.23
4.24	-5,992	0	4.24
4.25	-126	0	4.25
4.26	-889,121	0	4.26
4.27	1,828,401	0	4.27
5.00	7,475,342		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		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0004

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

Worksheet A-8-2

Date/Time Prepared: 5/31/2017 1:02 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	750	750	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	175,135	0	175,135	197,500	1,372	2.00
3.00	15.00	AGGREGATE-PHARMACY	7,875	0	7,875	197,500	79	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	18,421	0	18,421	197,500	139	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	60,582	0	60,582	197,500	439	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	699,464	681,276	18,188	246,400	146	6.00
7.00	50.01	AGGREGATE-OPEN HEART SURGERY	46,440	0	46,440	246,400	232	7.00
8.00	50.02	AGGREGATE-OUTPATIENT SURGERY	480	480	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	6,400	6,400	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	41,032	0	41,032	197,500	304	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	12,480	12,480	0	197,500	0	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	146,832	146,832	0	197,500	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	4,830	0	4,830	197,500	44	13.00
14.00	76.02	AGGREGATE-CARDIOVASCULAR SERVICES	25,348	0	25,348	197,500	195	14.00
15.00	76.08	AGGREGATE-WOUND CARE	7,755	0	7,755	197,500	71	15.00
16.00	76.10	AGGREGATE-INFUSION	38,200	0	2,471	197,500	16	16.00
17.00	91.00	AGGREGATE-EMERGENCY	61,115	0	52,115	197,500	441	17.00
200.00			1,353,139	848,218	460,192		3,478	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	130,274	6,514	0	0	0	2.00
3.00	15.00	AGGREGATE-PHARMACY	7,501	375	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	13,198	660	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	41,684	2,084	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	17,295	865	0	0	0	6.00
7.00	50.01	AGGREGATE-OPEN HEART SURGERY	27,483	1,374	0	0	0	7.00
8.00	50.02	AGGREGATE-OUTPATIENT SURGERY	0	0	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	28,865	1,443	0	0	0	10.00
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	4,178	209	0	0	0	13.00
14.00	76.02	AGGREGATE-CARDIOVASCULAR SERVICES	18,516	926	0	0	0	14.00
15.00	76.08	AGGREGATE-WOUND CARE	6,742	337	0	0	0	15.00
16.00	76.10	AGGREGATE-INFUSION	1,519	76	0	0	0	16.00
17.00	91.00	AGGREGATE-EMERGENCY	41,874	2,094	0	0	0	17.00
200.00			339,129	16,957	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	750		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	130,274	44,861	44,861		2.00
3.00	15.00	AGGREGATE-PHARMACY	0	7,501	374	374		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	13,198	5,223	5,223		4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	41,684	18,898	18,898		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	17,295	893	682,169		6.00
7.00	50.01	AGGREGATE-OPEN HEART SURGERY	0	27,483	18,957	18,957		7.00
8.00	50.02	AGGREGATE-OUTPATIENT SURGERY	0	0	0	480		8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	6,400		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	28,865	12,167	12,167		10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0004

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2017 1:02 pm

	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		
11.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	12,480		11.00
12.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	146,832		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	4,178	652	652		13.00
14.00	76.02	AGGREGATE-CARDIOVASCULAR SERVICES	0	18,516	6,832	6,832		14.00
15.00	76.08	AGGREGATE-WOUND CARE	0	6,742	1,013	1,013		15.00
16.00	76.10	AGGREGATE-INFUSION	0	1,519	952	36,681		16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	41,874	10,241	19,241		17.00
200.00			0	339,129	121,063	1,014,010		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	11,806,039	11,806,039				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,787,094		3,787,094			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	18,564,379	52,875	10,334	18,627,588		4.00
5.01 01160 COMMUNICATIONS	928,282	27,431	6,811	107,538	1,070,062	5.01
5.02 00550 DATA PROCESSING	8,533,605	144,573	619,752	7,155	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	167,456	34,958	3,424	0	15,140	5.03
5.04 00570 ADMITTING	1,400,289	79,796	0	0	45,960	5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL	12,835,048	851,962	38,552	817,889	133,555	5.05
6.00 00600 MAINTENANCE & REPAIRS	5,204,095	788,953	12,542	543,024	74,077	6.00
7.00 00700 OPERATION OF PLANT	4,059,307	519,328	26,327	108,946	32,442	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	403,918	13,743	75,610	0	7,029	8.00
9.00 00900 HOUSEKEEPING	1,891,650	200,510	19,091	492,587	7,570	9.00
10.00 01000 DIETARY	215,745	209,423	23,216	111,982	14,599	10.00
11.00 01100 CAFETERIA	346,954	121,571	0	207,361	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,834,962	134,840	61,293	1,126,059	36,228	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,018,906	194,532	52,034	87,918	18,384	14.00
15.00 01500 PHARMACY	4,382,838	116,613	3,563	818,097	28,658	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,614,979	345,447	2,918	78,016	9,192	16.00
17.00 01700 SOCIAL SERVICE	0	20,487	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	606,102	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	541	23.00
23.01 02301 PARAMED ED PRGM - LAB	185,573	0	0	54,144	541	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	74,356	0	0	22,599	541	23.02
23.03 02303 PARAMED ED PRGM - RESPIRATORY	70,665	0	0	21,084	541	23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	479,753	0	0	147,006	0	23.04
23.05 02305 PARAMED ED PRGM-EMT	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,357,039	2,375,458	736,977	3,893,095	170,323	30.00
31.00 03100 INTENSIVE CARE UNIT	2,493,000	350,824	87,371	765,555	27,036	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	4,824,667	0	1,129	925,493	0	40.00
43.00 04300 NURSERY	819,564	0	0	197,484	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,351,877	666,872	293,386	279,705	63,263	50.00
50.01 05001 OPEN HEART SURGERY	180,465	0	19,123	39,628	0	50.01
50.02 05002 OUTPATIENT SURGERY	1,013,718	509,394	32,859	308,991	24,873	50.02
51.00 05100 RECOVERY ROOM	283,536	0	870	84,964	0	51.00
53.00 05300 ANESTHESIOLOGY	2,958,337	0	133,434	16,848	4,866	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,140,356	308,192	102,512	343,028	45,960	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	901,059	74,401	300,128	195,896	3,244	54.01
54.02 05402 ULTRASOUND	424,088	37,036	41,172	132,309	7,029	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	563,037	37,893	153,652	140,888	0	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	5,190,534	252,984	0	0	24,873	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	442,804	0	0	0	24,332	63.00
63.01 06301 NUCLEAR MEDICINE	648,354	50,086	2,968	96,842	7,029	63.01
65.00 06500 RESPIRATORY THERAPY	1,640,171	100,501	83,083	465,834	14,599	65.00
66.00 06600 PHYSICAL THERAPY	2,362,823	260,019	2,197	392,337	28,658	66.00
67.00 06700 OCCUPATIONAL THERAPY	526,487	24,023	368	164,400	6,488	67.00
68.00 06800 SPEECH PATHOLOGY	347,345	74,437	7,317	88,739	1,622	68.00
69.00 06900 ELECTROCARDIOLOGY	346,251	41,830	88,167	96,563	7,570	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	147,553	33,974	23,874	36,810	10,274	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,411,756	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,155,283	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	20,356,436	0	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	46,656	16,860	80	14,565	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	1,356,917	148,437	82,206	307,246	41,094	76.02
76.03 03957 CARDIAC REHABILITATION	373,584	31,969	12,233	116,086	1,622	76.03
76.04 03190 RADIATION ONCOLOGY	846,175	333,126	78,499	181,791	0	76.04
76.05 03951 MRI	299,234	72,942	317,984	55,833	0	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	1,944,728	0	0	0	0	76.07
76.08 03953 WOUND CARE	302,695	119,110	1,969	90,956	16,221	76.08
76.09 03954 RENAL DIALYSIS	674,683	230,037	0	136,515	0	76.09
76.10 03955 INFUSION	2,723,284	12,102	34,805	688,824	0	76.10
76.11 03956 CARE TRANSITION CENTER	15,270	0	0	4,850	0	76.11
76.12 03958 ANTICOAGULATION CLINIC	322,405	0	0	97,265	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	9,114,981	284,206	132,481	2,677,315	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	2,106,738	74,874	8,579	621,671	49,745	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	172,425,885	10,378,629	3,734,890	18,409,731	1,005,719
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	99,708	24,679	0	12,258	2,703	190.00
190.01 19001 CONVENT	12,354	206,889	0	0	17,843	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	176,673	0	546	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	72,633	20,924	0	22,703	2,703	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	10	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	25	0	0	0	0	190.08
190.09 19009 MDWISE	13,813,823	0	0	24,113	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	112,753	0	1,031	29,000	3,244	190.10
190.11 19011 CENTER OF HOPE	9,094	9,168	362	2,515	0	190.11
190.12 19012 SELECT	0	730,045	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	68,617	112,968	1,825	14,652	22,710	192.00
192.01 19201 WORKING WELL	685,253	0	37,578	112,616	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	322,737	10,862	0	15,140	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	187,476,828	11,806,039	3,787,094	18,627,588	1,070,062

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B Part I Date/Time Prepared: 5/31/2017 1:02 pm

Cost Center Description			DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMINISTRATIVE 5.04	Subtotal 5A.04	OTHER ADMINISTRATIVE AND GENERAL 5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	9,305,085					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	302,067	523,045				5.03
5.04	00570	ADMINISTRATIVE	659,837	0	2,185,882			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,769,068	91	0	17,446,165	17,446,165	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	29	0	6,622,720	679,531	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	4,746,350	487,004	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,527	0	507,827	52,106	8.00
9.00	00900	HOUSEKEEPING	0	229	0	2,611,637	267,970	9.00
10.00	01000	DIETARY	0	5,797	0	580,762	59,590	10.00
11.00	01100	CAFETERIA	0	0	0	675,886	69,350	11.00
13.00	01300	NURSING ADMINISTRATION	107,908	16	0	5,301,306	543,946	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,291	0	1,389,065	142,526	14.00
15.00	01500	PHARMACY	612,572	22,692	0	5,985,033	614,100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,333,642	1	0	4,384,195	449,845	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	20,487	2,102	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	606,102	62,190	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	541	56	23.00
23.01	02301	PARAMEDICAL PRGM - LAB	0	0	0	240,258	24,652	23.01
23.02	02302	PARAMEDICAL PRGM - RADIOLOGY	0	0	0	97,496	10,004	23.02
23.03	02303	PARAMEDICAL PRGM - RESPIRATORY	0	3	0	92,293	9,470	23.03
23.04	02304	PARAMEDICAL PRGM-PHARMACY	0	0	0	626,759	64,309	23.04
23.05	02305	PARAMEDICAL PRGM-EMT	0	27	0	27	3	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	42,741	135,916	20,711,549	2,125,129	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,972	30,895	3,772,653	387,097	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	804	126,291	5,878,384	603,157	40.00
43.00	04300	NURSERY	0	0	1,901	1,018,949	104,550	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	195,736	108,327	65,679	3,024,845	310,367	50.00
50.01	05001	OPEN HEART SURGERY	0	8,179	4,429	251,824	25,839	50.01
50.02	05002	OUTPATIENT SURGERY	0	18,321	30,417	1,938,573	198,909	50.02
51.00	05100	RECOVERY ROOM	0	955	9,152	379,477	38,937	51.00
53.00	05300	ANESTHESIOLOGY	0	8,607	37,765	3,159,857	324,220	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	537,319	1,176	45,180	2,523,723	258,949	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	51,264	33,924	1,559,916	160,057	54.01
54.02	05402	ULTRASOUND	0	2,257	33,359	677,250	69,490	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	6,844	123,244	1,025,558	105,228	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,245,275	34	203,974	6,917,674	709,795	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	12,793	479,929	49,244	63.00
63.01	06301	NUCLEAR MEDICINE	0	447	23,349	829,075	85,068	63.01
65.00	06500	RESPIRATORY THERAPY	0	7,481	74,838	2,386,507	244,870	65.00
66.00	06600	PHYSICAL THERAPY	0	831	21,831	3,068,696	314,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	909	11,394	734,069	75,320	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,848	4,759	526,067	53,978	68.00
69.00	06900	ELECTROCARDIOLOGY	0	646	44,121	625,148	64,144	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10	1,812	254,307	26,093	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	64,054	4,475,810	459,245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	21,121	3,176,404	325,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	584,116	20,940,552	2,148,623	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	1,326	294	79,781	8,186	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	113,504	59,007	2,108,411	216,336	76.02
76.03	03957	CARDIAC REHABILITATION	0	655	5,462	541,611	55,573	76.03
76.04	03190	RADIATION ONCOLOGY	0	399	21,348	1,461,338	149,942	76.04
76.05	03951	MRI	0	1,606	35,276	782,875	80,328	76.05
76.06	03952	BARIATRIC CENTER	0	56	0	56	6	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	11,901	1,956,629	200,762	76.07
76.08	03953	WOUND CARE	0	4,281	6,683	541,915	55,604	76.08
76.09	03954	RENAL DIALYSIS	0	0	8,132	1,049,367	107,671	76.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
76.10	03955 INFUSION	0	18,815	64,451	3,542,281	363,459	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	10	20,130	2,065	76.11
76.12	03958 ANTICOAGULATION CLINIC	0	1,040	2,196	422,906	43,393	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	41,946	213,766	12,464,695	1,278,952	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	541,661	3,438	11,042	3,417,748	350,681	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,305,085	520,422	2,185,882	170,661,448	15,720,806	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	139,348	14,298	190.00
190.01	19001 CONVENT	0	0	0	237,086	24,326	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	177,219	18,184	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	118,963	12,206	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	1	0	11	1	190.07
190.08	19008 FAMILY SERVICES	0	2	0	27	3	190.08
190.09	19009 MDWISE	0	0	0	13,837,936	1,419,855	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	950	0	146,978	15,081	190.10
190.11	19011 CENTER OF HOPE	0	0	0	21,139	2,169	190.11
190.12	19012 SELECT	0	0	0	730,045	74,907	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	6	0	220,778	22,653	192.00
192.01	19201 WORKING WELL	0	1,664	0	837,111	85,893	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	348,739	35,783	194.01
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,305,085	523,045	2,185,882	187,476,828	17,446,165	202.00

COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/31/2017 1:02 pm	
Cost Center Description				MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
				6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01	01160	COMMUNICATIONS							5.01
5.02	00550	DATA PROCESSING							5.02
5.03	00560	PURCHASING RECEIVING AND STORES							5.03
5.04	00570	ADMITTING							5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL							5.05
6.00	00600	MAINTENANCE & REPAIRS	7,302,251						6.00
7.00	00700	OPERATION OF PLANT	385,962	5,619,316					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,214	8,298	578,445				8.00
9.00	00900	HOUSEKEEPING	149,018	121,073	0	3,149,698			9.00
10.00	01000	DIETARY	155,642	126,455	0	72,550	994,999		10.00
11.00	01100	CAFETERIA	90,351	73,408	0	42,116	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	100,212	81,420	0	46,712	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	144,575	117,463	0	67,391	0	0	14.00
15.00	01500	PHARMACY	86,666	70,414	0	40,398	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	256,734	208,590	0	119,673	0	0	16.00
17.00	01700	SOCIAL SERVICE	15,226	12,370	0	7,097	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	1,765,431	1,434,369	428,345	822,931	736,807		30.00
31.00	03100	INTENSIVE CARE UNIT	260,730	211,837	68,359	121,535	117,586		31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	495,615	402,675	0	231,023	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	378,579	307,586	0	176,469	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	229,047	186,095	0	106,767	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	55,294	44,925	0	25,774	0	0	54.01
54.02	05402	ULTRASOUND	27,525	22,364	0	12,830	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	28,162	22,881	0	13,127	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	188,016	152,759	0	87,641	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	37,224	30,244	0	17,351	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	74,692	60,685	0	34,816	0	0	65.00
66.00	06600	PHYSICAL THERAPY	193,245	157,007	0	90,078	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,853	14,505	0	8,322	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	55,321	44,947	0	25,787	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	31,088	25,258	0	14,491	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,249	20,515	0	11,770	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	12,530	10,180	0	5,841	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	110,317	89,630	0	51,423	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	23,759	19,304	0	11,075	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	247,577	201,151	0	115,404	0	0	76.04
76.05	03951	MRI	54,210	44,045	0	25,269	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	88,522	71,922	0	41,263	0	0	76.08
76.09	03954	RENAL DIALYSIS	170,962	138,902	0	79,691	0	0	76.09
76.10	03955	INFUSION	8,994	7,308	0	4,193	0	0	76.10

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTICOAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	211,220	171,611	0	98,457	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	55,646	45,211	0	25,939	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,241,408	4,757,407	496,704	2,655,204	854,393	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,341	14,902	0	8,549	0	190.00
190.01	19001 CONVENT	153,759	124,925	0	71,672	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	15,551	12,635	0	7,249	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	6,814	5,536	0	3,176	0	190.11
190.12	19012 SELECT	542,565	440,821	0	252,908	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	83,957	68,213	0	39,135	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	239,856	194,877	81,741	111,805	140,606	194.01
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)	7,302,251	5,619,316	578,445	3,149,698	994,999	202.00

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004 Period: From 01/01/2016 To 12/31/2016 Worksheet B Part I Date/Time Prepared: 5/31/2017 1:02 pm

Cost Center	Description	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL		
		11.00	ADMI NI STRATI ON	SERVI CES & SUPPLY	14.00	RECORDS & LIBRARY		15.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNI CATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMI TTING					5.04	
5.05	00590	OTHER ADMI NI STRATI VE AND GENERAL					5.05	
6.00	00600	MAI NTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DI ETARY					10.00	
11.00	01100	CAFETERIA	951, 111				11.00	
13.00	01300	NURSING ADMI NI STRATI ON	64, 158	6, 137, 754			13.00	
14.00	01400	CENTRAL SERVI CES & SUPPLY	8, 622	11, 646	1, 881, 288		14.00	
15.00	01500	PHARMACY	43, 660	0	0	6, 840, 271	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	6, 073	0	0	0	5, 425, 110	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	1, 315	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1, 470	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	1, 461	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	8, 367	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	247, 611	2, 479, 415	114	985	337, 361	30.00
31.00	03100	I NTENSIVE CARE UNIT	48, 539	669, 763	7	245	76, 686	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN I NTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	67, 075	454, 627	0	25	313, 469	40.00
43.00	04300	NURSERY	0	0	0	0	4, 718	43.00
44.00	04400	SKI LLED NURSING FACI LITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACI LITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19, 474	161, 878	30, 741	7, 377	163, 023	50.00
50.01	05001	OPEN HEART SURGERY	1, 044	6, 764	1, 114	0	10, 993	50.01
50.02	05002	OUTPATIENT SURGERY	17, 143	239, 167	80	697	75, 499	50.02
51.00	05100	RECOVERY ROOM	4, 592	67, 714	1	3	22, 716	51.00
53.00	05300	ANESTHESIOLOGY	2, 113	0	0	7, 359	93, 738	53.00
54.00	05400	RADIOLOGY-DI AGNOSTIC	35, 017	19, 876	42	0	112, 142	54.00
54.01	05401	RADIOLOGY SPECI AL PROCEDURES	10, 854	72, 518	0	26	84, 204	54.01
54.02	05402	ULTRASOUND	6, 846	8, 354	42	0	82, 802	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	8, 718	1, 937	1	0	305, 907	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	506, 290	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	31, 754	63.00
63.01	06301	NUCLEAR MEDI CINE	3, 818	291	0	68, 655	57, 954	63.01
65.00	06500	RESPI RATORY THERAPY	28, 158	0	0	898	185, 758	65.00
66.00	06600	PHYSI CAL THERAPY	40, 240	30, 850	0	0	54, 187	66.00
67.00	06700	OCCUPATIONAL THERAPY	8, 488	0	0	0	28, 282	67.00
68.00	06800	SPEECH PATHOLOGY	4, 539	0	0	0	11, 813	68.00
69.00	06900	ELECTROCARDIOLOGY	8, 653	3, 068	0	66	109, 514	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2, 053	29, 619	0	0	4, 497	70.00
71.00	07100	MEDICAL SUPPLI ES CHARGED TO PATIENT	0	0	1, 060, 908	0	158, 991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	758, 757	0	52, 424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6, 715, 670	1, 449, 323	73.00
76.00	03020	PAI N CLINI C	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDI CS	811	11, 847	0	0	729	76.01
76.02	03140	CARDI OVASCULAR SERVI CES	13, 516	147, 601	20, 803	345	146, 464	76.02
76.03	03957	CARDI AC REHABI LI TATI ON	7, 247	53, 426	0	71	13, 556	76.03
76.04	03190	RADIATI ON ONCOLOGY	9, 548	25, 509	0	0	52, 989	76.04
76.05	03951	MRI	3, 128	2, 217	0	0	87, 561	76.05
76.06	03952	BARI ATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTI VITY THERAPY	0	0	0	0	29, 539	76.07
76.08	03953	WOUND CARE	6, 275	70, 077	0	1, 858	16, 588	76.08
76.09	03954	RENAL DI ALYSIS	0	0	0	0	20, 186	76.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.10	03955 INFUSION	46,159	436,363	0	4,927	159,976	76.10
76.11	03956 CARE TRANSITION CENTER	188	2,240	0	0	24	76.11
76.12	03958 ANTI COAGULATION CLINIC	4,594	0	0	1,601	5,452	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	98,163	811,832	9	8,315	530,594	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	39,889	280,163	0	3,440	27,407	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	929,619	6,098,762	1,872,619	6,822,563	5,425,110	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,832	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	2,637	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	2	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	6	0	0	190.08
190.09	19009 MDWISE	1,375	1,344	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	1,885	20,000	2,967	389	0	190.10
190.11	19011 CENTER OF HOPE	209	17,368	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,317	280	22	738	0	192.00
192.01	19201 WORKING WELL	12,237	0	5,672	16,581	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	951,111	6,137,754	1,881,288	6,840,271	5,425,110	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 01/01/2016
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS APPRV				
	17.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	57,282					17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	668,292				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0		597			23.00
23.01 02301 PARAMED PRGM - LAB	0			266,225		23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0				108,970	23.02
23.03 02303 PARAMED PRGM - RESP THER	0					23.03
23.04 02304 PARAMED PRGM-PHARMACY	0					23.04
23.05 02305 PARAMED PRGM-EMT	0					23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,560	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	809	0	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	3,308	0	0	0	0	40.00
43.00 04300 NURSERY	50	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,720	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	116	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	797	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	240	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	989	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,183	0	0	0	103,522	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	889	0	0	0	2,179	54.01
54.02 05402 ULTRASOUND	874	0	0	0	1,090	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	3,228	0	0	0	2,179	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	5,343	0	0	218,305	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	335	0	0	42,596	0	63.00
63.01 06301 NUCLEAR MEDICINE	612	0	0	5,324	0	63.01
65.00 06500 RESPIRATORY THERAPY	1,960	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	572	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	298	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	125	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,156	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	47	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,678	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	553	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	15,326	0	597	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	8	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	1,546	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	143	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	559	0	0	0	0	76.04
76.05 03951 MRI	924	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	312	0	0	0	0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
76.08	03953 WOUND CARE	175	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	213	0	0	0	0	76.09
76.10	03955 INFUSION	1,688	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	58	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	5,599	668,292	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	289	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	57,282	668,292	597	266,225	108,970	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	57,282	668,292	597	266,225	108,970	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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To 12/31/2016

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Cost Center Description			PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.03	23.04	23.05	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY						23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	103,224					23.03
23.04	02304	PARAMED ED PRGM-PHARMACY		699,435				23.04
23.05	02305	PARAMED ED PRGM-EMT			30			23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	31,093,607	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	5,735,846	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	7,320,045	0	40.00
43.00	04300	NURSERY	0	0	0	1,128,267	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	4,848,738	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	297,694	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	3,333,499	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	513,680	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,588,276	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,576,363	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	0	2,016,636	0	54.01
54.02	05402	ULTRASOUND	0	0	0	909,467	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	0	1,516,926	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	8,785,823	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	603,858	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	1,135,616	0	63.01
65.00	06500	RESPIRATORY THERAPY	103,224	0	0	3,121,568	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,949,742	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	887,137	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	722,577	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	882,586	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	374,150	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,156,632	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,314,056	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	699,435	0	31,969,526	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	129,913	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	2,906,392	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	725,765	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	2,264,017	0	76.04
76.05	03951	MRI	0	0	0	1,080,557	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	62	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	2,187,242	0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
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To 12/31/2016

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Cost Center Description			PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.03	23.04	23.05	24.00	25.00	
76.08	03953	WOUND CARE	0	0	0	894,199	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	1,566,992	0	76.09
76.10	03955	INFUSION	0	0	0	4,575,348	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	24,647	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	478,004	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	30	16,347,769	-668,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,246,413	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,224	699,435	30	166,209,635	-668,292	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	197,270	0	190.00
190.01	19001	CONVENT	0	0	0	611,768	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	195,403	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	0	169,241	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	14	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	36	0	190.08
190.09	19009	MDWISE	0	0	0	15,260,510	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	187,300	0	190.10
190.11	19011	CENTER OF HOPE	0	0	0	56,411	0	190.11
190.12	19012	SELECT	0	0	0	2,041,246	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	437,093	0	192.00
192.01	19201	WORKING WELL	0	0	0	957,494	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	1,153,407	0	194.01
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)	103,224	699,435	30	187,476,828	-668,292	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMINISTRATION		5.04
5.05	00590 OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 PARAMED ED PRGM - LAB		23.01
23.02	02302 PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303 PARAMED ED PRGM - RESPIRATORY		23.03
23.04	02304 PARAMED ED PRGM-PHARMACY		23.04
23.05	02305 PARAMED ED PRGM-EMT		23.05
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	31,093,607	30.00
31.00	03100 INTENSIVE CARE UNIT	5,735,846	31.00
32.00	02060 CORONARY CARE UNIT	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0	35.00
40.00	04000 SUBPROVIDER - IPF	7,320,045	40.00
43.00	04300 NURSERY	1,128,267	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,848,738	50.00
50.01	05001 OPEN HEART SURGERY	297,694	50.01
50.02	05002 OUTPATIENT SURGERY	3,333,499	50.02
51.00	05100 RECOVERY ROOM	513,680	51.00
53.00	05300 ANESTHESIOLOGY	3,588,276	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,576,363	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,016,636	54.01
54.02	05402 ULTRASOUND	909,467	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	1,516,926	55.01
57.00	05700 CT SCAN	0	57.00
58.00	05800 MRI	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	8,785,823	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	603,858	63.00
63.01	06301 NUCLEAR MEDICINE	1,135,616	63.01
65.00	06500 RESPIRATORY THERAPY	3,121,568	65.00
66.00	06600 PHYSICAL THERAPY	3,949,742	66.00
67.00	06700 OCCUPATIONAL THERAPY	887,137	67.00
68.00	06800 SPEECH PATHOLOGY	722,577	68.00
69.00	06900 ELECTROCARDIOLOGY	882,586	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	374,150	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,156,632	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,314,056	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,969,526	73.00
76.00	03020 PAIN CLINIC	0	76.00
76.01	03950 ORTHOPEDICS	129,913	76.01
76.02	03140 CARDIOVASCULAR SERVICES	2,906,392	76.02
76.03	03957 CARDIAC REHABILITATION	725,765	76.03
76.04	03190 RADIATION ONCOLOGY	2,264,017	76.04
76.05	03951 MRI	1,080,557	76.05
76.06	03952 BARIATRIC CENTER	62	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	2,187,242	76.07
76.08	03953 WOUND CARE	894,199	76.08
76.09	03954 RENAL DIALYSIS	1,566,992	76.09
76.10	03955 INFUSION	4,575,348	76.10
76.11	03956 CARE TRANSITION CENTER	24,647	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2016
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Cost Center Description		Total	
		26.00	
76.12	03958 ANTI COAGULATION CLINIC	478,004	76.12
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	90.01
91.00	09100 EMERGENCY	15,679,477	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,246,413	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	165,541,343	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	197,270	190.00
190.01	19001 CONVENT	611,768	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	195,403	190.03
190.04	19004 WOMEN'S HEALTH CENTER	169,241	190.04
190.05	19005 DEVELOPMENT	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	190.06
190.07	19007 IMAGE RECOVERY	14	190.07
190.08	19008 FAMILY SERVICES	36	190.08
190.09	19009 MDWISE	15,260,510	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	187,300	190.10
190.11	19011 CENTER OF HOPE	56,411	190.11
190.12	19012 SELECT	2,041,246	190.12
190.13	19013 PERCINI AS	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	437,093	192.00
192.01	19201 WORKING WELL	957,494	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.01	07951 REHAB	1,153,407	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	186,808,536	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/31/2017 1:02 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	52,875	10,334	63,209	63,209 4.00
5.01 01160	COMMUNICATIONS	0	27,431	6,811	34,242	365 5.01
5.02 00550	DATA PROCESSING	0	144,573	619,752	764,325	24 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	34,958	3,424	38,382	0 5.03
5.04 00570	ADMINISTRATIVE	0	79,796	0	79,796	0 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	0	851,962	38,552	890,514	2,776 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	788,953	12,542	801,495	1,843 6.00
7.00 00700	OPERATION OF PLANT	0	519,328	26,327	545,655	370 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	13,743	75,610	89,353	0 8.00
9.00 00900	HOUSEKEEPING	0	200,510	19,091	219,601	1,672 9.00
10.00 01000	DIETARY	0	209,423	23,216	232,639	380 10.00
11.00 01100	CAFETERIA	0	121,571	0	121,571	704 11.00
13.00 01300	NURSING ADMINISTRATION	0	134,840	61,293	196,133	3,822 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	194,532	52,034	246,566	298 14.00
15.00 01500	PHARMACY	0	116,613	3,563	120,176	2,777 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	345,447	2,918	348,365	265 16.00
17.00 01700	SOCIAL SERVICE	0	20,487	0	20,487	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMEDICAL PRGM - LAB	0	0	0	0	184 23.01
23.02 02302	PARAMEDICAL PRGM - RADIOLOGY	0	0	0	0	77 23.02
23.03 02303	PARAMEDICAL PRGM - RESPIRATORY	0	0	0	0	72 23.03
23.04 02304	PARAMEDICAL PRGM-PHARMACY	0	0	0	0	499 23.04
23.05 02305	PARAMEDICAL PRGM-EMT	0	0	0	0	0 23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,375,458	736,977	3,112,435	13,201 30.00
31.00 03100	INTENSIVE CARE UNIT	0	350,824	87,371	438,195	2,598 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - IPF	0	0	1,129	1,129	3,141 40.00
43.00 04300	NURSERY	0	0	0	0	670 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	666,872	293,386	960,258	949 50.00
50.01 05001	OPEN HEART SURGERY	0	0	19,123	19,123	134 50.01
50.02 05002	OUTPATIENT SURGERY	0	509,394	32,859	542,253	1,049 50.02
51.00 05100	RECOVERY ROOM	0	0	870	870	288 51.00
53.00 05300	ANESTHESIOLOGY	0	0	133,434	133,434	57 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	308,192	102,512	410,704	1,164 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	74,401	300,128	374,529	665 54.01
54.02 05402	ULTRASOUND	0	37,036	41,172	78,208	449 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	37,893	153,652	191,545	478 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	252,984	0	252,984	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0 63.00
63.01 06301	NUCLEAR MEDICINE	0	50,086	2,968	53,054	329 63.01
65.00 06500	RESPIRATORY THERAPY	0	100,501	83,083	183,584	1,581 65.00
66.00 06600	PHYSICAL THERAPY	0	260,019	2,197	262,216	1,332 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	24,023	368	24,391	558 67.00
68.00 06800	SPEECH PATHOLOGY	0	74,437	7,317	81,754	301 68.00
69.00 06900	ELECTROCARDIOLOGY	0	41,830	88,167	129,997	328 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	33,974	23,874	57,848	125 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950	ORTHOPEDICS	0	16,860	80	16,940	49 76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	148,437	82,206	230,643	1,043 76.02
76.03 03957	CARDIAC REHABILITATION	0	31,969	12,233	44,202	394 76.03
76.04 03190	RADIATION ONCOLOGY	0	333,126	78,499	411,625	617 76.04
76.05 03951	MRI	0	72,942	317,984	390,926	189 76.05
76.06 03952	BARITRIC CENTER	0	0	0	0	0 76.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	119,110	1,969	121,079	309	76.08
76.09 03954 RENAL DIALYSIS	0	230,037	0	230,037	463	76.09
76.10 03955 INFUSION	0	12,102	34,805	46,907	2,338	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	16	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	330	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	284,206	132,481	416,687	9,086	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	74,874	8,579	83,453	2,110	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	10,378,629	3,734,890	14,113,519	62,469	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,679	0	24,679	42	190.00
190.01 19001 CONVENT	0	206,889	0	206,889	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	546	546	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	20,924	0	20,924	77	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	82	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	1,031	1,031	98	190.10
190.11 19011 CENTER OF HOPE	0	9,168	362	9,530	9	190.11
190.12 19012 SELECT	0	730,045	0	730,045	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	112,968	1,825	114,793	50	192.00
192.01 19201 WORKING WELL	0	0	37,578	37,578	382	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	322,737	10,862	333,599	0	194.01
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	11,806,039	3,787,094	15,593,133	63,209	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B Part II Date/Time Prepared: 5/31/2017 1:02 pm

Table with columns: Cost Center Description, COMMUNICATIONS (5.01), DATA PROCESSING (5.02), PURCHASING RECEIVING AND STORES (5.03), ADMINITTING (5.04), OTHER ADMINISTRATIVE AND GENERAL (5.05), and a final column for totals. Rows include categories like GENERAL SERVICE COST CENTERS, INPATIENT ROUTINE SERVICE COST CENTERS, and ANCILLARY SERVICE COST CENTERS.

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 1:02 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
76.10	03955	INFUSION	0	0	2,291	3,992	23,439	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	1	133	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	127	136	2,798	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	5,107	13,240	82,479	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	1,609	44,494	419	684	22,615	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,527	764,349	63,365	135,483	1,013,810	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	87	0	0	0	922	190.00
190.01	19001	CONVENT	577	0	0	0	1,569	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	1,173	190.03
190.04	19004	WOMEN'S HEALTH CENTER	87	0	0	0	787	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	91,566	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	105	0	116	0	973	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	140	190.11
190.12	19012	SELECT	0	0	0	0	4,831	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	734	0	1	0	1,461	192.00
192.01	19201	WORKING WELL	0	0	203	0	5,539	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	490	0	0	0	2,308	194.01
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)	34,607	764,349	63,685	135,483	1,125,079	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 1:02 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	849,561					6.00
7.00	00700	OPERATION OF PLANT	44,904	623,385				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,188	921	95,965			8.00
9.00	00900	HOUSEKEEPING	17,337	13,431	0	269,595		9.00
10.00	01000	DIETARY	18,108	14,028	0	6,210	276,386	10.00
11.00	01100	CAFETERIA	10,512	8,144	0	3,605	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,659	9,032	0	3,998	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,820	13,031	0	5,768	0	14.00
15.00	01500	PHARMACY	10,083	7,811	0	3,458	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29,869	23,140	0	10,243	0	16.00
17.00	01700	SOCIAL SERVICE	1,771	1,372	0	607	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	205,393	159,125	71,063	70,439	204,666	30.00
31.00	03100	INTENSIVE CARE UNIT	30,334	23,500	11,341	10,403	32,663	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,661	44,671	0	19,774	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	44,045	34,122	0	15,105	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,648	20,645	0	9,139	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	6,433	4,984	0	2,206	0	54.01
54.02	05402	ULTRASOUND	3,202	2,481	0	1,098	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	3,276	2,538	0	1,124	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	21,874	16,946	0	7,502	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	4,331	3,355	0	1,485	0	63.01
65.00	06500	RESPIRATORY THERAPY	8,690	6,732	0	2,980	0	65.00
66.00	06600	PHYSICAL THERAPY	22,483	17,418	0	7,710	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,077	1,609	0	712	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,436	4,986	0	2,207	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,617	2,802	0	1,240	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,938	2,276	0	1,007	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	1,458	1,129	0	500	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	12,835	9,943	0	4,401	0	76.02
76.03	03957	CARDIAC REHABILITATION	2,764	2,142	0	948	0	76.03
76.04	03190	RADIATION ONCOLOGY	28,804	22,315	0	9,878	0	76.04
76.05	03951	MRI	6,307	4,886	0	2,163	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	10,299	7,979	0	3,532	0	76.08
76.09	03954	RENAL DIALYSIS	19,890	15,409	0	6,821	0	76.09
76.10	03955	INFUSION	1,046	811	0	359	0	76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTICOAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	24,574	19,038	0	8,427	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	6,474	5,016	0	2,220	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	726,140	527,768	82,404	227,269	237,329	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,134	1,653	0	732	0	190.00
190.01	19001 CONVENT	17,889	13,859	0	6,135	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,809	1,402	0	620	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	793	614	0	272	0	190.11
190.12	19012 SELECT	63,123	48,903	0	21,647	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	9,768	7,567	0	3,350	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	27,905	21,619	13,561	9,570	39,057	194.01
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)	849,561	623,385	95,965	269,595	276,386	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA	149,008					11.00
13.00 01300 NURSING ADMINISTRATION	10,052	279,813				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,351	531	296,256			14.00
15.00 01500 PHARMACY	6,840	0	0	244,757		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	951	0	0	0	633,833	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM - LAB	206	0	0	0	0	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	230	0	0	0	0	23.02
23.03 02303 PARAMED ED PRGM - RESPTHER	229	0	0	0	0	23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	1,311	0	0	0	0	23.04
23.05 02305 PARAMED ED PRGM-EMT	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	38,793	113,035	18	35	39,421	30.00
31.00 03100 INTENSIVE CARE UNIT	7,604	30,534	1	9	8,961	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	10,508	20,726	0	1	36,629	40.00
43.00 04300 NURSERY	0	0	0	0	551	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,051	7,380	4,841	264	19,050	50.00
50.01 05001 OPEN HEART SURGERY	164	308	175	0	1,285	50.01
50.02 05002 OUTPATIENT SURGERY	2,686	10,903	13	25	8,822	50.02
51.00 05100 RECOVERY ROOM	719	3,087	0	0	2,654	51.00
53.00 05300 ANESTHESIOLOGY	331	0	0	263	10,953	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,486	906	7	0	13,104	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	1,701	3,306	0	1	9,839	54.01
54.02 05402 ULTRASOUND	1,073	381	7	0	9,676	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	1,366	88	0	0	35,746	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	59,161	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	3,711	63.00
63.01 06301 NUCLEAR MEDICINE	598	13	0	2,457	6,772	63.01
65.00 06500 RESPIRATORY THERAPY	4,411	0	0	32	21,706	65.00
66.00 06600 PHYSICAL THERAPY	6,304	1,406	0	0	6,332	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,330	0	0	0	3,305	67.00
68.00 06800 SPEECH PATHOLOGY	711	0	0	0	1,380	68.00
69.00 06900 ELECTROCARDIOLOGY	1,356	140	0	2	12,797	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	322	1,350	0	0	525	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	167,069	0	18,578	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	119,484	0	6,126	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	240,300	169,255	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	127	540	0	0	85	76.01
76.02 03140 CARDIOVASCULAR SERVICES	2,118	6,729	3,276	12	17,115	76.02
76.03 03957 CARDIAC REHABILITATION	1,135	2,436	0	3	1,584	76.03
76.04 03190 RADIATION ONCOLOGY	1,496	1,163	0	0	6,192	76.04
76.05 03951 MRI	490	101	0	0	10,232	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	3,452	76.07
76.08 03953 WOUND CARE	983	3,195	0	66	1,938	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	2,359	76.09

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/31/2017 1:02 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.10	03955 INFUSION	7,232	19,893	0	176	18,693	76.10
76.11	03956 CARE TRANSITION CENTER	29	102	0	0	3	76.11
76.12	03958 ANTI COAGULATION CLINIC	720	0	0	57	637	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,379	37,010	1	298	62,001	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	6,249	12,772	0	123	3,203	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	145,642	278,035	294,892	244,124	633,833	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	287	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	413	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	1	0	0	190.08
190.09	19009 MDWISE	215	61	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	295	912	467	14	0	190.10
190.11	19011 CENTER OF HOPE	33	792	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	206	13	3	26	0	192.00
192.01	19201 WORKING WELL	1,917	0	893	593	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	149,008	279,813	296,256	244,757	633,833	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
			SERVICES-OTHER PRGM COSTS APPRV				
		17.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	24,373				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,011			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0		21		23.00
23.01	02301	PARAMED ED PRGM - LAB	0			1,997	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0				969
23.03	02303	PARAMED ED PRGM - RESP THER	0				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0				23.04
23.05	02305	PARAMED ED PRGM-EMT	0				23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,520				30.00
31.00	03100	INTENSIVE CARE UNIT	346				31.00
32.00	02060	CORONARY CARE UNIT	0				32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0				35.00
40.00	04000	SUBPROVIDER - IPF	1,413				40.00
43.00	04300	NURSERY	21				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	735				50.00
50.01	05001	OPEN HEART SURGERY	50				50.01
50.02	05002	OUTPATIENT SURGERY	340				50.02
51.00	05100	RECOVERY ROOM	102				51.00
53.00	05300	ANESTHESIOLOGY	422				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	505				54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	380				54.01
54.02	05402	ULTRASOUND	373				54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0				55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,379				55.01
57.00	05700	CT SCAN	0				57.00
58.00	05800	MRI	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0				59.00
60.00	06000	LABORATORY	2,282				60.00
60.01	06001	BLOOD LABORATORY	0				60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	143				63.00
63.01	06301	NUCLEAR MEDICINE	261				63.01
65.00	06500	RESPIRATORY THERAPY	837				65.00
66.00	06600	PHYSICAL THERAPY	244				66.00
67.00	06700	OCCUPATIONAL THERAPY	127				67.00
68.00	06800	SPEECH PATHOLOGY	53				68.00
69.00	06900	ELECTROCARDIOLOGY	494				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	717				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	236				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,455				73.00
76.00	03020	PAIN CLINIC	0				76.00
76.01	03950	ORTHOPEDICS	3				76.01
76.02	03140	CARDIOVASCULAR SERVICES	660				76.02
76.03	03957	CARDIAC REHABILITATION	61				76.03
76.04	03190	RADIATION ONCOLOGY	239				76.04
76.05	03951	MRI	395				76.05
76.06	03952	BARITRIC CENTER	0				76.06
76.07	03550	PSYCH ACTIVITY THERAPY	133				76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
76.08	03953 WOUND CARE	75					76.08
76.09	03954 RENAL DIALYSIS	91					76.09
76.10	03955 INFUSION	721					76.10
76.11	03956 CARE TRANSITION CENTER	0					76.11
76.12	03958 ANTI COAGULATION CLINIC	25					76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	09000 CLINIC	0					90.00
90.01	09001 OCC HEALTH CLINIC	0					90.01
91.00	09100 EMERGENCY	2,391					91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0					99.00
99.10	09910 CORF	0					99.10
101.00	10100 HOME HEALTH AGENCY	124					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,373	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001 CONVENT	0					190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0					190.02
190.03	19003 MEDICAL ARTS BUILDING	0					190.03
190.04	19004 WOMEN'S HEALTH CENTER	0					190.04
190.05	19005 DEVELOPMENT	0					190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0					190.06
190.07	19007 IMAGE RECOVERY	0					190.07
190.08	19008 FAMILY SERVICES	0					190.08
190.09	19009 MDWISE	0					190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0					190.10
190.11	19011 CENTER OF HOPE	0					190.11
190.12	19012 SELECT	0					190.12
190.13	19013 PERCINI AS	0					190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01	19201 WORKING WELL	0					192.01
193.00	19300 NONPAID WORKERS	0					193.00
194.01	07951 REHAB	0					194.01
200.00	Cross Foot Adjustments		4,011	21	1,997		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	24,373	4,011	21	1,997	969	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/31/2017 1:02 pm
Cost Center Description	PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	PARAMED PRGM-EMT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	23.03	23.04	23.05	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 01160	COMMUNICATIONS				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				23.00
23.01 02301	PARAMED PRGM - LAB				23.01
23.02 02302	PARAMED PRGM - RADIOLOGY				23.02
23.03 02303	PARAMED PRGM - RESP THER	929			23.03
23.04 02304	PARAMED PRGM-PHARMACY		5,957		23.04
23.05 02305	PARAMED PRGM-EMT			3	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			4,185,328	0 30.00
31.00 03100	INTENSIVE CARE UNIT			626,429	0 31.00
32.00 02060	CORONARY CARE UNIT			0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT			0	0 35.00
40.00 04000	SUBPROVIDER - IPF			120,364	0 40.00
43.00 04300	NURSERY			8,102	0 43.00
44.00 04400	SKILLED NURSING FACILITY			0	0 44.00
45.00 04500	NURSING FACILITY			0	0 45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			1,174,031	0 50.00
50.01 05001	OPEN HEART SURGERY			24,175	0 50.01
50.02 05002	OUTPATIENT SURGERY			677,110	0 50.02
51.00 05100	RECOVERY ROOM			10,914	0 51.00
53.00 05300	ANESTHESIOLOGY			169,913	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			553,571	0 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES			422,814	0 54.01
54.02 05402	ULTRASOUND			103,997	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY			252,792	0 55.01
57.00 05700	CT SCAN			0	0 57.00
58.00 05800	MRI			0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			0	0 59.00
60.00 06000	LABORATORY			522,256	0 60.00
60.01 06001	BLOOD LABORATORY			0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			8,609	0 63.00
63.01 06301	NUCLEAR MEDICINE			79,868	0 63.01
65.00 06500	RESPIRATORY THERAPY			252,363	0 65.00
66.00 06600	PHYSICAL THERAPY			348,131	0 66.00
67.00 06700	OCCUPATIONAL THERAPY			39,993	0 67.00
68.00 06800	SPEECH PATHOLOGY			101,881	0 68.00
69.00 06900	ELECTROCARDIOLOGY			159,967	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			68,539	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			219,947	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			148,172	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			590,834	0 73.00
76.00 03020	PAIN CLINIC			0	0 76.00
76.01 03950	ORTHOPEDICS			21,538	0 76.01
76.02 03140	CARDIOVASCULAR SERVICES			321,530	0 76.02
76.03 03957	CARDIAC REHABILITATION			59,723	0 76.03
76.04 03190	RADIATION ONCOLOGY			493,370	0 76.04
76.05 03951	MRI			423,249	0 76.05
76.06 03952	BARIATRIC CENTER			7	0 76.06
76.07 03550	PSYCH ACTIVITY THERAPY			17,269	0 76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2016
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Worksheet B
Part II
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Cost Center Description			PARAMED ED PRGM - RESPIR THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.03	23.04	23.05	24.00	25.00	
76.08	03953	WOUND CARE				154,501		0 76.08
76.09	03954	RENAL DIALYSIS				282,518		0 76.09
76.10	03955	INFUSION				127,898		0 76.10
76.11	03956	CARE TRANSITION CENTER				284		0 76.11
76.12	03958	ANTI COAGULATION CLINIC				4,830		0 76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC				0		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0		0 89.00
90.00	09000	CLINIC				0		0 90.00
90.01	09001	OCC HEALTH CLINIC				0		0 90.01
91.00	09100	EMERGENCY				695,718		0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC				0		0 99.00
99.10	09910	CORF				0		0 99.10
101.00	10100	HOME HEALTH AGENCY				191,565		0 101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	13,664,100		0 118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				30,536		0 190.00
190.01	19001	CONVENT				246,918		0 190.01
190.02	19002	HOME MEDICAL EQUIPMENT				0		0 190.02
190.03	19003	MEDICAL ARTS BUILDING				1,719		0 190.03
190.04	19004	WOMEN'S HEALTH CENTER				26,119		0 190.04
190.05	19005	DEVELOPMENT				0		0 190.05
190.06	19006	NEUROSURGERY PROF SERVICES				0		0 190.06
190.07	19007	IMAGE RECOVERY				0		0 190.07
190.08	19008	FAMILY SERVICES				1		0 190.08
190.09	19009	MDWISE				91,924		0 190.09
190.10	19010	CATHERINE MCAULEY CLINIC				4,011		0 190.10
190.11	19011	CENTER OF HOPE				12,183		0 190.11
190.12	19012	SELECT				868,549		0 190.12
190.13	19013	PERCINI AS				0		0 190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES				137,972		0 192.00
192.01	19201	WORKING WELL				47,105		0 192.01
193.00	19300	NONPAID WORKERS				0		0 193.00
194.01	07951	REHAB				448,109		0 194.01
200.00		Cross Foot Adjustments	929	5,957	3	13,887		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	929	5,957	3	15,593,133		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/31/2017 1:02 pm
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	01160			5.01
5.02	00550			5.02
5.03	00560			5.03
5.04	00570			5.04
5.05	00590			5.05
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
22.00	02200			22.00
23.00	02300			23.00
23.01	02301			23.01
23.02	02302			23.02
23.03	02303			23.03
23.04	02304			23.04
23.05	02305			23.05
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	4,185,328		30.00
31.00	03100	626,429		31.00
32.00	02060	0		32.00
35.00	02040	0		35.00
40.00	04000	120,364		40.00
43.00	04300	8,102		43.00
44.00	04400	0		44.00
45.00	04500	0		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	1,174,031		50.00
50.01	05001	24,175		50.01
50.02	05002	677,110		50.02
51.00	05100	10,914		51.00
53.00	05300	169,913		53.00
54.00	05400	553,571		54.00
54.01	05401	422,814		54.01
54.02	05402	103,997		54.02
55.00	05500	0		55.00
55.01	05501	252,792		55.01
57.00	05700	0		57.00
58.00	05800	0		58.00
59.00	05900	0		59.00
60.00	06000	522,256		60.00
60.01	06001	0		60.01
63.00	06300	8,609		63.00
63.01	06301	79,868		63.01
65.00	06500	252,363		65.00
66.00	06600	348,131		66.00
67.00	06700	39,993		67.00
68.00	06800	101,881		68.00
69.00	06900	159,967		69.00
70.00	07000	68,539		70.00
71.00	07100	219,947		71.00
72.00	07200	148,172		72.00
73.00	07300	590,834		73.00
76.00	03020	0		76.00
76.01	03950	21,538		76.01
76.02	03140	321,530		76.02
76.03	03957	59,723		76.03
76.04	03190	493,370		76.04
76.05	03951	423,249		76.05
76.06	03952	7		76.06
76.07	03550	17,269		76.07
76.08	03953	154,501		76.08
76.09	03954	282,518		76.09
76.10	03955	127,898		76.10
76.11	03956	284		76.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
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Cost Center Description		Total	
		26.00	
76.12	03958 ANTI COAGULATION CLINIC	4,830	76.12
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	90.01
91.00	09100 EMERGENCY	695,718	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	191,565	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,664,100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,536	190.00
190.01	19001 CONVENT	246,918	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	1,719	190.03
190.04	19004 WOMEN'S HEALTH CENTER	26,119	190.04
190.05	19005 DEVELOPMENT	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	190.06
190.07	19007 IMAGE RECOVERY	0	190.07
190.08	19008 FAMILY SERVICES	1	190.08
190.09	19009 MDWISE	91,924	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	4,011	190.10
190.11	19011 CENTER OF HOPE	12,183	190.11
190.12	19012 SELECT	868,549	190.12
190.13	19013 PERCINI AS	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	137,972	192.00
192.01	19201 WORKING WELL	47,105	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.01	07951 REHAB	448,109	194.01
200.00	Cross Foot Adjustments	13,887	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	15,593,133	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	647,740				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,747,910			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,901	10,227	58,645,003		4.00
5.01 01160	COMMUNICATIONS	1,505	6,741	338,561	1,319,341	5.01
5.02 00550	DATA PROCESSING	7,932	613,340	22,526	0	1,056,600 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	1,918	3,389	0	18,667	34,300 5.03
5.04 00570	ADMINISTRATIVE	4,378	0	0	56,667	74,925 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	46,743	38,153	2,574,951	164,668	314,430 5.05
6.00 00600	MAINTENANCE & REPAIRS	43,286	12,412	1,709,596	91,334	0 6.00
7.00 00700	OPERATION OF PLANT	28,493	26,055	342,993	40,000	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	754	74,828	0	8,667	0 8.00
9.00 00900	HOUSEKEEPING	11,001	18,893	1,550,805	9,333	0 9.00
10.00 01000	DIETARY	11,490	22,976	352,551	18,000	0 10.00
11.00 01100	CAFETERIA	6,670	0	652,832	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	7,398	60,659	3,545,159	44,667	12,253 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,673	51,496	276,792	22,667	0 14.00
15.00 01500	PHARMACY	6,398	3,526	2,575,604	35,334	69,558 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	18,953	2,888	245,617	11,333	264,987 16.00
17.00 01700	SOCIAL SERVICE	1,124	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	667	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	170,461	667	0 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	71,148	667	0 23.02
23.03 02303	PARAMED ED PRGM - RESPIRATORY	0	0	66,378	667	0 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	462,816	0	0 23.04
23.05 02305	PARAMED ED PRGM-EMT	0	0	0	0	0 23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	130,330	729,354	12,256,580	209,999	0 30.00
31.00 03100	INTENSIVE CARE UNIT	19,248	86,467	2,410,186	33,334	0 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - I/P	0	1,117	2,913,717	0	0 40.00
43.00 04300	NURSERY	0	0	621,735	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	36,588	290,350	880,593	78,000	22,226 50.00
50.01 05001	OPEN HEART SURGERY	0	18,925	124,760	0	0 50.01
50.02 05002	OUTPATIENT SURGERY	27,948	32,519	972,794	30,667	0 50.02
51.00 05100	RECOVERY ROOM	0	861	267,491	0	0 51.00
53.00 05300	ANESTHESIOLOGY	0	132,053	53,042	6,000	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,909	101,451	1,079,952	56,667	61,013 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	4,082	297,023	616,736	4,000	0 54.01
54.02 05402	ULTRASOUND	2,032	40,746	416,546	8,667	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	2,079	152,062	443,556	0	0 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	13,880	0	0	30,667	141,402 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	30,000	0 63.00
63.01 06301	NUCLEAR MEDICINE	2,748	2,937	304,885	8,667	0 63.01
65.00 06500	RESPIRATORY THERAPY	5,514	82,223	1,466,578	18,000	0 65.00
66.00 06600	PHYSICAL THERAPY	14,266	2,174	1,235,190	35,334	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,318	364	517,579	8,000	0 67.00
68.00 06800	SPEECH PATHOLOGY	4,084	7,241	279,377	2,000	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,295	87,255	304,009	9,333	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,864	23,627	115,889	12,667	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950	ORTHOPEDI CS	925	79	45,856	0	0 76.01
76.02 03140	CARDIOVASCULAR SERVICES	8,144	81,355	967,299	50,667	0 76.02
76.03 03957	CARDIAC REHABILITATION	1,754	12,106	365,473	2,000	0 76.03
76.04 03190	RADIATION ONCOLOGY	18,277	77,687	572,330	0	0 76.04
76.05 03951	MRI	4,002	314,694	175,778	0	0 76.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	6,535	1,949	286,356	20,000	0	76.08
76.09	03954	RENAL DIALYSIS	12,621	0	429,788	0	0	76.09
76.10	03955	INFUSION	664	34,445	2,168,615	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	15,270	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	306,219	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	15,593	131,110	8,428,958	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	4,108	8,490	1,957,198	61,334	61,506	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	569,425	3,696,247	57,959,125	1,240,008	1,056,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	38,593	3,333	0	190.00
190.01	19001	CONVENT	11,351	0	0	22,000	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	540	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	1,148	0	71,476	3,333	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	75,914	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	1,020	91,300	4,000	0	190.10
190.11	19011	CENTER OF HOPE	503	358	7,917	0	0	190.11
190.12	19012	SELECT	40,054	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,198	1,806	46,129	28,000	0	192.00
192.01	19201	WORKING WELL	0	37,189	354,549	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	17,707	10,750	0	18,667	0	194.01
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)	11,806,039	3,787,094	18,627,588	1,070,062	9,305,085	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.226509	1.010455	0.317633	0.811058	8.806630	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			63,209	34,607	764,349	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001078	0.026231	0.723404	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMINITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560	7,430,197					5.03
5.04	00570	0	596,341,989				5.04
5.05	00590	1,286	0	-17,446,165	170,030,663		5.05
6.00	00600	410	0	0	6,622,720	539,077	6.00
7.00	00700	0	0	0	4,746,350	28,493	7.00
8.00	00800	106,926	0	0	507,827	754	8.00
9.00	00900	3,260	0	0	2,611,637	11,001	9.00
10.00	01000	82,357	0	0	580,762	11,490	10.00
11.00	01100	0	0	0	675,886	6,670	11.00
13.00	01300	225	0	0	5,301,306	7,398	13.00
14.00	01400	245,633	0	0	1,389,065	10,673	14.00
15.00	01500	322,351	0	0	5,985,033	6,398	15.00
16.00	01600	9	0	0	4,384,195	18,953	16.00
17.00	01700	0	0	0	20,487	1,124	17.00
22.00	02200	0	0	0	606,102	0	22.00
23.00	02300	0	0	0	541	0	23.00
23.01	02301	0	0	0	240,258	0	23.01
23.02	02302	0	0	0	97,496	0	23.02
23.03	02303	40	0	0	92,293	0	23.03
23.04	02304	0	0	0	626,759	0	23.04
23.05	02305	379	0	0	27	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	607,164	37,084,859	0	20,711,549	130,330	30.00
31.00	03100	255,299	8,429,823	0	3,772,653	19,248	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	11,422	34,458,552	0	5,878,384	0	40.00
43.00	04300	0	518,630	0	1,018,949	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,538,868	17,920,518	0	3,024,845	36,588	50.00
50.01	05001	116,188	1,208,388	0	251,824	0	50.01
50.02	05002	260,260	8,299,366	0	1,938,573	27,948	50.02
51.00	05100	13,566	2,497,061	0	379,477	0	51.00
53.00	05300	122,271	10,304,246	0	3,159,857	0	53.00
54.00	05400	16,712	12,327,397	0	2,523,723	16,909	54.00
54.01	05401	728,248	9,256,184	0	1,559,916	4,082	54.01
54.02	05402	32,057	9,102,113	0	677,250	2,032	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	97,231	33,627,293	0	1,025,558	2,079	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	476	55,654,626	0	6,917,674	13,880	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	3,490,609	0	479,929	0	63.00
63.01	06301	6,344	6,370,717	0	829,075	2,748	63.01
65.00	06500	106,272	20,419,706	0	2,386,507	5,514	65.00
66.00	06600	11,812	5,956,528	0	3,068,696	14,266	66.00
67.00	06700	12,908	3,108,924	0	734,069	1,318	67.00
68.00	06800	26,248	1,298,558	0	526,067	4,084	68.00
69.00	06900	9,182	12,038,472	0	625,148	2,295	69.00
70.00	07000	141	494,323	0	254,307	1,864	70.00
71.00	07100	0	17,477,271	0	4,475,810	0	71.00
72.00	07200	0	5,762,783	0	3,176,404	0	72.00
73.00	07300	0	159,298,354	0	20,940,552	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	18,837	80,161	0	79,781	925	76.01
76.02	03140	1,612,380	16,100,235	0	2,108,411	8,144	76.02
76.03	03957	9,305	1,490,189	0	541,611	1,754	76.03
76.04	03190	5,672	5,824,922	0	1,461,338	18,277	76.04
76.05	03951	22,809	9,625,232	0	782,875	4,002	76.05
76.06	03952	801	0	0	56	0	76.06
76.07	03550	0	3,247,074	0	1,956,629	0	76.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

Period:
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To 12/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMINITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
76.08	03953 WOUND CARE	60,817	1,823,440	0	541,915	6,535	76.08
76.09	03954 RENAL DIALYSIS	0	2,218,947	0	1,049,367	12,621	76.09
76.10	03955 INFUSION	267,288	17,585,596	0	3,542,281	664	76.10
76.11	03956 CARE TRANSITION CENTER	0	2,622	0	20,130	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	14,776	599,298	0	422,906	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	595,869	58,326,254	0	12,464,695	15,593	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	48,838	3,012,718	0	3,417,748	4,108	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,392,937	596,341,989	-17,446,165	153,215,283	460,762	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	139,348	1,354	190.00
190.01	19001 CONVENT	0	0	0	237,086	11,351	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	177,219	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1	0	0	118,963	1,148	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	10	0	0	11	0	190.07
190.08	19008 FAMILY SERVICES	25	0	0	27	0	190.08
190.09	19009 MDWISE	0	0	0	13,837,936	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	13,501	0	0	146,978	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	21,139	503	190.11
190.12	19012 SELECT	0	0	0	730,045	40,054	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	91	0	0	220,778	6,198	192.00
192.01	19201 WORKING WELL	23,632	0	0	837,111	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	348,739	17,707	194.01
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)	523,045	2,185,882		17,446,165	7,302,251	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.070394	0.003665		0.102606	13.545840	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	63,685	135,483		1,125,079	849,561	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008571	0.000227		0.006617	1.575955	205.00

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	510,584				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	617,916			8.00
9.00	00900	HOUSEKEEPING	11,001	0	498,829		9.00
10.00	01000	DIETARY	11,490	0	11,490	172,893	10.00
11.00	01100	CAFETERIA	6,670	0	6,670	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,398	0	7,398	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	0	10,673	0	14.00
15.00	01500	PHARMACY	6,398	0	6,398	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	0	18,953	0	16.00
17.00	01700	SOCIAL SERVICE	1,124	0	1,124	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - (SPECFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,330	457,573	130,330	128,029	30.00
31.00	03100	INTENSIVE CARE UNIT	19,248	73,024	19,248	20,432	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,588	0	36,588	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	27,948	0	27,948	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,909	0	16,909	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,082	0	4,082	0	54.01
54.02	05402	ULTRASOUND	2,032	0	2,032	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,079	0	2,079	0	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	13,880	0	13,880	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	2,748	0	2,748	0	63.01
65.00	06500	RESPIRATORY THERAPY	5,514	0	5,514	0	65.00
66.00	06600	PHYSICAL THERAPY	14,266	0	14,266	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,318	0	1,318	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,084	0	4,084	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,295	0	2,295	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	0	1,864	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	925	0	925	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	8,144	0	8,144	0	76.02
76.03	03957	CARDIAC REHABILITATION	1,754	0	1,754	0	76.03
76.04	03190	RADIATION ONCOLOGY	18,277	0	18,277	0	76.04
76.05	03951	MRI	4,002	0	4,002	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	6,535	0	6,535	0	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
76.09	03954 RENAL DIALYSIS	12,621	0	12,621	0	0	76.09
76.10	03955 INFUSION	664	0	664	0	65,703	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	268	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	6,539	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	0	15,593	0	139,725	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,108	0	4,108	0	56,778	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	432,269	530,597	420,514	148,461	1,323,221	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	1,354	0	2,608	190.00
190.01	19001 CONVENT	11,351	0	11,351	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	1,148	0	3,753	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	1,957	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	2,683	190.10
190.11	19011 CENTER OF HOPE	503	0	503	0	297	190.11
190.12	19012 SELECT	40,054	0	40,054	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,198	0	6,198	0	1,874	192.00
192.01	19201 WORKING WELL	0	0	0	0	17,418	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	87,319	17,707	24,432	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,619,316	578,445	3,149,698	994,999	951,111	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.005664	0.936122	6.314184	5.754999	0.702543	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	623,385	95,965	269,595	276,386	149,008	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.220925	0.155304	0.540456	1.598596	0.110066	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	548,112					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,040	7,823,304				14.00
15.00	01500	PHARMACY	0	1	20,734,118			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	596,341,989		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	596,341,989	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	221,416	474	2,985	37,084,859	37,084,859	30.00
31.00	03100	INTENSIVE CARE UNIT	59,811	31	742	8,429,823	8,429,823	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	40,599	2	76	34,458,552	34,458,552	40.00
43.00	04300	NURSERY	0	0	0	518,630	518,630	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,456	127,836	22,360	17,920,518	17,920,518	50.00
50.01	05001	OPEN HEART SURGERY	604	4,631	0	1,208,388	1,208,388	50.01
50.02	05002	OUTPATIENT SURGERY	21,358	331	2,113	8,299,366	8,299,366	50.02
51.00	05100	RECOVERY ROOM	6,047	6	8	2,497,061	2,497,061	51.00
53.00	05300	ANESTHESIOLOGY	0	0	22,308	10,304,246	10,304,246	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,775	176	0	12,327,397	12,327,397	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	6,476	0	78	9,256,184	9,256,184	54.01
54.02	05402	ULTRASOUND	746	176	0	9,102,113	9,102,113	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	173	3	0	33,627,293	33,627,293	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	55,654,626	55,654,626	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,490,609	3,490,609	63.00
63.01	06301	NUCLEAR MEDICINE	26	0	208,106	6,370,717	6,370,717	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,723	20,419,706	20,419,706	65.00
66.00	06600	PHYSICAL THERAPY	2,755	0	0	5,956,528	5,956,528	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,108,924	3,108,924	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,298,558	1,298,558	68.00
69.00	06900	ELECTROCARDIOLOGY	274	0	200	12,038,472	12,038,472	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,645	0	0	494,323	494,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,411,756	0	17,477,271	17,477,271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,155,283	0	5,762,783	5,762,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	20,356,436	159,298,354	159,298,354	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	1,058	0	0	80,161	80,161	76.01
76.02	03140	CARDIOVASCULAR SERVICES	13,181	86,507	1,045	16,100,235	16,100,235	76.02
76.03	03957	CARDIAC REHABILITATION	4,771	0	214	1,490,189	1,490,189	76.03
76.04	03190	RADIATION ONCOLOGY	2,278	0	0	5,824,922	5,824,922	76.04
76.05	03951	MRI	198	0	0	9,625,232	9,625,232	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	3,247,074	3,247,074	76.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	
			13.00	14.00	15.00	16.00	17.00	
76.08	03953	WOUND CARE	6,258	1	5,631	1,823,440	1,823,440	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	2,218,947	2,218,947	76.09
76.10	03955	INFUSION	38,968	0	14,934	17,585,596	17,585,596	76.10
76.11	03956	CARE TRANSITION CENTER	200	0	0	2,622	2,622	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	4,853	599,298	599,298	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	72,498	38	25,203	58,326,254	58,326,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	25,019	0	10,428	3,012,718	3,012,718	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	544,630	7,787,252	20,680,443	596,341,989	596,341,989	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	1	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	10	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	25	0	0	0	190.08
190.09	19009	MDWISE	120	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	1,786	12,337	1,179	0	0	190.10
190.11	19011	CENTER OF HOPE	1,551	0	0	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25	91	2,237	0	0	192.00
192.01	19201	WORKING WELL	0	23,588	50,259	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	0	194.01
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)	6,137,754	1,881,288	6,840,271	5,425,110	57,282	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.197992	0.240472	0.329904	0.009097	0.000096	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	279,813	296,256	244,757	633,833	24,373	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.510503	0.037868	0.011805	0.001063	0.000041	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	100				22.00
23.00	02300	PARAMED PRGM - (SPECIFY)		764			23.00
23.01	02301	PARAMED PRGM - LAB			177,707		23.01
23.02	02302	PARAMED PRGM - RADIOLOGY				179,458	23.02
23.03	02303	PARAMED PRGM - RESPTHER					114,230
23.04	02304	PARAMED PRGM-PHARMACY					23.04
23.05	02305	PARAMED PRGM-EMT					23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	170,485	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	0	3,589	54.01
54.02	05402	ULTRASOUND	0	0	0	1,795	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	0	3,589	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	145,720	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	28,433	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	3,554	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	114,230
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	764	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	76.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00					
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTICOAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	100	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	764	177,707	179,458	114,230
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	0	194.01
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)	668,292	597	266,225	108,970	103,224
203.00	Unit cost multiplier (Wkst. B, Part I)	6,682.920000	0.781414	1.498112	0.607217	0.903651
204.00	Cost to be allocated (per Wkst. B, Part II)	4,011	21	1,997	969	929
205.00	Unit cost multiplier (Wkst. B, Part II)	40.110000	0.027487	0.011238	0.005400	0.008133

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-EMT (ASSIGNED TIME)	
		23.04	23.05	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED PRGM - (SPECIFY)		23.00
23.01	02301	PARAMED PRGM - LAB		23.01
23.02	02302	PARAMED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED PRGM - RESPIRATORY		23.03
23.04	02304	PARAMED PRGM-PHARMACY	715,898	23.04
23.05	02305	PARAMED PRGM-EMT		23.05
			100	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	02060	CORONARY CARE UNIT	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	OPEN HEART SURGERY	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	54.01
54.02	05402	ULTRASOUND	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	55.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	715,898	73.00
76.00	03020	PAIN CLINIC	0	76.00
76.01	03950	ORTHOPEDICS	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	76.04
76.05	03951	MRI	0	76.05
76.06	03952	BARIATRIC CENTER	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	76.07
76.08	03953	WOUND CARE	0	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	
		23.04	23.05	
76.09	03954 RENAL DIALYSIS	0	0	76.09
76.10	03955 INFUSION	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	90.01
91.00	09100 EMERGENCY	0	100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	715,898	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 CONVENT	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINIAS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 WORKING WELL	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	0	194.01
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)	699,435	30	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.977004	0.300000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,957	3	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008321	0.030000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/31/2017 1:02 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		31,093,607	5,223	31,098,830
31.00	03100 INTENSIVE CARE UNIT		5,735,846	18,898	5,754,744
32.00	02060 CORONARY CARE UNIT		0	0	0
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		7,320,045	0	7,320,045
43.00	04300 NURSERY		1,128,267	0	1,128,267
44.00	04400 SKILLED NURSING FACILITY		0	0	0
45.00	04500 NURSING FACILITY		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		4,848,738	893	4,849,631
50.01	05001 OPEN HEART SURGERY		297,694	18,957	316,651
50.02	05002 OUTPATIENT SURGERY		3,333,499	0	3,333,499
51.00	05100 RECOVERY ROOM		513,680	0	513,680
53.00	05300 ANESTHESIOLOGY		3,588,276	0	3,588,276
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,576,363	0	3,576,363
54.01	05401 RADIOLOGY SPECIAL PROCEDURES		2,016,636	0	2,016,636
54.02	05402 ULTRASOUND		909,467	0	909,467
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
55.01	05501 COMPUTED TOMOGRAPHY		1,516,926	0	1,516,926
57.00	05700 CT SCAN		0	0	0
58.00	05800 MRI		0	0	0
59.00	05900 CARDIAC CATHETERIZATION		0	0	0
60.00	06000 LABORATORY		8,785,823	12,167	8,797,990
60.01	06001 BLOOD LABORATORY		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		603,858	0	603,858
63.01	06301 NUCLEAR MEDICINE		1,135,616	0	1,135,616
65.00	06500 RESPIRATORY THERAPY	0	3,121,568	0	3,121,568
66.00	06600 PHYSICAL THERAPY	0	3,949,742	0	3,949,742
67.00	06700 OCCUPATIONAL THERAPY	0	887,137	0	887,137
68.00	06800 SPEECH PATHOLOGY	0	722,577	0	722,577
69.00	06900 ELECTROCARDIOLOGY		882,586	0	882,586
70.00	07000 ELECTROENCEPHALOGRAPHY		374,150	652	374,802
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,156,632	0	6,156,632
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,314,056	0	4,314,056
73.00	07300 DRUGS CHARGED TO PATIENTS		31,969,526	0	31,969,526
76.00	03020 PAIN CLINIC		0	0	0
76.01	03950 ORTHOPEDICS		129,913	0	129,913
76.02	03140 CARDIOVASCULAR SERVICES		2,906,392	6,832	2,913,224
76.03	03957 CARDIAC REHABILITATION		725,765	0	725,765
76.04	03190 RADIATION ONCOLOGY		2,264,017	0	2,264,017
76.05	03951 MRI		1,080,557	0	1,080,557
76.06	03952 BARIATRIC CENTER		62	0	62
76.07	03550 PSYCH ACTIVITY THERAPY		2,187,242	0	2,187,242
76.08	03953 WOUND CARE		894,199	1,013	895,212
76.09	03954 RENAL DIALYSIS		1,566,992	0	1,566,992
76.10	03955 INFUSION		4,575,348	952	4,576,300
76.11	03956 CARE TRANSITION CENTER		24,647	0	24,647
76.12	03958 ANTI COAGULATION CLINIC		478,004	0	478,004
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		0	0	0
90.01	09001 OCC HEALTH CLINIC		0	0	0
91.00	09100 EMERGENCY		15,679,477	10,241	15,689,718
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,356,181	0	5,356,181
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC		0	0	0
99.10	09910 CORF		0	0	0
101.00	10100 HOME HEALTH AGENCY		4,246,413	0	4,246,413
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE		0	0	0
200.00	Subtotal (see instructions)		170,897,524	75,828	170,973,352
201.00	Less Observation Beds		5,356,181	0	5,356,181
202.00	Total (see instructions)		165,541,343	75,828	165,617,171

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
Title XVIII Hospital PPS						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	28,823,396		28,823,396		30.00
31.00 03100	INTENSIVE CARE UNIT	8,429,823		8,429,823		31.00
32.00 02060	CORONARY CARE UNIT	0		0		32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00 04000	SUBPROVIDER - I PF	34,458,552		34,458,552		40.00
43.00 04300	NURSERY	518,630		518,630		43.00
44.00 04400	SKILLED NURSING FACILITY	0		0		44.00
45.00 04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,414,508	11,506,010	17,920,518	0.270569	50.00
50.01 05001	OPEN HEART SURGERY	1,208,388	0	1,208,388	0.246356	50.01
50.02 05002	OUTPATIENT SURGERY	2,302,917	5,996,449	8,299,366	0.401657	50.02
51.00 05100	RECOVERY ROOM	1,015,184	1,481,877	2,497,061	0.205714	51.00
53.00 05300	ANESTHESIOLOGY	3,478,313	6,825,933	10,304,246	0.348233	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,710,757	8,616,640	12,327,397	0.290115	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	3,553,529	5,702,655	9,256,184	0.217869	54.01
54.02 05402	ULTRASOUND	3,045,514	6,056,599	9,102,113	0.099918	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01 05501	COMPUTED TOMOGRAPHY	10,238,272	23,389,021	33,627,293	0.045110	55.01
57.00 05700	CT SCAN	0	0	0	0.000000	57.00
58.00 05800	MRI	0	0	0	0.000000	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00 06000	LABORATORY	27,809,431	27,845,195	55,654,626	0.157863	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,015,160	1,475,449	3,490,609	0.172995	63.00
63.01 06301	NUCLEAR MEDICINE	1,380,580	4,990,137	6,370,717	0.178256	63.01
65.00 06500	RESPIRATORY THERAPY	18,353,225	2,066,481	20,419,706	0.152870	65.00
66.00 06600	PHYSICAL THERAPY	3,698,918	2,257,610	5,956,528	0.663095	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,594,117	514,807	3,108,924	0.285352	67.00
68.00 06800	SPEECH PATHOLOGY	984,072	314,486	1,298,558	0.556446	68.00
69.00 06900	ELECTROCARDIOLOGY	6,148,981	5,889,491	12,038,472	0.073314	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,785	490,538	494,323	0.756894	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,335,059	7,142,212	17,477,271	0.352265	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,986,337	2,776,446	5,762,783	0.748606	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	42,179,397	117,118,957	159,298,354	0.200690	73.00
76.00 03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01 03950	ORTHOPEDECS	5,530	74,631	80,161	1.620651	76.01
76.02 03140	CARDIOVASCULAR SERVICES	8,450,581	7,649,654	16,100,235	0.180519	76.02
76.03 03957	CARDIAC REHABILITATION	480,854	1,009,335	1,490,189	0.487029	76.03
76.04 03190	RADIATION ONCOLOGY	299,216	5,525,706	5,824,922	0.388678	76.04
76.05 03951	MRI	3,403,529	6,221,703	9,625,232	0.112263	76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0.000000	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	3,247,074	0	3,247,074	0.673604	76.07
76.08 03953	WOUND CARE	21,206	1,802,234	1,823,440	0.490391	76.08
76.09 03954	RENAL DIALYSIS	2,128,149	90,798	2,218,947	0.706187	76.09
76.10 03955	INFUSION	11,908	17,573,688	17,585,596	0.260176	76.10
76.11 03956	CARE TRANSITION CENTER	0	2,622	2,622	9.400076	76.11
76.12 03958	ANTI COAGULATION CLINIC	1,430	597,868	599,298	0.797607	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000	CLINIC	0	0	0	0.000000	90.00
90.01 09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00 09100	EMERGENCY	13,111,273	45,214,981	58,326,254	0.268824	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	2,304,328	5,957,135	8,261,463	0.648333	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0		99.00
99.10 09910	CORF	0	0	0		99.10
101.00 10100	HOME HEALTH AGENCY	0	3,012,718	3,012,718		101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	259,151,923	337,190,066	596,341,989		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	259,151,923	337,190,066	596,341,989		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/31/2017 1:02 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270619		50.00
50.01	05001	OPEN HEART SURGERY	0.262044		50.01
50.02	05002	OUTPATIENT SURGERY	0.401657		50.02
51.00	05100	RECOVERY ROOM	0.205714		51.00
53.00	05300	ANESTHESIOLOGY	0.348233		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.290115		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.217869		54.01
54.02	05402	ULTRASOUND	0.099918		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.045110		55.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.158082		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172995		63.00
63.01	06301	NUCLEAR MEDICINE	0.178256		63.01
65.00	06500	RESPIRATORY THERAPY	0.152870		65.00
66.00	06600	PHYSICAL THERAPY	0.663095		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285352		67.00
68.00	06800	SPEECH PATHOLOGY	0.556446		68.00
69.00	06900	ELECTROCARDIOLOGY	0.073314		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.758213		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.352265		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.748606		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200690		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDECS	1.620651		76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.180943		76.02
76.03	03957	CARDIAC REHABILITATION	0.487029		76.03
76.04	03190	RADIATION ONCOLOGY	0.388678		76.04
76.05	03951	MRI	0.112263		76.05
76.06	03952	BARITRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.673604		76.07
76.08	03953	WOUND CARE	0.490947		76.08
76.09	03954	RENAL DIALYSIS	0.706187		76.09
76.10	03955	INFUSION	0.260230		76.10
76.11	03956	CARE TRANSITION CENTER	9.400076		76.11
76.12	03958	ANTI COAGULATION CLINIC	0.797607		76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0.000000		90.01
91.00	09100	EMERGENCY	0.268999		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.648333		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	31,093,607		31,093,607	5,223	31,098,830	30.00
31.00	03100 INTENSIVE CARE UNIT	5,735,846		5,735,846	18,898	5,754,744	31.00
32.00	02060 CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0		0	0	0	35.00
40.00	04000 SUBPROVIDER - IPF	7,320,045		7,320,045	0	7,320,045	40.00
43.00	04300 NURSERY	1,128,267		1,128,267	0	1,128,267	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,848,738		4,848,738	893	4,849,631	50.00
50.01	05001 OPEN HEART SURGERY	297,694		297,694	18,957	316,651	50.01
50.02	05002 OUTPATIENT SURGERY	3,333,499		3,333,499	0	3,333,499	50.02
51.00	05100 RECOVERY ROOM	513,680		513,680	0	513,680	51.00
53.00	05300 ANESTHESIOLOGY	3,588,276		3,588,276	0	3,588,276	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,576,363		3,576,363	0	3,576,363	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,016,636		2,016,636	0	2,016,636	54.01
54.02	05402 ULTRASOUND	909,467		909,467	0	909,467	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	1,516,926		1,516,926	0	1,516,926	55.01
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	8,785,823		8,785,823	12,167	8,797,990	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	603,858		603,858	0	603,858	63.00
63.01	06301 NUCLEAR MEDICINE	1,135,616		1,135,616	0	1,135,616	63.01
65.00	06500 RESPIRATORY THERAPY	3,121,568	0	3,121,568	0	3,121,568	65.00
66.00	06600 PHYSICAL THERAPY	3,949,742	0	3,949,742	0	3,949,742	66.00
67.00	06700 OCCUPATIONAL THERAPY	887,137	0	887,137	0	887,137	67.00
68.00	06800 SPEECH PATHOLOGY	722,577	0	722,577	0	722,577	68.00
69.00	06900 ELECTROCARDIOLOGY	882,586		882,586	0	882,586	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	374,150		374,150	652	374,802	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,156,632		6,156,632	0	6,156,632	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,314,056		4,314,056	0	4,314,056	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,969,526		31,969,526	0	31,969,526	73.00
76.00	03020 PAIN CLINIC	0		0	0	0	76.00
76.01	03950 ORTHOPEDICS	129,913		129,913	0	129,913	76.01
76.02	03140 CARDIOVASCULAR SERVICES	2,906,392		2,906,392	6,832	2,913,224	76.02
76.03	03957 CARDIAC REHABILITATION	725,765		725,765	0	725,765	76.03
76.04	03190 RADIATION ONCOLOGY	2,264,017		2,264,017	0	2,264,017	76.04
76.05	03951 MRI	1,080,557		1,080,557	0	1,080,557	76.05
76.06	03952 BARIATRIC CENTER	62		62	0	62	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	2,187,242		2,187,242	0	2,187,242	76.07
76.08	03953 WOUND CARE	894,199		894,199	1,013	895,212	76.08
76.09	03954 RENAL DIALYSIS	1,566,992		1,566,992	0	1,566,992	76.09
76.10	03955 INFUSION	4,575,348		4,575,348	952	4,576,300	76.10
76.11	03956 CARE TRANSITION CENTER	24,647		24,647	0	24,647	76.11
76.12	03958 ANTI COAGULATION CLINIC	478,004		478,004	0	478,004	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0		0	0	0	90.01
91.00	09100 EMERGENCY	15,679,477		15,679,477	10,241	15,689,718	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,356,181		5,356,181	0	5,356,181	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,246,413		4,246,413	0	4,246,413	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	170,897,524	0	170,897,524	75,828	170,973,352	200.00
201.00	Less Observation Beds	5,356,181		5,356,181	0	5,356,181	201.00
202.00	Total (see instructions)	165,541,343	0	165,541,343	75,828	165,617,171	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,823,396		28,823,396		30.00
31.00	03100	INTENSIVE CARE UNIT	8,429,823		8,429,823		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - IPF	34,458,552		34,458,552		40.00
43.00	04300	NURSERY	518,630		518,630		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,414,508	11,506,010	17,920,518	0.270569	50.00
50.01	05001	OPEN HEART SURGERY	1,208,388	0	1,208,388	0.246356	50.01
50.02	05002	OUTPATIENT SURGERY	2,302,917	5,996,449	8,299,366	0.401657	50.02
51.00	05100	RECOVERY ROOM	1,015,184	1,481,877	2,497,061	0.205714	51.00
53.00	05300	ANESTHESIOLOGY	3,478,313	6,825,933	10,304,246	0.348233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,710,757	8,616,640	12,327,397	0.290115	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,553,529	5,702,655	9,256,184	0.217869	54.01
54.02	05402	ULTRASOUND	3,045,514	6,056,599	9,102,113	0.099918	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	10,238,272	23,389,021	33,627,293	0.045110	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	27,809,431	27,845,195	55,654,626	0.157863	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,015,160	1,475,449	3,490,609	0.172995	63.00
63.01	06301	NUCLEAR MEDICINE	1,380,580	4,990,137	6,370,717	0.178256	63.01
65.00	06500	RESPIRATORY THERAPY	18,353,225	2,066,481	20,419,706	0.152870	65.00
66.00	06600	PHYSICAL THERAPY	3,698,918	2,257,610	5,956,528	0.663095	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,594,117	514,807	3,108,924	0.285352	67.00
68.00	06800	SPEECH PATHOLOGY	984,072	314,486	1,298,558	0.556446	68.00
69.00	06900	ELECTROCARDIOLOGY	6,148,981	5,889,491	12,038,472	0.073314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,785	490,538	494,323	0.756894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,335,059	7,142,212	17,477,271	0.352265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,986,337	2,776,446	5,762,783	0.748606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,179,397	117,118,957	159,298,354	0.200690	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDI CS	5,530	74,631	80,161	1.620651	76.01
76.02	03140	CARDIOVASCULAR SERVICES	8,450,581	7,649,654	16,100,235	0.180519	76.02
76.03	03957	CARDIAC REHABILITATION	480,854	1,009,335	1,490,189	0.487029	76.03
76.04	03190	RADIATION ONCOLOGY	299,216	5,525,706	5,824,922	0.388678	76.04
76.05	03951	MRI	3,403,529	6,221,703	9,625,232	0.112263	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	3,247,074	0	3,247,074	0.673604	76.07
76.08	03953	WOUND CARE	21,206	1,802,234	1,823,440	0.490391	76.08
76.09	03954	RENAL DIALYSIS	2,128,149	90,798	2,218,947	0.706187	76.09
76.10	03955	INFUSION	11,908	17,573,688	17,585,596	0.260176	76.10
76.11	03956	CARE TRANSITION CENTER	0	2,622	2,622	9.400076	76.11
76.12	03958	ANTI COAGULATION CLINIC	1,430	597,868	599,298	0.797607	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	13,111,273	45,214,981	58,326,254	0.268824	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,304,328	5,957,135	8,261,463	0.648333	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	3,012,718	3,012,718		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	259,151,923	337,190,066	596,341,989		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	259,151,923	337,190,066	596,341,989		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/31/2017 1:02 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	02060	CORONARY CARE UNIT				32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.270619			50.00
50.01	05001	OPEN HEART SURGERY	0.262044			50.01
50.02	05002	OUTPATIENT SURGERY	0.401657			50.02
51.00	05100	RECOVERY ROOM	0.205714			51.00
53.00	05300	ANESTHESIOLOGY	0.348233			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.290115			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.217869			54.01
54.02	05402	ULTRASOUND	0.099918			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.045110			55.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.158082			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172995			63.00
63.01	06301	NUCLEAR MEDICINE	0.178256			63.01
65.00	06500	RESPIRATORY THERAPY	0.152870			65.00
66.00	06600	PHYSICAL THERAPY	0.663095			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285352			67.00
68.00	06800	SPEECH PATHOLOGY	0.556446			68.00
69.00	06900	ELECTROCARDIOLOGY	0.073314			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.758213			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.352265			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.748606			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200690			73.00
76.00	03020	PAIN CLINIC	0.000000			76.00
76.01	03950	ORTHOPEDECS	1.620651			76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.180943			76.02
76.03	03957	CARDIAC REHABILITATION	0.487029			76.03
76.04	03190	RADIATION ONCOLOGY	0.388678			76.04
76.05	03951	MRI	0.112263			76.05
76.06	03952	BARITRIC CENTER	0.000000			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.673604			76.07
76.08	03953	WOUND CARE	0.490947			76.08
76.09	03954	RENAL DIALYSIS	0.706187			76.09
76.10	03955	INFUSION	0.260230			76.10
76.11	03956	CARE TRANSITION CENTER	9.400076			76.11
76.12	03958	ANTI COAGULATION CLINIC	0.797607			76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	OCC HEALTH CLINIC	0.000000			90.01
91.00	09100	EMERGENCY	0.268999			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.648333			92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/31/2017 1:02 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,185,328	0	4,185,328	24,322	172.08	30.00
31.00	INTENSIVE CARE UNIT	626,429		626,429	3,213	194.97	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEWBORN INTENSIVE CARE UNIT	0		0	0	0.00	35.00
40.00	SUBPROVIDER - IPF	120,364	0	120,364	9,176	13.12	40.00
43.00	NURSERY	8,102		8,102	258	31.40	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,940,223		4,940,223	36,969		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	9,539	1,641,471				
31.00	INTENSIVE CARE UNIT	1,543	300,839				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEWBORN INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	946	12,412				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	12,028	1,954,722				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/31/2017 1:02 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,174,031	17,920,518	0.065513	4,024,183	263,636	50.00
50.01	05001	OPEN HEART SURGERY	24,175	1,208,388	0.020006	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	677,110	8,299,366	0.081586	1,177,484	96,066	50.02
51.00	05100	RECOVERY ROOM	10,914	2,497,061	0.004371	510,873	2,233	51.00
53.00	05300	ANESTHESIOLOGY	169,913	10,304,246	0.016490	1,594,116	26,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	553,571	12,327,397	0.044906	2,215,708	99,499	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	422,814	9,256,184	0.045679	973,671	44,476	54.01
54.02	05402	ULTRASOUND	103,997	9,102,113	0.011426	1,486,878	16,989	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	252,792	33,627,293	0.007517	4,300,187	32,325	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	522,256	55,654,626	0.009384	12,471,416	117,032	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,609	3,490,609	0.002466	549,919	1,356	63.00
63.01	06301	NUCLEAR MEDICINE	79,868	6,370,717	0.012537	540,000	6,770	63.01
65.00	06500	RESPIRATORY THERAPY	252,363	20,419,706	0.012359	8,049,808	99,488	65.00
66.00	06600	PHYSICAL THERAPY	348,131	5,956,528	0.058445	852,882	49,847	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,993	3,108,924	0.012864	457,886	5,890	67.00
68.00	06800	SPEECH PATHOLOGY	101,881	1,298,558	0.078457	277,504	21,772	68.00
69.00	06900	ELECTROCARDIOLOGY	159,967	12,038,472	0.013288	2,867,463	38,103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,539	494,323	0.138652	3,784	525	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	219,947	17,477,271	0.012585	4,734,012	59,578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,172	5,762,783	0.025712	1,452,546	37,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	590,834	159,298,354	0.003709	19,810,541	73,477	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDICS	21,538	80,161	0.268684	663	178	76.01
76.02	03140	CARDIOVASCULAR SERVICES	321,530	16,100,235	0.019971	2,776,081	55,441	76.02
76.03	03957	CARDIAC REHABILITATION	59,723	1,490,189	0.040077	210,271	8,427	76.03
76.04	03190	RADIATION ONCOLOGY	493,370	5,824,922	0.084700	65,085	5,513	76.04
76.05	03951	MRI	423,249	9,625,232	0.043973	1,274,256	56,033	76.05
76.06	03952	BARIATRIC CENTER	7	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	17,269	3,247,074	0.005318	0	0	76.07
76.08	03953	WOUND CARE	154,501	1,823,440	0.084731	11,784	998	76.08
76.09	03954	RENAL DIALYSIS	282,518	2,218,947	0.127321	1,318,323	167,850	76.09
76.10	03955	INFUSION	127,898	17,585,596	0.007273	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	284	2,622	0.108314	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	4,830	599,298	0.008059	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	695,718	58,326,254	0.011928	3,490,506	41,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	720,846	8,261,463	0.087254	1,267,611	110,604	92.00
200.00		Total (lines 50-199)	9,253,158	521,098,870		78,765,441	1,539,376	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/31/2017 1:02 pm
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Cost Center Description			Title XVIII				Hospital	PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,322	0.00	9,539	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,213	0.00	1,543	0		31.00
32.00	02060	CORONARY CARE UNIT	0	0.00	0	0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - I PF	9,176	0.00	946	0		40.00
43.00	04300	NURSERY	258	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	36,969		12,028	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 1:02 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	103,522	0	103,522
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	2,179	0	2,179
54.02	05402	ULTRASOUND	0	0	1,090	0	1,090
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	2,179	0	2,179
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	218,305	0	218,305
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	42,596	0	42,596
63.01	06301	NUCLEAR MEDICINE	0	0	5,324	0	5,324
65.00	06500	RESPIRATORY THERAPY	0	0	103,224	0	103,224
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	700,032	0	700,032
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDI CS	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	30	0	30
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,178,481	0	1,178,481

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 1:02 pm
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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)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	17,920,518	0.000000	0.000000	4,024,183	50.00
50.01	05001 OPEN HEART SURGERY	0	1,208,388	0.000000	0.000000	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	8,299,366	0.000000	0.000000	1,177,484	50.02
51.00	05100 RECOVERY ROOM	0	2,497,061	0.000000	0.000000	510,873	51.00
53.00	05300 ANESTHESIOLOGY	0	10,304,246	0.000000	0.000000	1,594,116	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	103,522	12,327,397	0.008398	0.008398	2,215,708	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,179	9,256,184	0.000235	0.000235	973,671	54.01
54.02	05402 ULTRASOUND	1,090	9,102,113	0.000120	0.000120	1,486,878	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	2,179	33,627,293	0.000065	0.000065	4,300,187	55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	218,305	55,654,626	0.003922	0.003922	12,471,416	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	42,596	3,490,609	0.012203	0.012203	549,919	63.00
63.01	06301 NUCLEAR MEDICINE	5,324	6,370,717	0.000836	0.000836	540,000	63.01
65.00	06500 RESPIRATORY THERAPY	103,224	20,419,706	0.005055	0.005055	8,049,808	65.00
66.00	06600 PHYSICAL THERAPY	0	5,956,528	0.000000	0.000000	852,882	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,108,924	0.000000	0.000000	457,886	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,298,558	0.000000	0.000000	277,504	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,038,472	0.000000	0.000000	2,867,463	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	494,323	0.000000	0.000000	3,784	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,477,271	0.000000	0.000000	4,734,012	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,762,783	0.000000	0.000000	1,452,546	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	700,032	159,298,354	0.004394	0.004394	19,810,541	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01	03950 ORTHOPEDICS	0	80,161	0.000000	0.000000	663	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	16,100,235	0.000000	0.000000	2,776,081	76.02
76.03	03957 CARDIAC REHABILITATION	0	1,490,189	0.000000	0.000000	210,271	76.03
76.04	03190 RADIATION ONCOLOGY	0	5,824,922	0.000000	0.000000	65,085	76.04
76.05	03951 MRI	0	9,625,232	0.000000	0.000000	1,274,256	76.05
76.06	03952 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	3,247,074	0.000000	0.000000	0	76.07
76.08	03953 WOUND CARE	0	1,823,440	0.000000	0.000000	11,784	76.08
76.09	03954 RENAL DIALYSIS	0	2,218,947	0.000000	0.000000	1,318,323	76.09
76.10	03955 INFUSION	0	17,585,596	0.000000	0.000000	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	2,622	0.000000	0.000000	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	599,298	0.000000	0.000000	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	30	58,326,254	0.000001	0.000001	3,490,506	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,261,463	0.000000	0.000000	1,267,611	92.00
200.00	Total (lines 50-199)	1,178,481	521,098,870			78,765,441	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 1:02 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	3,732,794	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	1,156,775	0	50.02
51.00	05100 RECOVERY ROOM	0	673,736	0	51.00
53.00	05300 ANESTHESIOLOGY	0	1,634,333	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,608	2,390,839	20,078	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	229	2,400,490	564	54.01
54.02	05402 ULTRASOUND	178	1,121,063	135	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	280	5,336,527	347	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	48,913	4,907,268	19,246	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,711	238,433	2,910	63.00
63.01	06301 NUCLEAR MEDICINE	451	1,836,299	1,535	63.01
65.00	06500 RESPIRATORY THERAPY	40,692	184,492	933	65.00
66.00	06600 PHYSICAL THERAPY	0	57,957	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	20,958	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	18,208	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,804,282	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,201,172	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,766,972	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,418,224	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	87,048	49,040,919	215,486	73.00
76.00	03020 PAIN CLINIC	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	38,405	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	2,731,244	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	411,563	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	2,243,593	0	76.04
76.05	03951 MRI	0	1,842,871	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08	03953 WOUND CARE	0	2,419,039	0	76.08
76.09	03954 RENAL DIALYSIS	0	1,371	0	76.09
76.10	03955 INFUSION	0	1,687,557	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	3	5,792,618	6	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,568,605	0	92.00
200.00	Total (lines 50-199)	203,113	100,678,607	261,240	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 1:02 pm
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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	0.270569	3,732,794	0	0	1,009,978	50.00
50.01	05001	OPEN HEART SURGERY	0.246356	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.401657	1,156,775	0	0	464,627	50.02
51.00	05100	RECOVERY ROOM	0.205714	673,736	0	0	138,597	51.00
53.00	05300	ANESTHESIOLOGY	0.348233	1,634,333	0	0	569,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.290115	2,390,839	0	0	693,618	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.217869	2,400,490	0	0	522,992	54.01
54.02	05402	ULTRASOUND	0.099918	1,121,063	0	0	112,014	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.045110	5,336,527	0	0	240,731	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.157863	4,907,268	0	0	774,676	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172995	238,433	0	0	41,248	63.00
63.01	06301	NUCLEAR MEDICINE	0.178256	1,836,299	0	0	327,331	63.01
65.00	06500	RESPIRATORY THERAPY	0.152870	184,492	0	0	28,203	65.00
66.00	06600	PHYSICAL THERAPY	0.663095	57,957	0	0	38,431	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285352	20,958	0	0	5,980	67.00
68.00	06800	SPEECH PATHOLOGY	0.556446	18,208	0	0	10,132	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073314	1,804,282	0	0	132,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.756894	1,201,172	0	0	909,160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.352265	2,766,972	0	0	974,707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.748606	1,418,224	0	0	1,061,691	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200690	49,040,919	0	75,911	9,842,022	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	1.620651	38,405	0	0	62,241	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.180519	2,731,244	0	0	493,041	76.02
76.03	03957	CARDIAC REHABILITATION	0.487029	411,563	0	0	200,443	76.03
76.04	03190	RADIATION ONCOLOGY	0.388678	2,243,593	0	0	872,035	76.04
76.05	03951	MRI	0.112263	1,842,871	0	0	206,886	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.673604	0	0	0	0	76.07
76.08	03953	WOUND CARE	0.490391	2,419,039	0	0	1,186,275	76.08
76.09	03954	RENAL DIALYSIS	0.706187	1,371	0	0	968	76.09
76.10	03955	INFUSION	0.260176	1,687,557	0	0	439,062	76.10
76.11	03956	CARE TRANSITION CENTER	9.400076	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.797607	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.268824	5,792,618	0	0	1,557,195	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.648333	1,568,605	0	0	1,016,978	92.00
200.00		Subtotal (see instructions)		100,678,607	0	75,911	23,932,670	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		100,678,607	0	75,911	23,932,670	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
50.01 05001	OPEN HEART SURGERY	0	0	50.01
50.02 05002	OUTPATIENT SURGERY	0	0	50.02
51.00 05100	RECOVERY ROOM	0	0	51.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	0	54.01
54.02 05402	ULTRASOUND	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	0	55.01
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
63.01 06301	NUCLEAR MEDICINE	0	0	63.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	15,235	73.00
76.00 03020	PAIN CLINIC	0	0	76.00
76.01 03950	ORTHOPEDECS	0	0	76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	0	76.02
76.03 03957	CARDIAC REHABILITATION	0	0	76.03
76.04 03190	RADIATION ONCOLOGY	0	0	76.04
76.05 03951	MRI	0	0	76.05
76.06 03952	BARIATRIC CENTER	0	0	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	76.07
76.08 03953	WOUND CARE	0	0	76.08
76.09 03954	RENAL DIALYSIS	0	0	76.09
76.10 03955	INFUSION	0	0	76.10
76.11 03956	CARE TRANSITION CENTER	0	0	76.11
76.12 03958	ANTICOAGULATION CLINIC	0	0	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.01 09001	OCC HEALTH CLINIC	0	0	90.01
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	0	15,235	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	15,235	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/31/2017 1:02 pm		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,174,031	17,920,518	0.065513	0	0	50.00
50.01	05001	OPEN HEART SURGERY	24,175	1,208,388	0.020006	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	677,110	8,299,366	0.081586	0	0	50.02
51.00	05100	RECOVERY ROOM	10,914	2,497,061	0.004371	0	0	51.00
53.00	05300	ANESTHESIOLOGY	169,913	10,304,246	0.016490	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	553,571	12,327,397	0.044906	10,158	456	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	422,814	9,256,184	0.045679	0	0	54.01
54.02	05402	ULTRASOUND	103,997	9,102,113	0.011426	7,046	81	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	252,792	33,627,293	0.007517	28,771	216	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	522,256	55,654,626	0.009384	227,431	2,134	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,609	3,490,609	0.002466	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	79,868	6,370,717	0.012537	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	252,363	20,419,706	0.012359	22,480	278	65.00
66.00	06600	PHYSICAL THERAPY	348,131	5,956,528	0.058445	3,499	204	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,993	3,108,924	0.012864	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	101,881	1,298,558	0.078457	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	159,967	12,038,472	0.013288	46,864	623	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,539	494,323	0.138652	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	219,947	17,477,271	0.012585	25,923	326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,172	5,762,783	0.025712	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	590,834	159,298,354	0.003709	212,867	790	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDI CS	21,538	80,161	0.268684	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	321,530	16,100,235	0.019971	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	59,723	1,490,189	0.040077	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	493,370	5,824,922	0.084700	0	0	76.04
76.05	03951	MRI	423,249	9,625,232	0.043973	0	0	76.05
76.06	03952	BIARIATRIC CENTER	7	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	17,269	3,247,074	0.005318	0	0	76.07
76.08	03953	WOUND CARE	154,501	1,823,440	0.084731	0	0	76.08
76.09	03954	RENAL DIALYSIS	282,518	2,218,947	0.127321	0	0	76.09
76.10	03955	INFUSION	127,898	17,585,596	0.007273	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	284	2,622	0.108314	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	4,830	599,298	0.008059	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	695,718	58,326,254	0.011928	154,874	1,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,261,463	0.000000	10,425	0	92.00
200.00		Total (lines 50-199)	8,532,312	521,098,870		750,338	6,955	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 1:02 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	103,522	0	103,522	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	2,179	0	2,179	54.01
54.02	05402 ULTRASOUND	0	0	1,090	0	1,090	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	2,179	0	2,179	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	218,305	0	218,305	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	42,596	0	42,596	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	5,324	0	5,324	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	103,224	0	103,224	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	700,032	0	700,032	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951 MRI	0	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953 WOUND CARE	0	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955 INFUSION	0	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	30	0	30	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,178,481	0	1,178,481	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 1:02 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	17,920,518	0.000000	0.000000	0	50.00
50.01	05001 OPEN HEART SURGERY	0	1,208,388	0.000000	0.000000	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	8,299,366	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	2,497,061	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	10,304,246	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	103,522	12,327,397	0.008398	0.008398	10,158	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,179	9,256,184	0.000235	0.000235	0	54.01
54.02	05402 ULTRASOUND	1,090	9,102,113	0.000120	0.000120	7,046	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	2,179	33,627,293	0.000065	0.000065	28,771	55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	218,305	55,654,626	0.003922	0.003922	227,431	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	42,596	3,490,609	0.012203	0.012203	0	63.00
63.01	06301 NUCLEAR MEDICINE	5,324	6,370,717	0.000836	0.000836	0	63.01
65.00	06500 RESPIRATORY THERAPY	103,224	20,419,706	0.005055	0.005055	22,480	65.00
66.00	06600 PHYSICAL THERAPY	0	5,956,528	0.000000	0.000000	3,499	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,108,924	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,298,558	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,038,472	0.000000	0.000000	46,864	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	494,323	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,477,271	0.000000	0.000000	25,923	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,762,783	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	700,032	159,298,354	0.004394	0.004394	212,867	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01	03950 ORTHOPEDICS	0	80,161	0.000000	0.000000	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	16,100,235	0.000000	0.000000	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	1,490,189	0.000000	0.000000	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	5,824,922	0.000000	0.000000	0	76.04
76.05	03951 MRI	0	9,625,232	0.000000	0.000000	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	3,247,074	0.000000	0.000000	0	76.07
76.08	03953 WOUND CARE	0	1,823,440	0.000000	0.000000	0	76.08
76.09	03954 RENAL DIALYSIS	0	2,218,947	0.000000	0.000000	0	76.09
76.10	03955 INFUSION	0	17,585,596	0.000000	0.000000	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	2,622	0.000000	0.000000	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	599,298	0.000000	0.000000	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	30	58,326,254	0.000001	0.000001	154,874	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,261,463	0.000000	0.000000	10,425	92.00
200.00	Total (lines 50-199)	1,178,481	521,098,870			750,338	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 1:02 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	85	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02 05402 ULTRASOUND	1	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	2	0	0	55.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	892	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	114	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	935	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	76.04
76.05 03951 MRI	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	2,029	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/31/2017 1:02 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,174,031	17,920,518	0.065513	0	0	50.00
50.01	05001	OPEN HEART SURGERY	24,175	1,208,388	0.020006	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	677,110	8,299,366	0.081586	0	0	50.02
51.00	05100	RECOVERY ROOM	10,914	2,497,061	0.004371	0	0	51.00
53.00	05300	ANESTHESIOLOGY	169,913	10,304,246	0.016490	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	553,571	12,327,397	0.044906	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	422,814	9,256,184	0.045679	0	0	54.01
54.02	05402	ULTRASOUND	103,997	9,102,113	0.011426	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	252,792	33,627,293	0.007517	0	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	522,256	55,654,626	0.009384	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,609	3,490,609	0.002466	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	79,868	6,370,717	0.012537	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	252,363	20,419,706	0.012359	0	0	65.00
66.00	06600	PHYSICAL THERAPY	348,131	5,956,528	0.058445	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,993	3,108,924	0.012864	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	101,881	1,298,558	0.078457	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	159,967	12,038,472	0.013288	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,539	494,323	0.138652	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	219,947	17,477,271	0.012585	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,172	5,762,783	0.025712	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	590,834	159,298,354	0.003709	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDICS	21,538	80,161	0.268684	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	321,530	16,100,235	0.019971	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	59,723	1,490,189	0.040077	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	493,370	5,824,922	0.084700	0	0	76.04
76.05	03951	MRI	423,249	9,625,232	0.043973	0	0	76.05
76.06	03952	BIARIATRIC CENTER	7	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	17,269	3,247,074	0.005318	0	0	76.07
76.08	03953	WOUND CARE	154,501	1,823,440	0.084731	0	0	76.08
76.09	03954	RENAL DIALYSIS	282,518	2,218,947	0.127321	0	0	76.09
76.10	03955	INFUSION	127,898	17,585,596	0.007273	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	284	2,622	0.108314	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	4,830	599,298	0.008059	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	695,718	58,326,254	0.011928	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,261,463	0.000000	0	0	92.00
200.00		Total (lines 50-199)	8,532,312	521,098,870		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 1:02 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	103,522	0	103,522	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	2,179	0	2,179	54.01
54.02 05402 ULTRASOUND	0	0	1,090	0	1,090	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	2,179	0	2,179	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	218,305	0	218,305	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	42,596	0	42,596	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	5,324	0	5,324	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	103,224	0	103,224	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	700,032	0	700,032	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03951 MRI	0	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	30	0	30	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	1,178,481	0	1,178,481	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/31/2017 1:02 pm	
				Title XIX		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	17,920,518	0.000000	0.000000		0 50.00
50.01	05001 OPEN HEART SURGERY	0	1,208,388	0.000000	0.000000		0 50.01
50.02	05002 OUTPATIENT SURGERY	0	8,299,366	0.000000	0.000000		0 50.02
51.00	05100 RECOVERY ROOM	0	2,497,061	0.000000	0.000000		0 51.00
53.00	05300 ANESTHESIOLOGY	0	10,304,246	0.000000	0.000000		0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	103,522	12,327,397	0.008398	0.008398		0 54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,179	9,256,184	0.000235	0.000235		0 54.01
54.02	05402 ULTRASOUND	1,090	9,102,113	0.000120	0.000120		0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000		0 55.00
55.01	05501 COMPUTED TOMOGRAPHY	2,179	33,627,293	0.000065	0.000065		0 55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000		0 57.00
58.00	05800 MRI	0	0	0.000000	0.000000		0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000		0 59.00
60.00	06000 LABORATORY	218,305	55,654,626	0.003922	0.003922		0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000		0 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	42,596	3,490,609	0.012203	0.012203		0 63.00
63.01	06301 NUCLEAR MEDICINE	5,324	6,370,717	0.000836	0.000836		0 63.01
65.00	06500 RESPIRATORY THERAPY	103,224	20,419,706	0.005055	0.005055		0 65.00
66.00	06600 PHYSICAL THERAPY	0	5,956,528	0.000000	0.000000		0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,108,924	0.000000	0.000000		0 67.00
68.00	06800 SPEECH PATHOLOGY	0	1,298,558	0.000000	0.000000		0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,038,472	0.000000	0.000000		0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	494,323	0.000000	0.000000		0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,477,271	0.000000	0.000000		0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,762,783	0.000000	0.000000		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	700,032	159,298,354	0.004394	0.004394		0 73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0.000000		0 76.00
76.01	03950 ORTHOPEDICS	0	80,161	0.000000	0.000000		0 76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	16,100,235	0.000000	0.000000		0 76.02
76.03	03957 CARDIAC REHABILITATION	0	1,490,189	0.000000	0.000000		0 76.03
76.04	03190 RADIATION ONCOLOGY	0	5,824,922	0.000000	0.000000		0 76.04
76.05	03951 MRI	0	9,625,232	0.000000	0.000000		0 76.05
76.06	03952 BARIATRIC CENTER	0	0	0.000000	0.000000		0 76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	3,247,074	0.000000	0.000000		0 76.07
76.08	03953 WOUND CARE	0	1,823,440	0.000000	0.000000		0 76.08
76.09	03954 RENAL DIALYSIS	0	2,218,947	0.000000	0.000000		0 76.09
76.10	03955 INFUSION	0	17,585,596	0.000000	0.000000		0 76.10
76.11	03956 CARE TRANSITION CENTER	0	2,622	0.000000	0.000000		0 76.11
76.12	03958 ANTI COAGULATION CLINIC	0	599,298	0.000000	0.000000		0 76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000		0 89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000		0 90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000		0 90.01
91.00	09100 EMERGENCY	30	58,326,254	0.000001	0.000001		0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,261,463	0.000000	0.000000		0 92.00
200.00	Total (lines 50-199)	1,178,481	521,098,870				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/31/2017 1:02 pm
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
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	55.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	76.04
76.05 03951 MRI	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2017 1:02 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,322	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,322	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,133	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)		9,539	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)		31,098,830	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)		31,098,830	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)		31,098,830	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,278.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,196,852	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,196,852	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,754,744	3,213	1,791.08	1,543	2,763,636	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,079,332	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,039,820	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,942,310	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,742,489	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,684,799	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,355,021	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)					4,189	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,278.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,356,181	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 1:02 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,185,328	31,098,830	0.134582	5,356,181	720,846	90.00
91.00	Nursing School cost	0	31,098,830	0.000000	5,356,181	0	91.00
92.00	Allied health cost	0	31,098,830	0.000000	5,356,181	0	92.00
93.00	All other Medical Education	0	31,098,830	0.000000	5,356,181	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,176	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,176	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)		9,176	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)		946	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)		7,320,045	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)		7,320,045	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)		7,320,045	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)		797.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		754,662	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)		754,662	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Component CCN: 15-S004				Date/Time Prepared: 5/31/2017 1:02 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					150,367	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					905,029	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)					12,412	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,984	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					21,396	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					883,633	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: 15-0004 Component CCN: 15-S004		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 1:02 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	120,364	7,320,045	0.016443	0	0	90.00
91.00	Nursing School cost	0	7,320,045	0.000000	0	0	91.00
92.00	Allied health cost	0	7,320,045	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,320,045	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/31/2017 1:02 pm
		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)			9,176 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,176 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)			9,176 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)			3,973 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)			258 15.00
16.00	Nursery days (title V or XIX only)			215 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)			7,320,045 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)			7,320,045 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)			7,320,045 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)			797.74 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,169,421 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)			3,169,421 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 15-S004	Date/Time Prepared: 5/31/2017 1:02 pm		
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	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							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,169,421	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,169,421	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: 15-0004 Component CCN: 15-S004		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/31/2017 1:02 pm	
		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	0	7,320,045	0.000000	0	0	90.00
91.00	Nursing School cost	0	7,320,045	0.000000	0	0	91.00
92.00	Allied health cost	0	7,320,045	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,320,045	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Title XVIII		Hospital	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,379,237	30.00
31.00	03100	INTENSIVE CARE UNIT		4,004,231	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		12,146	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270619	4,024,183	1,089,020 50.00
50.01	05001	OPEN HEART SURGERY	0.262044	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	0.401657	1,177,484	472,945 50.02
51.00	05100	RECOVERY ROOM	0.205714	510,873	105,094 51.00
53.00	05300	ANESTHESIOLOGY	0.348233	1,594,116	555,124 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.290115	2,215,708	642,810 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.217869	973,671	212,133 54.01
54.02	05402	ULTRASOUND	0.099918	1,486,878	148,566 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.045110	4,300,187	193,981 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.158082	12,471,416	1,971,506 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172995	549,919	95,133 63.00
63.01	06301	NUCLEAR MEDICINE	0.178256	540,000	96,258 63.01
65.00	06500	RESPIRATORY THERAPY	0.152870	8,049,808	1,230,574 65.00
66.00	06600	PHYSICAL THERAPY	0.663095	852,882	565,542 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285352	457,886	130,659 67.00
68.00	06800	SPEECH PATHOLOGY	0.556446	277,504	154,416 68.00
69.00	06900	ELECTROCARDIOLOGY	0.073314	2,867,463	210,225 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.758213	3,784	2,869 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.352265	4,734,012	1,667,627 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.748606	1,452,546	1,087,385 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200690	19,810,541	3,975,777 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03950	ORTHOPEDI CS	1.620651	663	1,074 76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.180943	2,776,081	502,312 76.02
76.03	03957	CARDIAC REHABILITATION	0.487029	210,271	102,408 76.03
76.04	03190	RADIATION ONCOLOGY	0.388678	65,085	25,297 76.04
76.05	03951	MRI	0.112263	1,274,256	143,052 76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.673604	0	0 76.07
76.08	03953	WOUND CARE	0.490947	11,784	5,785 76.08
76.09	03954	RENAL DIALYSIS	0.706187	1,318,323	930,983 76.09
76.10	03955	INFUSION	0.260230	0	0 76.10
76.11	03956	CARE TRANSITION CENTER	9.400076	0	0 76.11
76.12	03958	ANTICOAGULATION CLINIC	0.797607	0	0 76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
91.00	09100	EMERGENCY	0.268999	3,490,506	938,943 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.648333	1,267,611	821,834 92.00
200.00		Total (sum of lines 50-94 and 96-98)		78,765,441	18,079,332 200.00
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)		78,765,441	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/31/2017 1:02 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	02060 CORONARY CARE UNIT		0		32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		2,172,163		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.270619	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.262044	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.401657	0	0	50.02
51.00	05100 RECOVERY ROOM	0.205714	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.348233	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.290115	10,158	2,947	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.217869	0	0	54.01
54.02	05402 ULTRASOUND	0.099918	7,046	704	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.045110	28,771	1,298	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.158082	227,431	35,953	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.172995	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.178256	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.152870	22,480	3,437	65.00
66.00	06600 PHYSICAL THERAPY	0.663095	3,499	2,320	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.285352	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.556446	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073314	46,864	3,436	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.758213	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.352265	25,923	9,132	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.748606	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.200690	212,867	42,720	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	1.620651	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.180943	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.487029	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.388678	0	0	76.04
76.05	03951 MRI	0.112263	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.673604	0	0	76.07
76.08	03953 WOUND CARE	0.490947	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.706187	0	0	76.09
76.10	03955 INFUSION	0.260230	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	9.400076	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.797607	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.268999	154,874	41,661	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.648333	10,425	6,759	92.00
200.00	Total (sum of lines 50-94 and 96-98)		750,338	150,367	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)		750,338		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 5/31/2017 1:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,407,721	30.00
31.00	03100	INTENSIVE CARE UNIT		1,802,400	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		7,377,100	40.00
43.00	04300	NURSERY		217,664	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270569	1,593,984	431,283 50.00
50.01	05001	OPEN HEART SURGERY	0.246356	153,935	37,923 50.01
50.02	05002	OUTPATIENT SURGERY	0.401657	382,059	153,457 50.02
51.00	05100	RECOVERY ROOM	0.205714	217,000	44,640 51.00
53.00	05300	ANESTHESIOLOGY	0.348233	679,580	236,652 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.290115	689,110	199,921 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.217869	847,747	184,698 54.01
54.02	05402	ULTRASOUND	0.099918	638,026	63,750 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.045110	2,154,841	97,205 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.157863	5,318,736	839,632 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.172995	395,458	68,412 63.00
63.01	06301	NUCLEAR MEDICINE	0.178256	251,339	44,803 63.01
65.00	06500	RESPIRATORY THERAPY	0.152870	3,450,517	527,481 65.00
66.00	06600	PHYSICAL THERAPY	0.663095	390,060	258,647 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285352	238,444	68,040 67.00
68.00	06800	SPEECH PATHOLOGY	0.556446	112,403	62,546 68.00
69.00	06900	ELECTROCARDIOLOGY	0.073314	1,012,138	74,204 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.756894	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.352265	1,906,512	671,597 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.748606	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200690	8,598,862	1,725,706 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03950	ORTHOPEDI CS	1.620651	697	1,130 76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.180519	1,314,573	237,305 76.02
76.03	03957	CARDIAC REHABILITATION	0.487029	90,619	44,134 76.03
76.04	03190	RADIATION ONCOLOGY	0.388678	106,167	41,265 76.04
76.05	03951	MRI	0.112263	802,032	90,039 76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.673604	0	0 76.07
76.08	03953	WOUND CARE	0.490391	236	116 76.08
76.09	03954	RENAL DIALYSIS	0.706187	0	0 76.09
76.10	03955	INFUSION	0.260176	0	0 76.10
76.11	03956	CARE TRANSITION CENTER	9.400076	0	0 76.11
76.12	03958	ANTICOAGULATION CLINIC	0.797607	0	0 76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
91.00	09100	EMERGENCY	0.268824	2,719,066	730,950 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.648333	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		34,064,141	6,935,536 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		34,064,141	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		14,472,546	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,177,048	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)		799,919	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		4,503,998	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		179.55	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)		6.11	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)		1.72	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)		4.39	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.12	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.50	11.00
12.00	Current year allowable FTE (see instructions)		5.62	12.00
13.00	Total allowable FTE count for the prior year.		5.09	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.		6.46	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.72	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		5.72	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.031857	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.028822	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.028822	21.00
22.00	IME payment adjustment (see instructions)		307,025	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		70,375	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.27	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		307,025	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		70,375	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.02	31.00
32.00	Sum of lines 30 and 31		33.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.49	33.00
34.00	Disproportionate share adjustment (see instructions)		810,055	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000285261	0.000254549	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,827,424	1,521,561	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,368,072	383,517	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,751,589		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	23,318,182		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)		23,388,557	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,776,715	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).		97,704	52.00
53.00	Nursing and Allied Health Managed Care payment		224,109	53.00
54.00	Special add-on payments for new technologies		3,107	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		203,113	58.00
59.00	Total (sum of amounts on lines 49 through 58)		25,693,305	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,693,305	61.00
62.00	Deductibles billed to program beneficiaries		1,713,908	62.00
63.00	Coinurance billed to program beneficiaries		117,530	63.00
64.00	Allowable bad debts (see instructions)		764,702	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		497,056	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		368,914	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,358,923	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)		-10,641	70.93
70.94	HRR adjustment amount (see instructions)		-231,489	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/31/2017 1:02 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			24,116,793	71.00
71.01	Sequestration adjustment (see instructions)			482,336	71.01
72.00	Interim payments			23,022,902	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)			611,555	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,090,028	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	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	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: 15-0004

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2017 1:02 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,472,546	0	14,472,546		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,177,048	0		5,177,048	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	799,919	0	483,794	316,125	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	4,503,998	0	0	4,503,998	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.028822	0.028822	0.028822	0.028822	5.00	
6.00	IME payment adjustment (see instructions)	22.00	307,025	0	226,134	80,891	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	70,375	0	70,375	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	307,025	0	226,134	80,891	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	70,375	0	70,375	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1649	0.1649	0.1649	0.1649	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	810,055	0	596,631	213,424	11.00	
11.01	Uncompensated care payments	36.00	1,751,589	0	1,368,072	383,517	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	23,318,182	0	17,147,177	6,171,005	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	23,388,557	0	17,217,552	6,171,005	15.00	
16.00	Payment for inpatient program capital	50.00	1,776,715	0	1,300,514	476,201	16.00	
17.00	Special add-on payments for new technologies	54.00	3,107	0	3,107	0	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0004

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2017 1:02 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	18,521,173	6,647,206	25,168,379	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,579,974	0	1,160,873	419,101	1,579,974	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	47,592	0	30,055	17,537	47,592	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	0.0252	0.0252	0.0252	0.0252		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	39,815	0	29,254	10,561	39,815	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0692	0.0692	0.0692	0.0692		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	109,334	0	80,332	29,002	109,334	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,776,715	0	1,300,514	476,201	1,776,715	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0004		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2017 1:02 pm	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 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	14,472,546	14,472,546		14,472,546	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,177,048		5,177,048	5,177,048	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	799,919	483,794	316,125	799,919	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	4,503,998	0	4,503,998	4,503,998	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.028822	0.028822	0.028822		5.00
6.00	IME payment adjustment (see instructions)	22.00	307,025	226,134	80,891	307,025	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	70,375	0	70,375	70,375	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	307,025	226,134	80,891	307,025	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	70,375	0	70,375	70,375	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1649	0.1649	0.1649		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	810,055	596,631	213,424	810,055	11.00
11.01	Uncompensated care payments	36.00	1,751,589	1,368,072	383,517	1,751,589	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	23,318,182	17,147,177	6,171,005	23,318,182	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	23,388,557	17,147,177	6,241,380	23,388,557	15.00
16.00	Payment for inpatient program capital	50.00	1,776,715	1,300,514	476,201	1,776,715	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	2,326	781	3,107	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			18,450,017	6,718,362	25,168,379	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,579,974	1,160,873	419,101	1,579,974	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	47,592	30,055	17,537	47,592	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	0.0252	0.0252	0.0252		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	39,815	29,254	10,561	39,815	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0692	0.0692	0.0692		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	109,334	80,332	29,002	109,334	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,776,715	1,300,514	476,201	1,776,715	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	-10,641	8,358	-18,999	-10,641	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	-231,489	-169,364	-62,125	-231,489	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,235	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,671,430	2.00
3.00	PPS payments		20,706,481	3.00
4.00	Outlier payment (see instructions)		45,991	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		261,240	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,235	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		75,911	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)		75,911	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)		75,911	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		60,676	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)		15,235	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)		21,013,712	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,997,933	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)		17,031,014	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		68,859	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)		17,099,873	30.00
31.00	Primary payer payments		24,241	31.00
32.00	Subtotal (line 30 minus line 31)		17,075,632	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)		953,448	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		619,741	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		522,135	36.00
37.00	Subtotal (see instructions)		17,695,373	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-780	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,696,153	40.00
40.01	Sequestration adjustment (see instructions)		353,923	40.01
41.00	Interim payments		17,496,072	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-153,842	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0004

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		23,022,902		17,449,972	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	04/27/2016	46,100	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		46,100	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)		23,022,902		17,496,072	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		611,555		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		153,842	6.02	
7.00	Total Medicare program liability (see instructions)		23,634,457		17,342,230	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: 15-0004
Component CCN: 15-S004

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2017 1:02 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		619,491		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)		619,491		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		38,463		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		657,954		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: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		4,754	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		11,082	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		0	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		23,346	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		596,341,989	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		28,044,392	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: 15-0004 Component CCN: 15-S004	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			794,750 1.00
2.00	Net IPF PPS Outlier Payments			4,148 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see 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)			25.071038 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)			798,898 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)			798,898 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			798,898 18.00
19.00	Deductibles			139,048 19.00
20.00	Subtotal (line 18 minus line 19)			659,850 20.00
21.00	Coinsurance			27,692 21.00
22.00	Subtotal (line 20 minus line 21)			632,158 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			57,223 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			37,195 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			11,370 25.00
26.00	Subtotal (sum of lines 22 and 24)			669,353 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)			2,029 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)			671,382 31.00
31.01	Sequestration adjustment (see instructions)			13,428 31.01
32.00	Interim payments			619,491 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)			38,463 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			4,148 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2017 1:02 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		34,064,141	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		34,064,141	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		34,064,141	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		34,064,141	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2017 1:02 pm
		Title XIX	Subprovider - IPF	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/31/2017 1:02 pm	
		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.			6.11	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			1.75	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)			4.36	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.12	6.00
7.00	Enter the lesser of line 5 or line 6			3.12	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	3.04	3.04	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	3.04	3.04	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.50		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	5.54		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	5.09		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.07		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	5.57		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	0.00	5.57		17.00
18.00	Per resident amount	86,375.37	81,789.85		18.00
19.00	Approved amount for resident costs	0	455,569	455,569	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			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)			455,569	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	12,028	0		26.00
27.00	Total Inpatient Days (see instructions)	32,898	32,898		27.00
28.00	Ratio of inpatient days to total inpatient days	0.365615	0.000000		28.00
29.00	Program direct GME amount	166,563	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			166,563	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/31/2017 1:02 pm
		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)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		33,944,849	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		33,944,849	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		23,947,905	42.00
43.00	Primary payer payments (see instructions)		24,241	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		23,923,664	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		57,868,513	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.586586	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.413414	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		166,563	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		97,704	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		68,859	50.00

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

Provider CCN: 15-0004

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

Worksheet G

Date/Time Prepared:
5/31/2017 1:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-183,883,661	0	0	0	1.00
2.00	Temporary investments	9,740,301	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	118,208,395	0	0	0	4.00
5.00	Other receivable	22,520,312	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,155,105	0	0	0	6.00
7.00	Inventory	3,701,790	0	0	0	7.00
8.00	Prepaid expenses	2,759,102	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	-36,108,866	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,547,620	0	0	0	12.00
13.00	Land improvements	3,655,974	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,581,771	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	147,397	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	152,889,854	0	0	0	23.00
24.00	Accumulated depreciation	-157,246,944	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)	49,575,672	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	111,978	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,700,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,811,978	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	15,278,784	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,551,925	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,966,878	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	2,745,390	0	0	0	43.00
44.00	Other current liabilities	-179,109,850	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-159,845,657	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-45,570,640	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-45,570,640	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-205,416,297	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	220,695,081				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	220,695,081	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	15,278,784	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0004

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

Worksheet G-1

Date/Time Prepared:
5/31/2017 1:02 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		137,782,522		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		18,791,764			2.00
3.00	Total (sum of line 1 and line 2)		156,574,286		0	3.00
4.00	EQUITY TRANSFERS	64,120,795		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		64,120,795		0	10.00
11.00	Subtotal (line 3 plus line 10)		220,695,081		0	11.00
12.00		0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		220,695,081		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	EQUITY TRANSFERS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00			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: 15-0004

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2017 1:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,131,482		46,131,482	1.00
2.00	SUBPROVIDER - IPF	34,456,015		34,456,015	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	80,587,497		80,587,497	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,452,223		8,452,223	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,452,223		8,452,223	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	89,039,720		89,039,720	17.00
18.00	Ancillary services	126,396,544	323,250,690	449,647,234	18.00
19.00	Outpatient services	13,124,678	55,373,689	68,498,367	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		3,012,718	3,012,718	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	0	1,224,366	1,224,366	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	228,560,942	382,861,463	611,422,405	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		183,791,427		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		183,791,427		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0004

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

Worksheet G-3

Date/Time Prepared:
5/31/2017 1:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	611,422,405	1.00
2.00	Less contractual allowances and discounts on patients' accounts	426,689,414	2.00
3.00	Net patient revenues (line 1 minus line 2)	184,732,991	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	183,791,427	4.00
5.00	Net income from service to patients (line 3 minus line 4)	941,564	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	8,937	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	670,514	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	721,177	13.00
14.00	Revenue from meals sold to employees and guests	687,717	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	15,061	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	13,485	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,442,454	24.00
24.01	PREMIUM REVENUE	14,416,274	24.01
25.00	Total other income (sum of lines 6-24)	18,975,619	25.00
26.00	Total (line 5 plus line 25)	19,917,183	26.00
27.00	BAD DEBTS	1,177,970	27.00
27.01	NON OPERATING REVENUE	-52,541	27.01
27.02	ROUNDING ERROR	-10	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,125,419	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,791,764	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0004

Period: From 01/01/2016

Worksheet H

HHA CCN: 15-7145

To 12/31/2016

Date/Time Prepared: 5/31/2017 1:02 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	738,316	0	4,079	5,714	114,571	862,680
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	853,074	0	39,408	0	4,490	896,972
7.00	Physical Therapy	320,075	0	17,595	16,520	1,680	355,870
8.00	Occupational Therapy	379	0	68	0	0	447
9.00	Speech Pathology	2,838	0	18	0	0	2,856
10.00	Medical Social Services	759	0	64	0	0	823
11.00	Home Health Aide	41,757	0	6,817	0	1,140	49,714
12.00	Supplies (see instructions)	0	0	0	0	61,214	61,214
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Tel emedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,957,198	0	68,049	22,234	183,095	2,230,576
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	862,680	-75,000	787,680		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	896,972	0	896,972		6.00
7.00	Physical Therapy	0	355,870	0	355,870		7.00
8.00	Occupational Therapy	0	447	0	447		8.00
9.00	Speech Pathology	0	2,856	0	2,856		9.00
10.00	Medical Social Services	0	823	0	823		10.00
11.00	Home Health Aide	-48,838	876	0	876		11.00
12.00	Supplies (see instructions)	0	61,214	0	61,214		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-48,838	2,181,738	-75,000	2,106,738		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
 5/31/2017 1:02 pm S:\Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY2016\HFS\150004 FY16 Cos

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet H-1 Part I Date/Time Prepared: 5/31/2017 1:02 pm
		HHA CCN: 15-7145	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	787,680	0	0	0	787,680	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	896,972	0	0	0	896,972	6.00
7.00	Physical Therapy	355,870	0	0	0	355,870	7.00
8.00	Occupational Therapy	447	0	0	0	447	8.00
9.00	Speech Pathology	2,856	0	0	0	2,856	9.00
10.00	Medical Social Services	823	0	0	0	823	10.00
11.00	Home Health Aide	876	0	0	0	876	11.00
12.00	Supplies (see instructions)	61,214	0	0	0	61,214	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,106,738	0	0	0	2,106,738	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	787,680					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	535,631	1,432,603				6.00
7.00	Physical Therapy	212,509	568,379				7.00
8.00	Occupational Therapy	267	714				8.00
9.00	Speech Pathology	1,705	4,561				9.00
10.00	Medical Social Services	491	1,314				10.00
11.00	Home Health Aide	523	1,399				11.00
12.00	Supplies (see instructions)	36,554	97,768				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		2,106,738				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0004

Period: From 01/01/2016

Worksheet H-1

HHA CCN: 15-7145

To 12/31/2016

Part II
Date/Time Prepared:
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-787,680	1,319,058
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	896,972
7.00	Physical Therapy	0	0	0	0	0	355,870
8.00	Occupational Therapy	0	0	0	0	0	447
9.00	Speech Pathology	0	0	0	0	0	2,856
10.00	Medical Social Services	0	0	0	0	0	823
11.00	Home Health Aide	0	0	0	0	0	876
12.00	Supplies (see instructions)	0	0	0	0	0	61,214
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-787,680	1,319,058
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		787,680
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.597153

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

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

Worksheet H-2 Part I

HHA CCN: 15-7145

Date/Time Prepared: 5/31/2017 1:02 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0	74,874	8,579	621,671	49,745	541,661	1.00
1.00 Administrative and General	0	74,874	8,579	621,671	49,745	541,661	1.00
2.00 Skilled Nursing Care	1,432,603	0	0	0	0	0	2.00
3.00 Physical Therapy	568,379	0	0	0	0	0	3.00
4.00 Occupational Therapy	714	0	0	0	0	0	4.00
5.00 Speech Pathology	4,561	0	0	0	0	0	5.00
6.00 Medical Social Services	1,314	0	0	0	0	0	6.00
7.00 Home Health Aide	1,399	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	97,768	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	2,106,738	74,874	8,579	621,671	49,745	541,661	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.04	5A.04	5.05	6.00	7.00	
1.00 Administrative and General	3,438	11,042	1,311,010	134,517	55,646	45,211	1.00
2.00 Skilled Nursing Care	0	0	1,432,603	146,993	0	0	2.00
3.00 Physical Therapy	0	0	568,379	58,319	0	0	3.00
4.00 Occupational Therapy	0	0	714	73	0	0	4.00
5.00 Speech Pathology	0	0	4,561	468	0	0	5.00
6.00 Medical Social Services	0	0	1,314	135	0	0	6.00
7.00 Home Health Aide	0	0	1,399	144	0	0	7.00
8.00 Supplies (see instructions)	0	0	97,768	10,032	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	3,438	11,042	3,417,748	350,681	55,646	45,211	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

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

Worksheet H-2 Part I

HHA CCN: 15-7145

Date/Time Prepared: 5/31/2017 1:02 pm

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		8.00	9.00	10.00	11.00	13.00	14.00		
1.00	Administrative and General	0	25,939	0	39,889	280,163	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	0	25,939	0	39,889	280,163	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB		
		15.00	16.00	17.00	22.00	23.00	23.01		
1.00	Administrative and General	3,440	27,407	289	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	3,440	27,407	289	0	0	0	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part I Date/Time Prepared: 5/31/2017 1:02 pm
			Home Health Agency I	PPS

Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.02	23.03	23.04	23.05	24.00	25.00	
1.00	Administrative and General	0	0	0	0	1,923,511	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,579,596	0	2.00
3.00	Physical Therapy	0	0	0	0	626,698	0	3.00
4.00	Occupational Therapy	0	0	0	0	787	0	4.00
5.00	Speech Pathology	0	0	0	0	5,029	0	5.00
6.00	Medical Social Services	0	0	0	0	1,449	0	6.00
7.00	Home Health Aide	0	0	0	0	1,543	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	107,800	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	4,246,413	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
		26.00	27.00	28.00				
1.00	Administrative and General	1,923,511						1.00
2.00	Skilled Nursing Care	1,579,596	1,308,006	2,887,602				2.00
3.00	Physical Therapy	626,698	518,946	1,145,644				3.00
4.00	Occupational Therapy	787	652	1,439				4.00
5.00	Speech Pathology	5,029	4,164	9,193				5.00
6.00	Medical Social Services	1,449	1,200	2,649				6.00
7.00	Home Health Aide	1,543	1,278	2,821				7.00
8.00	Supplies (see instructions)	107,800	89,265	197,065				8.00
9.00	Drugs	0	0	0				9.00
10.00	DME	0	0	0				10.00
11.00	Home Dialysis Aide Services	0	0	0				11.00
12.00	Respiratory Therapy	0	0	0				12.00
13.00	Private Duty Nursing	0	0	0				13.00
14.00	Clinic	0	0	0				14.00
15.00	Health Promotion Activities	0	0	0				15.00
16.00	Day Care Program	0	0	0				16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0				18.00
19.00	All Others (specify)	0	0	0				19.00
19.50	Telmedicine	0	0	0				19.50
20.00	Total (sum of lines 1-19) (2)	4,246,413	1,923,511	4,246,413				20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.828064					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/31/2017 1:02 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	4,108	8,490	1,957,198	61,334	61,506	48,838	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	4,108	8,490	1,957,198	61,334	61,506	48,838	20.00
21.00 Total cost to be allocated	74,874	8,579	621,671	49,745	541,661	3,438	21.00
22.00 Unit cost multiplier	18.226388	1.010483	0.317633	0.811051	8.806637	0.070396	22.00
Cost Center Description	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A.05	5.05	6.00	7.00	8.00	
1.00 Administrative and General	3,012,718	0	1,311,010	4,108	4,108	0	1.00
2.00 Skilled Nursing Care	0	0	1,432,603	0	0	0	2.00
3.00 Physical Therapy	0	0	568,379	0	0	0	3.00
4.00 Occupational Therapy	0	0	714	0	0	0	4.00
5.00 Speech Pathology	0	0	4,561	0	0	0	5.00
6.00 Medical Social Services	0	0	1,314	0	0	0	6.00
7.00 Home Health Aide	0	0	1,399	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	97,768	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	3,012,718	0	3,417,748	4,108	4,108	0	20.00
21.00 Total cost to be allocated	11,042	0	350,681	55,646	45,211	0	21.00
22.00 Unit cost multiplier	0.003665	0	0.102606	13.545764	11.005599	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/31/2017 1:02 pm
			Home Health Agency I	PPS

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	4,108	0	56,778	25,019	0	10,428	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,108	0	56,778	25,019	0	10,428	20.00
21.00	Total cost to be allocated	25,939	0	39,889	280,163	0	3,440	21.00
22.00	Unit cost multiplier	6.314265	0.000000	0.702543	11.198010	0.000000	0.329881	22.00

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		16.00	17.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	3,012,718	3,012,718	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	3,012,718	3,012,718	0	0	0	0	20.00
21.00	Total cost to be allocated	27,407	289	0	0	0	0	21.00
22.00	Unit cost multiplier	0.009097	0.000096	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/31/2017 1:02 pm PPS
		Home Health Agency I	

Cost Center Description	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-EMT (ASSIGNED TIME)		
	23.03	23.04	23.05		
1.00 Administrative and General	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0		2.00
3.00 Physical Therapy	0	0	0		3.00
4.00 Occupational Therapy	0	0	0		4.00
5.00 Speech Pathology	0	0	0		5.00
6.00 Medical Social Services	0	0	0		6.00
7.00 Home Health Aide	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0		8.00
9.00 Drugs	0	0	0		9.00
10.00 DME	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0		13.00
14.00 Clinic	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0		15.00
16.00 Day Care Program	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0		17.00
18.00 Homemaker Service	0	0	0		18.00
19.00 All Others (specify)	0	0	0		19.00
19.50 Telemedicine	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/31/2017 1:02 pm
Title XVIII			Home Health Agency I	PPS

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,887,602		2,887,602	6,681	432.21	1.00
2.00	Physical Therapy	3.00	1,145,644	0	1,145,644	2,832	404.54	2.00
3.00	Occupational Therapy	4.00	1,439	0	1,439	0	0.00	3.00
4.00	Speech Pathology	5.00	9,193	0	9,193	59	155.81	4.00
5.00	Medical Social Services	6.00	2,649		2,649	11	240.82	5.00
6.00	Home Health Aide	7.00	2,821		2,821	1,404	2.01	6.00
7.00	Total (sum of lines 1-6)		4,049,348	0	4,049,348	10,987		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	0	4,639		8.00
9.00	Physical Therapy		23844	0	2,187		9.00
10.00	Occupational Therapy		23844	0	0		10.00
11.00	Speech Pathology		23844	0	44		11.00
12.00	Medical Social Services		23844	0	7		12.00
13.00	Home Health Aide		23844	0	1,040		13.00
14.00	Total (sum of lines 8-13)			0	7,917		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	197,065	0	197,065	61,214	3.219280	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	4,639		0	2,005,022	1.00
2.00	Physical Therapy	0	2,187		0	884,729	2.00
3.00	Occupational Therapy	0	0		0	0	3.00
4.00	Speech Pathology	0	44		0	6,856	4.00
5.00	Medical Social Services	0	7		0	1,686	5.00
6.00	Home Health Aide	0	1,040		0	2,090	6.00
7.00	Total (sum of lines 1-6)	0	7,917		0	2,900,383	7.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part I Date/Time Prepared: 5/31/2017 1:02 pm		
			Title XVIII		Home Health Agency I		PPS		
Cost Center Description	Program Covered Charges				Cost of Services				
	Part A	Part B		Part A		Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2,005,022							1.00
2.00	Physical Therapy	884,729							2.00
3.00	Occupational Therapy	0							3.00
4.00	Speech Pathology	6,856							4.00
5.00	Medical Social Services	1,686							5.00
6.00	Home Health Aide	2,090							6.00
7.00	Total (sum of lines 1-6)	2,900,383							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
9.00	Physical Therapy								9.00
10.00	Occupational Therapy								10.00
11.00	Speech Pathology								11.00
12.00	Medical Social Services								12.00
13.00	Home Health Aide								13.00
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part II Date/Time Prepared: 5/31/2017 1:02 pm	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated			
	0	1.00	2.00	3.00	4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS								
1.00	Physical Therapy	66.00	0.663095	0	0col. 2, line 2.00			1.00
2.00	Occupational Therapy	67.00	0.285352	0	0col. 2, line 3.00			2.00
3.00	Speech Pathology	68.00	0.556446	0	0col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies	71.00	0.352265	0	0col. 2, line 15.00			4.00
5.00	Cost of Drugs	73.00	0.200690	0	0col. 2, line 16.00			5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-11 Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,226,775
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	22,070
13.00	Total PPS Reimbursement - LUPA Episodes		0	38,520
14.00	Total PPS Reimbursement - PEP Episodes		0	28,838
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	2,434
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	331
17.00	Total Other Payments		0	1,102
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,320,070
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,320,070
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,320,070
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,320,070
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,320,070
31.01	Sequestration adjustment (see instructions)		0	26,379
32.00	Interim payments (see instructions)		0	1,293,691
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0004
HHA CCN: 15-7145

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

Worksheet H-5
Date/Time Prepared:
5/31/2017 1:02 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,293,691	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,293,691	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,293,691	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0004	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/31/2017 1:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,579,974	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,592	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)		64.81	3.00
4.00	Number of interns & residents (see instructions)		5.72	4.00
5.00	Indirect medical education percentage (see instructions)		2.52	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)		39,815	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.04	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.02	8.00
9.00	Sum of lines 7 and 8		33.06	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.92	10.00
11.00	Disproportionate share adjustment (see instructions)		109,334	11.00
12.00	Total prospective capital payments (see instructions)		1,776,715	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