

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: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 6/28/2017 3:38 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 6/28/2017 Time: 3:38 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH LAFAYETTE (15-0109) 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 XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	526,858	-21,300	-518,155	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-8,097	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	518,761	-21,300	-518,155	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: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 6/28/2017 3:36 pm		
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47905-		County: TIPPECANOE		1.00
2.00 Street: 1701 SOUTH CREAMY LANE		2.00 City: LAFAYETTE								2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCISCAN HEALTH LAFAYETTE	150109	29200	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	FRANCISCAN HEALTH LAFAYETTE REHAB	15T109	29200	5	01/01/1995	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	FRANCISCAN HOME CARE	157124	29200		07/06/1966	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	FRANCISCAN HEALTH LAFAYETTE HOSPICE	151563	29200		01/01/1984				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	12/31/2016	20.00	
21.00	Type of Control (see instructions)					1		21.00	

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
							1.00
24.00	5,480	0	123	0	6,180	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 6/28/2017 3:36 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	72	0	0	0	177		25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					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.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					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			
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)					0.00		0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00		0.00				61.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0109

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

Worksheet S-2
Part I
Date/Time Prepared:
6/28/2017 3:36 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00

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				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 (11)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V 1.00		XIX 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	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00 95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N 96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00 97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?			N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00	
				Physical 1.00		Occupational 2.00	
				Speech 3.00		Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N		N 109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00		2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N		0 115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			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 1.00		Losses 2.00	
						Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:			900,121		0 118.01	

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							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.25	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				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			171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 6/28/2017 3:36 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	05/03/2016			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	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.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/25/2017	Y	05/25/2017		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)	N		N			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: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 6/28/2017 3:36 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		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.		Y		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.		N		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.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		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.	PATRICIA	GARREN		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCIS CAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5928	PATRICIA.GARREN@FRANCISCANALIANCE.0		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 6/28/2017 3:36 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.	ADMIN DIRECTOR OF FINANCE		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: 15-0109

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

Worksheet S-3
Part I
Date/Time Prepared:
6/28/2017 3:36 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	138	50,508	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)		138	50,508	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,222	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	14	5,124	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	61,854	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		187				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: 15-0109

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

Worksheet S-3
Part I
Date/Time Prepared:
6/28/2017 3:36 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,285	5,603	35,378			1.00
2.00 HMO and other (see instructions)	3,555	6,180				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)	16,285	5,603	35,378			7.00
8.00 INTENSIVE CARE UNIT	1,869	0	4,704			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 NEONATAL INTENSIVE CARE UNIT	0	0	2,779			12.00
13.00 NURSERY		0	1,222			13.00
14.00 Total (see instructions)	18,154	5,603	44,083	0.00	1,403.50	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,655	249	3,002	0.00	16.24	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	9,731	0	15,374	0.00	35.44	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	16.24	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,471.42	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	2,410			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: 15-0109

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

Worksheet S-3
Part I
Date/Time Prepared:
6/28/2017 3:36 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,113	1,904	9,773	1.00
2.00 HMO and other (see instructions)			748	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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,113	1,904	9,773	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	132	23	247	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3
Part II
Date/Time Prepared:
6/28/2017 3:36 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	89,570,074	-1,290,467	88,279,607	3,060,532.00	28.84
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)		0	0	0	0.00	0.00
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)		15,127,922	412,969	15,540,891	351,452.00	44.22
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		437,647	0	437,647	6,183.00	70.78
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,672,387	0	24,672,387		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,766,658	0	2,766,658		
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		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,114,338	-125,154	989,184	31,997.00	30.91
27.00	Administrative & General	5.00	6,492,190	-843,748	5,648,442	217,267.00	26.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3
Part II
Date/Time Prepared:
6/28/2017 3:36 pm

		Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,889,608	0	2,889,608	121,050.00	23.87	30.00
31.00	Laundry & Linen Service	8.00	117,313	0	117,313	8,093.00	14.50	31.00
32.00	Housekeeping	9.00	2,063,241	0	2,063,241	143,657.00	14.36	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,122,393	-1,358,712	763,681	134,740.00	5.67	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,358,712	1,358,712	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,738,850	-302,515	2,436,335	68,452.00	35.59	38.00
39.00	Central Services and Supply	14.00	431,320	0	431,320	22,598.00	19.09	39.00
40.00	Pharmacy	15.00	2,858,096	-130,555	2,727,541	16.00	170,471.31	40.00
41.00	Medical Records & Medical Records Library	16.00	62,090	0	62,090	2,501.00	24.83	41.00
42.00	Social Service	17.00	634,972	-43,463	591,509	22,698.00	26.06	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3
Part III
Date/Time Prepared:
6/28/2017 3:36 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)	89,570,074	-1,290,467	88,279,607	3,060,532.00	28.84	1.00
2.00	Excluded area salaries (see instructions)	15,127,922	412,969	15,540,891	351,452.00	44.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	74,442,152	-1,703,436	72,738,716	2,709,080.00	26.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	437,647	0	437,647	6,183.00	70.78	4.00
5.00	Subtotal wage-related costs (see inst.)	24,672,387	0	24,672,387	0.00	33.92	5.00
6.00	Total (sum of lines 3 thru 5)	99,552,186	-1,703,436	97,848,750	2,715,263.00	36.04	6.00
7.00	Total overhead cost (see instructions)	21,524,411	-1,445,435	20,078,976	773,069.00	25.97	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 6/28/2017 3:36 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		7,458,427	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		427,499	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		9,031,910	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		1,031,628	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		50,824	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)		415,875	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		-187,976	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		4,001,301	17.00
18.00	Medicare Taxes - Employers Portion Only		2,442,899	18.00
19.00	Unemployment Insurance		0	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)		24,672,387	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: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 6/28/2017 3:36 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		437,647	24,672,387
2.00	Hospital		437,647	24,672,387
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice		0	0
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0109 Component CCN: 15-7124		Period: From 01/01/2016 To 12/31/2016		Worksheet S-4 Date/Time Prepared: 6/28/2017 3:36 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			TIPPEECANOE		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	710	0	260	970	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	510.00	2.00	438.00	950.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			13.57	0.00	13.57	5.00
6.00	Direct Nursing Service			7.50	0.00	7.50	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.52	0.00	1.52	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.07	0.00	0.07	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.12	0.00	0.12	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.10	0.00	0.10	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.27	0.00	1.27	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	INFUSION			7.61	0.00	7.61	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			26900			20.00
20.01				29200			20.01
20.02				99915			20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,124	82	146	54	4,406	21.00
22.00	Skilled Nursing Visit Charges	1,502,409	29,617	52,880	16,299	1,601,205	22.00
23.00	Physical Therapy Visits	3,124	0	45	31	3,200	23.00
24.00	Physical Therapy Visit Charges	1,154,510	0	14,840	10,017	1,179,367	24.00
25.00	Occupational Therapy Visits	890	0	13	11	914	25.00
26.00	Occupational Therapy Visit Charges	326,193	0	4,823	4,081	335,097	26.00
27.00	Speech Pathology Visits	86	0	1	0	87	27.00
28.00	Speech Pathology Visit Charges	31,822	0	371	0	32,193	28.00
29.00	Medical Social Service Visits	32	6	2	0	40	29.00
30.00	Medical Social Service Visit Charges	16,315	2,580	860	0	19,755	30.00
31.00	Home Health Aide Visits	891	46	5	8	950	31.00
32.00	Home Health Aide Visit Charges	161,341	7,898	865	1,384	171,488	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,147	134	212	104	9,597	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,192,590	40,095	74,639	31,781	3,339,105	35.00
36.00	Total Number of Episodes (standard/non outlier)	580		74	8	662	36.00
37.00	Total Number of Outlier Episodes		4		0	4	37.00
38.00	Total Non-Routine Medical Supply Charges	313,993	509	8,182	0	322,684	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
6/28/2017 3:36 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	16,822	230	509	17,561	11.00
12.00	Hospice Inpatient Respite Care	30	0	11	41	12.00
13.00	Hospice General Inpatient Care	5	1	3	9	13.00
14.00	Total Hospice Days	16,857	231	523	17,611	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 6/28/2017 3:36 pm
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			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)		0.223587	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		39,722,318	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		202,572,577	6.00
7.00	Medicaid cost (line 1 times line 6)		45,292,595	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)		5,570,277	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)		5,570,277	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
20.00	Charity care charges for the entire facility (see instructions)	39,650,435	0	39,650,435
21.00	Cost of patients approved for charity care (line 1 times line 20)	8,865,322	0	8,865,322
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	8,865,322	0	8,865,322
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,253,052	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		752,584	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		2,500,468	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		559,072	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,424,394	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,994,671	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		15,441,812	15,441,812	5,883,074	21,324,886	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,566,611	3,566,611	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,114,338	25,438,286	26,552,624	0	26,552,624	4.00
5.01	01160	COMMUNICATIONS	512,854	764,986	1,277,840	0	1,277,840	5.01
5.02	01140	MGMT INFO SYSTEMS	2,801	14,543,864	14,546,665	0	14,546,665	5.02
5.03	00550	PURCHASING	0	1,496,610	1,496,610	0	1,496,610	5.03
5.04	00570	ADMINISTRATIVE	-2,111	1,803	-308	0	-308	5.04
5.05	00580	PATIENT ACCOUNTING	0	5,853,175	5,853,175	0	5,853,175	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,978,646	26,532,608	32,511,254	-40,879	32,470,375	5.06
7.00	00700	OPERATION OF PLANT	2,889,608	7,508,577	10,398,185	-1,482	10,396,703	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	117,313	777,786	895,099	0	895,099	8.00
9.00	00900	HOUSEKEEPING	2,063,241	958,257	3,021,498	-1,477	3,020,021	9.00
10.00	01000	DIETARY	2,122,393	1,383,895	3,506,288	-2,247,599	1,258,689	10.00
11.00	01100	CAFETERIA	0	0	0	2,200,410	2,200,410	11.00
13.00	01300	NURSING ADMINISTRATION	2,738,850	113,047	2,851,897	-42	2,851,855	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	431,320	864,592	1,295,912	-817,182	478,730	14.00
15.00	01500	PHARMACY	2,858,096	9,450,033	12,308,129	-8,749,776	3,558,353	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62,090	2,620,798	2,682,888	0	2,682,888	16.00
17.00	01700	SOCIAL SERVICE	634,972	2,383	637,355	-185,864	451,491	17.00
20.00	02000	NURSING SCHOOL	2,030,760	200,704	2,231,464	400,045	2,631,509	20.00
23.00	02301	PARAMED PRGM-(SPECIFY)	285,366	42,921	328,287	324,913	653,200	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,990,316	2,039,368	20,029,684	-6,280,161	13,749,523	30.00
31.00	03100	INTENSIVE CARE UNIT	3,500,850	331,468	3,832,318	-294,109	3,538,209	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,705,874	828,397	2,534,271	-67,110	2,467,161	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,101,134	211,917	1,313,051	-33,743	1,279,308	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	643,536	643,536	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,940,832	42,735,348	46,676,180	-22,811,278	23,864,902	50.00
51.00	05100	RECOVERY ROOM	685,439	38,600	724,039	-35,572	688,467	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,869,451	3,869,451	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,344,366	13,407,694	16,752,060	-2,787,944	13,964,116	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	412,129	45,860	457,989	0	457,989	55.00
56.00	05600	RADIOISOTOPE	226,026	40,034	266,060	-5,454	260,606	56.00
56.01	03950	CARDIAC CATH LAB	1,202,447	3,564,378	4,766,825	-3,474,358	1,292,467	56.01
57.00	05700	CT SCAN	644,589	481,786	1,126,375	-103,840	1,022,535	57.00
58.00	05800	MRI	242,782	229,616	472,398	0	472,398	58.00
60.00	06000	LABORATORY	0	9,526,570	9,526,570	-121,317	9,405,253	60.00
65.00	06500	RESPIRATORY THERAPY	2,105,752	561,818	2,667,570	-375,855	2,291,715	65.00
66.00	06600	PHYSICAL THERAPY	2,870,676	507,445	3,378,121	-209,384	3,168,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,057,928	305,126	1,363,054	-23,345	1,339,709	67.00
68.00	06800	SPEECH PATHOLOGY	456,195	15,954	472,149	-4,785	467,364	68.00
69.00	06900	ELECTROCARDIOLOGY	1,417,305	1,366,183	2,783,488	-25,711	2,757,777	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	609,648	144,004	753,652	-45,346	708,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,940,388	16,940,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,360,454	16,360,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,518,378	8,518,378	73.00
73.01	07301	DIABETES CENTER	301,960	6,470	308,430	-1,035	307,395	73.01
74.00	07400	RENAL DIALYSIS	117,485	543,838	661,323	-14,436	646,887	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	720	332,067	332,787	-2,240	330,547	76.98
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	372,098	598,927	971,025	-301,224	669,801	90.00
91.00	09100	EMERGENCY	6,594,571	1,339,527	7,934,098	-1,156,112	6,777,986	91.00
91.01	04950	WOUND CARE	1,338,554	383,600	1,722,154	-339,530	1,382,624	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,779,199	342,047	2,121,246	-294,951	1,826,295	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,096,678	838,836	2,935,514	-235,982	2,699,532	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,621,550	1,407,125	4,028,675	0	4,028,675	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	9,408,753	9,408,753	-7,618,124	1,790,629	113.00
116.00	11600	HOSPICE	1,188,820	662,604	1,851,424	0	1,851,424	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	83,766,460	206,241,497	290,007,957	13	290,007,970	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 6/28/2017 3:36 pm			
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,707	31,331	78,038	0	78,038	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,692,665	7,132,137	12,824,802	-13	12,824,789	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	47,893	1,049	48,942	0	48,942	194.00
194.01	07951	LIFELINE	16,349	46,395	62,744	0	62,744	194.01
194.02	07952	PATIENT TRANSPORT	0	99,622	99,622	0	99,622	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	89,570,074	213,552,031	303,122,105	0	303,122,105	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,308,760	22,633,646	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,515,941	5,082,552	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,966,417	28,519,041	4.00
5.01	01160	COMMUNICATIONS	0	1,277,840	5.01
5.02	01140	MGMT INFO SYSTEMS	-2,447,740	12,098,925	5.02
5.03	00550	PURCHASING	-246,857	1,249,753	5.03
5.04	00570	ADMINISTRATIVE	0	-308	5.04
5.05	00580	PATIENT ACCOUNTING	-760,543	5,092,632	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-14,528,091	17,942,284	5.06
7.00	00700	OPERATION OF PLANT	-85,514	10,311,189	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	895,099	8.00
9.00	00900	HOUSEKEEPING	0	3,020,021	9.00
10.00	01000	DIETARY	-356,812	901,877	10.00
11.00	01100	CAFETERIA	-1,139,193	1,061,217	11.00
13.00	01300	NURSING ADMINISTRATION	-326,860	2,524,995	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-109,976	368,754	14.00
15.00	01500	PHARMACY	-271,049	3,287,304	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-443,368	2,239,520	16.00
17.00	01700	SOCIAL SERVICE	0	451,491	17.00
20.00	02000	NURSING SCHOOL	-4,812	2,626,697	20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)	-84,046	569,154	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-113,350	13,636,173	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,538,209	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-448,578	2,018,583	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-60,730	1,218,578	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	643,536	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-295,316	23,569,586	50.00
51.00	05100	RECOVERY ROOM	0	688,467	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,869,451	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,978,846	10,985,270	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	457,989	55.00
56.00	05600	RADIOISOTOPE	-8,075	252,531	56.00
56.01	03950	CARDIAC CATH LAB	-145,120	1,147,347	56.01
57.00	05700	CT SCAN	0	1,022,535	57.00
58.00	05800	MRI	0	472,398	58.00
60.00	06000	LABORATORY	-74,748	9,330,505	60.00
65.00	06500	RESPIRATORY THERAPY	-20,917	2,270,798	65.00
66.00	06600	PHYSICAL THERAPY	-83,334	3,085,403	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,339,709	67.00
68.00	06800	SPEECH PATHOLOGY	0	467,364	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,165,727	1,592,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-15,000	693,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,940,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,360,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,518,378	73.00
73.01	07301	DIABETES CENTER	-7,479	299,916	73.01
74.00	07400	RENAL DIALYSIS	0	646,887	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	330,547	76.98
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	669,801	90.00
91.00	09100	EMERGENCY	-11,850	6,766,136	91.00
91.01	04950	WOUND CARE	-4,414	1,378,210	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,826,295	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-23,995	2,675,537	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	-1,673	4,027,002	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-1,790,629	0	113.00
116.00	11600	HOSPICE	-183	1,851,241	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-23,263,707	266,744,263	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	78,038	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,824,789	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
194.00	07950	MOB	0	48,942	194.00
194.01	07951	LIFELINE	0	62,744	194.01
194.02	07952	PATIENT TRANSPORT	0	99,622	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-23,263,707	279,858,398	200.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:
6/28/2017 3:36 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - RENTALS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,545,430	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	1,545,430	
B - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	274,270	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		0	274,270	
C - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,940,388	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,360,454	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	TOTALS		0	33,300,842	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,518,378	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	8,518,378	
E - LDRP					
1.00	NURSERY	43.00	575,721	67,815	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,461,692	407,759	2.00
	TOTALS		4,037,413	475,574	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,358,712	841,698	1.00
	TOTALS		1,358,712	841,698	
G - CAPITAL EXP (INT & DEP)					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,861	1.00
	TOTALS		0	11,861	
H - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,337,644	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,280,480	2.00
	TOTALS		0	7,618,124	
I - NURSING SCHOOL					
1.00	NURSING SCHOOL	20.00	173,302	0	1.00
2.00	NURSING SCHOOL	20.00	79,651	147,092	2.00
3.00		0.00	0	0	3.00
	TOTALS		252,953	147,092	
J - PARAMED PROGRAM					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	75,317	96,750	1.00
2.00	PARAMED ED PRGM-(SPECIFY)	23.00	153,700	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		229,017	96,750	
K - FSEH SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	125,154	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	807,560	2.00
3.00	NURSING ADMINISTRATION	13.00	0	302,515	3.00
4.00	PHARMACY	15.00	0	55,238	4.00
	TOTALS		0	1,290,467	
500.00	Grand Total: Increases		5,878,095	54,120,486	500.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RENTALS							
1.00	DIETARY	10.00	0	45,653	10		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	261,732	10		2.00
3.00	OPERATING ROOM	50.00	0	112,205	10		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	686,081	10		4.00
5.00	LABORATORY	60.00	0	9,247	10		5.00
6.00	PHYSICAL THERAPY	66.00	0	65,956	10		6.00
7.00	EMERGENCY	91.00	0	126,529	10		7.00
8.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	214,586	10		8.00
9.00	AMBULANCE SERVICES	95.00	0	23,441	10		9.00
TOTALS			0	1,545,430			
B - EQUIPMENT RENTAL							
1.00	OPERATION OF PLANT	7.00	0	1,482	10		1.00
2.00	HOUSEKEEPING	9.00	0	1,477	10		2.00
3.00	DIETARY	10.00	0	1,536	10		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,765	10		4.00
5.00	PHARMACY	15.00	0	196,371	10		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	14,285	10		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	2,778	10		7.00
8.00	SUBPROVIDER - IRF	41.00	0	35	10		8.00
9.00	OPERATING ROOM	50.00	0	6,314	10		9.00
10.00	CT SCAN	57.00	0	7,000	10		10.00
11.00	RESPIRATORY THERAPY	65.00	0	19,321	10		11.00
12.00	PHYSICAL THERAPY	66.00	0	3,057	10		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,849	10		13.00
TOTALS			0	274,270			
C - MEDICAL SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00	0	42	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	797,673	0		2.00
3.00	PHARMACY	15.00	0	555,555	0		3.00
4.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	854	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,246,570	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	268,967	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	64,535	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	32,433	0		8.00
9.00	OPERATING ROOM	50.00	0	22,608,741	0		9.00
10.00	RECOVERY ROOM	51.00	0	35,250	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,037,707	0		11.00
12.00	RADIOISOTOPE	56.00	0	5,454	0		12.00
13.00	CARDIAC CATH LAB	56.01	0	3,473,608	0		13.00
14.00	LABORATORY	60.00	0	112,070	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	353,105	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	139,567	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	23,198	0		17.00
18.00	SPEECH PATHOLOGY	68.00	0	4,785	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	24,410	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	43,497	0		20.00
21.00	DIABETES CENTER	73.01	0	1,035	0		21.00
22.00	RENAL DIALYSIS	74.00	0	14,436	0		22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,240	0		23.00
24.00	CLINIC	90.00	0	38,569	0		24.00
25.00	EMERGENCY	91.00	0	894,753	0		25.00
26.00	WOUND CARE	91.01	0	335,447	0		26.00
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	73,824	0		27.00
28.00	AMBULANCE SERVICES	95.00	0	112,506	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13	0		29.00
TOTALS			0	33,300,844			
D - DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	744	0		1.00
2.00	PHARMACY	15.00	0	7,825,783	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	71,285	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	22,364	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,575	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	1,275	0		6.00
7.00	OPERATING ROOM	50.00	0	84,018	0		7.00
8.00	RECOVERY ROOM	51.00	0	322	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,295	0		9.00
10.00	CARDIAC CATH LAB	56.01	0	750	0		10.00
11.00	CT SCAN	57.00	0	96,840	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	3,429	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	804	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	147	0		14.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00	ELECTROCARDIOLOGY	69.00	0	1,301	0		15.00
16.00	CLINIC	90.00	0	262,655	0		16.00
17.00	EMERGENCY	91.00	0	50,131	0		17.00
18.00	WOUND CARE	91.01	0	4,083	0		18.00
19.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,541	0		19.00
20.00	AMBULANCE SERVICES	95.00	0	31,034	0		20.00
	TOTALS		0	8,518,376			
E - LDRP							
1.00	ADULTS & PEDIATRICS	30.00	4,037,413	475,574	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		4,037,413	475,574			
F - CAFETERIA							
1.00	DIETARY	10.00	1,358,712	841,698	0		1.00
	TOTALS		1,358,712	841,698			
G - CAPITAL EXP (INT & DEP)							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,861	9		1.00
	TOTALS		0	11,861			
H - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	7,618,124	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	7,618,124			
I - NURSING SCHOOL							
1.00	ADULTS & PEDIATRICS	30.00	173,302	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	36,188	4,691	0		2.00
3.00	SOCIAL SERVICE	17.00	43,463	142,401	0		3.00
	TOTALS		252,953	147,092			
J - PARAMED PROGRAM							
1.00	PHARMACY	15.00	75,317	96,750	0		1.00
2.00	EMERGENCY	91.00	84,699	0	0		2.00
3.00	AMBULANCE SERVICES	95.00	69,001	0	0		3.00
	TOTALS		229,017	96,750			
K - FSEH SHARED SERVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	125,154	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	807,560	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	302,515	0	0		3.00
4.00	PHARMACY	15.00	55,238	0	0		4.00
	TOTALS		1,290,467	0			
500.00	Grand Total: Decreases		7,168,562	52,830,019			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7
Part I
Date/Time Prepared:
6/28/2017 3:36 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,785,293	4,280	0	4,280	0	1.00
2.00	Land Improvements	2,289,541	0	0	0	49,023	2.00
3.00	Buildings and Fixtures	241,926,704	13,170,851	0	13,170,851	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	75,546,446	7,114,989	0	7,114,989	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	332,547,984	20,290,120	0	20,290,120	49,023	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	332,547,984	20,290,120	0	20,290,120	49,023	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,789,573	0				1.00
2.00	Land Improvements	2,240,518	0				2.00
3.00	Buildings and Fixtures	255,097,555	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	82,661,435	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	352,789,081	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	352,789,081	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7
Part II
Date/Time Prepared:
6/28/2017 3:36 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	15,441,812	0	0	0	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)	15,441,812	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	15,441,812				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	15,441,812				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7
Part III
Date/Time Prepared:
6/28/2017 3:36 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	17,256,639	1,545,430	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,910,532	274,270	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,167,171	1,819,700	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	3,831,577	0	0	0	22,633,646	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,897,750	0	0	0	5,082,552	2.00
3.00	Total (sum of lines 1-2)	6,729,327	0	0	0	27,716,198	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

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

Worksheet A-8

Date/Time Prepared:
6/28/2017 3:36 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)	B	-506,067	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-382,730	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,973,326				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-5,105,779				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,139,193	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	-25,051	DIETARY		10.00	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		ORESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP 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)			OADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 RECRUITMENT	A	-102,560	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 RECRUITMENT	A	-27,722	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.01
33.02 HAF	A	-8,547,532	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.02
33.03 ADVERTISING EXP	A	-3,936	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04 ADVERTISING EXP	A	-4,812	NURSING SCHOOL	20.00	0 33.04
33.05 ADVERTISING EXP	A	-3,150	RADIOLOGY-DIAGNOSTIC	54.00	0 33.05
33.06 ADVERTISING EXP	A	-69,065	ELECTROCARDIOLOGY	69.00	0 33.06
33.07 MARKETING EXP	A	-103	SUBPROVIDER - IRF	41.00	0 33.07
33.08 MARKETING EXP	A	-2,836	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.08
33.09 MARKETING EXP	A	-227	DIETARY	10.00	0 33.09
33.10 MARKETING EXP	A	-2,344	PHYSICAL THERAPY	66.00	0 33.10
33.11 MARKETING EXP	A	-11,760	ELECTROCARDIOLOGY	69.00	0 33.11
33.12 MARKETING EXP	A	-2,286	WOUND CARE	91.01	0 33.12
33.13 MARKETING EXP	A	-1,673	HOME HEALTH AGENCY	101.00	0 33.13
33.14 MARKETING EXP	A	-183	HOSPICE	116.00	0 33.14
33.15 BLDG RENT REV	B	-678,654	CAP REL COSTS-BLDG & FIXT	1.00	9 33.15
33.16 DISCOUNTS/REBATES	B	-41,841	MGMT INFO SYSTEMS	5.02	0 33.16
33.17 DISCOUNTS/REBATES	B	-30,895	PURCHASING	5.03	0 33.17
33.18 MISC REV	B	-410,223	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.18
33.19 MAINTENANCE/SECURITY REV	B	-85,494	OPERATION OF PLANT	7.00	0 33.19
33.20 MISC REV/DISCOUNTS/REBATES	B	-20	OPERATION OF PLANT	7.00	0 33.20
33.21 MISC REV/DISCOUNTS/REBATES	B	-144,488	DIETARY	10.00	0 33.21
33.22 FOOD SERVICE DAY CARE	B	-187,046	DIETARY	10.00	0 33.22
33.23 DISCOUNTS/REBATES	B	-109,976	CENTRAL SERVICES & SUPPLY	14.00	0 33.23
33.24 MISC REV/DISCOUNTS/REBATES	B	-212,995	PHARMACY	15.00	0 33.24
33.25 MISC REV	B	-5,577	MEDICAL RECORDS & LIBRARY	16.00	0 33.25
33.26 DISCOUNTS/REBATES	B	-295,316	OPERATING ROOM	50.00	0 33.26
33.27 DISCOUNTS/REBATES	B	-54,325	RADIOLOGY-DIAGNOSTIC	54.00	0 33.27
33.28 MISC REV/DISCOUNTS/REBATES	B	-145,120	CARDIAC CATH LAB	56.01	0 33.28
33.29 DISCOUNTS/REBATES	B	-12,824	LABORATORY	60.00	0 33.29
33.30 DISCOUNTS/REBATES	B	-6,316	RESPIRATORY THERAPY	65.00	0 33.30
33.31 ATHLETIC TRAINING REV	B	-80,990	PHYSICAL THERAPY	66.00	0 33.31
33.32 ST VINCENT PRUDENTIAL	B	-105,813	ELECTROCARDIOLOGY	69.00	0 33.32
33.33 MISC REV	B	-1,775	DIABETES CENTER	73.01	0 33.33
33.34 EDUCATION	B	-84,046	PARAMED ED PRGM-(SPECIFY)	23.00	0 33.34
33.35 MISC REV	B	-1,725	WOUND CARE	91.01	0 33.35
33.36 MISC REV	B	-353	AMBULANCE SERVICES	95.00	0 33.36
33.37 MISC REV	B	-9,097	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.37
33.38 PENSION	A	2,353,537	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.38
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,263,707			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: 15-0109

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

Worksheet A-8-1

Date/Time Prepared: 6/28/2017 3:36 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	FRANCISCAN DEPRECIATION	2,493,481	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	FRANCISCAN DEPRECIATION	1,898,671	0
3.00	113.00	INTEREST EXPENSE	FRANCISCAN INTEREST	7,401,246	0
3.01	5.06	OTHER ADMINISTRATIVE AND GEN	FRANCISCAN A&G	8,234,999	0
4.00	15.00	PHARMACY	FRANCISCAN COEP	576,513	0
4.01	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	11,351,566	0
4.02	5.03	PURCHASING	PURCHASING SERVICES	1,018,958	0
4.03	5.05	PATIENT ACCOUNTING	PATIENT ACCT	3,588,413	0
4.04	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,982,915	0
4.05	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	0	13,757,465
4.06	5.03	PURCHASING	PURCHASING SERVICES	0	1,234,920
4.07	5.05	PATIENT ACCOUNTING	PATIENT ACCT	0	4,348,956
4.08	5.06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATION	0	9,980,360
4.09	15.00	PHARMACY	PHARMACY	0	578,664
4.10	16.00	MEDICAL RECORDS & LIBRARY	HIM	0	2,420,706
4.11	113.00	INTEREST EXPENSE	INTEREST	0	9,191,875
4.12	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH SHARED SERVICES	0	271,527
4.15	5.06	OTHER ADMINISTRATIVE AND GEN	FSEH SHARED SERVICES	0	1,485,970
4.17	13.00	NURSING ADMINISTRATION	FSEH SHARED SERVICES	0	326,860
4.18	15.00	PHARMACY	FSEH SHARED SERVICES	0	55,238
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			38,546,762	43,652,541

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

(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: 15-0109

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

Worksheet A-8-1

Date/Time Prepared:
6/28/2017 3:36 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	2,493,481	9		1.00
2.00	1,898,671	9		2.00
3.00	7,401,246	0		3.00
3.01	8,234,999	0		3.01
4.00	576,513	0		4.00
4.01	11,351,566	0		4.01
4.02	1,018,958	0		4.02
4.03	3,588,413	0		4.03
4.04	1,982,915	0		4.04
4.05	-13,757,465	0		4.05
4.06	-1,234,920	0		4.06
4.07	-4,348,956	0		4.07
4.08	-9,980,360	0		4.08
4.09	-578,664	0		4.09
4.10	-2,420,706	0		4.10
4.11	-9,191,875	0		4.11
4.12	-271,527	0		4.12
4.15	-1,485,970	0		4.15
4.17	-326,860	0		4.17
4.18	-55,238	0		4.18
5.00	-5,105,779			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	SISTER FACILITY		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: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:
6/28/2017 3:36 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	5.06	OTHER ADMINSTRATIVE AND GENERAL	16,800	0	16,800	171,400	67	1.00
2.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	120,038	120,038	0	171,400	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	2,700	2,700	0	171,400	0	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	2,447,887	1,561,375	886,512	171,400	4,664	4.00
5.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	110,875	110,875	0	171,400	0	5.00
6.00	15.00	PHARMACY	4,950	0	4,950	171,400	52	6.00
7.00	30.00	ADULTS & PEDIATRICS	45,817	45,817	0	154,100	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	67,533	67,533	0	154,100	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	13,200	0	13,200	154,100	206	9.00
10.00	35.00	NEONATAL INTENSIVE CARE UNIT	494,500	386,500	108,000	152,100	628	10.00
11.00	41.00	SUBPROVIDER - IRF	128,116	38,116	90,000	171,400	819	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	2,969,035	2,908,943	60,092	231,100	429	12.00
13.00	56.00	RADIOISOTOPE	12,525	3,525	9,000	171,400	54	13.00
14.00	60.00	LABORATORY	67,728	58,395	9,333	219,500	55	14.00
15.00	65.00	RESPIRATORY THERAPY	32,400	0	32,400	171,400	216	15.00
16.00	69.00	ELECTROCARDIOLOGY	978,189	978,189	0	159,800	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	900	900	0	159,800	0	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	15,000	15,000	0	171,400	0	18.00
19.00	73.01	DIABETES CENTER	9,000	0	9,000	171,400	40	19.00
20.00	91.00	EMERGENCY	11,850	11,850	0	171,400	0	20.00
21.00	91.01	WOUND CARE	15,000	0	15,000	159,800	190	21.00
22.00	95.00	AMBULANCE SERVICES	45,000	0	45,000	159,800	278	22.00
200.00			7,609,043	6,309,756	1,299,287		7,698	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	5.06	OTHER ADMINSTRATIVE AND GENERAL	5,521	276	0	0	0	1.00
2.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	384,332	19,217	0	0	0	4.00
5.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	5.00
6.00	15.00	PHARMACY	4,285	214	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	15,262	763	0	0	0	9.00
10.00	35.00	NEONATAL INTENSIVE CARE UNIT	45,922	2,296	0	0	0	10.00
11.00	41.00	SUBPROVIDER - IRF	67,489	3,374	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	47,664	2,383	0	0	0	12.00
13.00	56.00	RADIOISOTOPE	4,450	223	0	0	0	13.00
14.00	60.00	LABORATORY	5,804	290	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	17,799	890	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	18.00
19.00	73.01	DIABETES CENTER	3,296	165	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
21.00	91.01	WOUND CARE	14,597	730	0	0	0	21.00
22.00	95.00	AMBULANCE SERVICES	21,358	1,068	0	0	0	22.00
200.00			637,779	31,889	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	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	5,521	11,279	11,279	1.00
2.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	120,038	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	2,700	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	384,332	502,180	2,063,555	4.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:
6/28/2017 3:36 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		
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	110,875		5.00
6.00	15.00	PHARMACY	0	4,285	665	665		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	45,817		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	67,533		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	15,262	0	0		9.00
10.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	45,922	62,078	448,578		10.00
11.00	41.00	SUBPROVIDER - IRF	0	67,489	22,511	60,627		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	47,664	12,428	2,921,371		12.00
13.00	56.00	RADIOISOTOPE	0	4,450	4,550	8,075		13.00
14.00	60.00	LABORATORY	0	5,804	3,529	61,924		14.00
15.00	65.00	RESPIRATORY THERAPY	0	17,799	14,601	14,601		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	978,189		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	900		17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	15,000		18.00
19.00	73.01	DIABETES CENTER	0	3,296	5,704	5,704		19.00
20.00	91.00	EMERGENCY	0	0	0	11,850		20.00
21.00	91.01	WOUND CARE	0	14,597	403	403		21.00
22.00	95.00	AMBULANCE SERVICES	0	21,358	23,642	23,642		22.00
200.00			0	637,779	663,570	6,973,326		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
6/28/2017 3:36 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			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	22,633,646	22,633,646				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	5,082,552		5,082,552			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	28,519,041	433,548	97,356	29,049,945		4.00
5.01 01160 COMMUNICATIONS	1,277,840	48,715	10,939	168,378	1,505,872	5.01
5.02 01140 MGMT INFO SYSTEMS	12,098,925	720,761	161,852	920	49,128	5.02
5.03 00550 PURCHASING	1,249,753	444,600	99,838	0	29,904	5.03
5.04 00570 ADMINISTRATION	-308	64,682	14,525	0	0	5.04
5.05 00580 PATIENT ACCOUNTING	5,092,632	164,122	36,855	0	29,904	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	17,942,284	1,748,910	392,731	1,962,879	155,927	5.06
7.00 00700 OPERATION OF PLANT	10,311,189	4,848,945	1,088,864	948,702	117,479	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	895,099	53,793	12,080	38,516	2,136	8.00
9.00 00900 HOUSEKEEPING	3,020,021	401,207	90,094	677,393	19,224	9.00
10.00 01000 DIETARY	901,877	605,354	135,937	696,813	64,080	10.00
11.00 01100 CAFETERIA	1,061,217	414,187	93,009	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	2,524,995	139,411	31,306	899,206	19,224	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	368,754	160,564	36,056	141,609	8,544	14.00
15.00 01500 PHARMACY	3,287,304	264,865	59,477	938,356	49,128	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,239,520	142,126	31,916	20,385	36,312	16.00
17.00 01700 SOCIAL SERVICE	451,491	22,104	4,964	208,471	19,224	17.00
20.00 02000 NURSING SCHOOL	2,626,697	1,390,580	312,265	666,729	0	20.00
23.00 02301 PARAMED ED PRGM-(SPECIFY)	569,154	240,371	53,977	93,690	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,636,173	2,478,740	556,619	5,906,508	245,635	30.00
31.00 03100 INTENSIVE CARE UNIT	3,538,209	393,875	88,448	1,149,382	46,992	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	2,018,583	226,903	50,953	560,064	36,312	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	1,218,578	288,027	64,679	361,519	51,264	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	643,536	96,425	21,653	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	23,569,586	942,368	211,616	1,293,834	51,264	50.00
51.00 05100 RECOVERY ROOM	688,467	86,107	19,336	225,040	17,088	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,869,451	579,856	130,211	0	55,536	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,985,270	1,048,949	235,549	1,098,006	128,159	54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	457,989	24,222	5,439	135,308	0	55.00
56.00 05600 RADIOISOTOPE	252,531	12,084	2,713	74,208	0	56.00
56.01 03950 CARDIAC CATH LAB	1,147,347	290,335	65,197	394,781	0	56.01
57.00 05700 CT SCAN	1,022,535	102,943	23,117	211,628	0	57.00
58.00 05800 MRI	472,398	46,814	10,512	79,709	0	58.00
60.00 06000 LABORATORY	9,330,505	505,154	113,436	0	93,984	60.00
65.00 06500 RESPIRATORY THERAPY	2,270,798	75,435	16,940	691,350	72,624	65.00
66.00 06600 PHYSICAL THERAPY	3,085,403	273,011	61,307	942,486	12,816	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,339,709	136,343	30,617	347,334	0	67.00
68.00 06800 SPEECH PATHOLOGY	467,364	73,344	16,470	149,776	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,592,050	340,245	76,405	465,322	12,816	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	693,306	109,595	24,610	200,157	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,940,388	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	16,360,454	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,518,378	0	0	0	0	73.00
73.01 07301 DIABETES CENTER	299,916	0	0	99,138	12,816	73.01
74.00 07400 RENAL DIALYSIS	646,887	67,859	15,238	38,572	0	74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	330,547	81,463	18,293	236	0	76.98
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	669,801	0	0	122,165	68,352	90.00
91.00 09100 EMERGENCY	6,766,136	1,165,877	261,806	2,165,097	0	91.00
91.01 04950 WOUND CARE	1,378,210	188,914	42,422	439,467	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1,826,295	0	0	584,138	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2,675,537	96,914	21,763	672,299	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	4,027,002	0	0	884,653	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
6/28/2017 3:36 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	
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	1,851,241	103,431	23,226	390,307		0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	266,744,263	22,144,078	4,972,616	27,144,531	1,505,872	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,038	71,335	16,019	15,335		0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	12,824,789	418,233	93,917	1,868,987		0 192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0 192.01
194.00 07950 MOB	48,942	0	0	15,724		0 194.00
194.01 07951 LIFELINE	62,744	0	0	5,368		0 194.01
194.02 07952 PATIENT TRANSPORT	99,622	0	0	0		0 194.02
194.03 07953 SETON LEASE 1 NORTH	0	0	0	0		0 194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	279,858,398	22,633,646	5,082,552	29,049,945	1,505,872	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	Subtotal	
		5.02	5.03	5.04	5.05	5A.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	01140	MGMT INFO SYSTEMS	13,031,586				5.02
5.03	00550	PURCHASING	0	1,824,095			5.03
5.04	00570	ADMINITTING	0	0	78,899		5.04
5.05	00580	PATIENT ACCOUNTING	0	4	0	5,323,517	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,594,212	443	0	0	5.06
7.00	00700	OPERATION OF PLANT	526,514	177	0	0	17,841,870
8.00	00800	LAUNDRY & LINEN SERVICE	35,271	56	0	0	1,036,951
9.00	00900	HOUSEKEEPING	626,086	3,193	0	0	4,837,218
10.00	01000	DIETARY	211,294	410	0	0	2,615,765
11.00	01100	CAFETERIA	375,930	730	0	0	1,945,073
13.00	01300	NURSING ADMINISTRATION	298,328	2	0	0	3,912,472
14.00	01400	CENTRAL SERVICES & SUPPLY	98,487	41,499	0	0	855,513
15.00	01500	PHARMACY	314,065	28,902	0	0	4,942,097
16.00	01600	MEDICAL RECORDS & LIBRARY	1,085	1	0	0	2,471,345
17.00	01700	SOCIAL SERVICE	98,922	25	0	0	805,201
20.00	02000	NURSING SCHOOL	295,952	199	0	0	5,292,422
23.00	02301	PARAMED ED PRGM-(SPECIFY)	79,036	44	0	0	1,036,272
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,865,821	42,253	4,718	318,278	25,054,745
31.00	03100	INTENSIVE CARE UNIT	526,253	13,992	1,189	80,179	5,838,519
35.00	02060	NEONATAL INTENSIVE CARE UNIT	208,021	3,701	915	61,729	3,167,181
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	147,185	1,687	325	21,918	2,155,182
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	70,786	3,222	233	15,715	851,570
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	529,896	1,178,972	13,303	898,865	28,689,704
51.00	05100	RECOVERY ROOM	77,171	1,834	831	56,031	1,171,905
52.00	05200	DELIVERY ROOM & LABOR ROOM	425,626	19,375	1,440	97,108	5,178,603
54.00	05400	RADIOLOGY-DIAGNOSTIC	507,935	123,921	6,095	411,113	14,544,997
55.00	03630	RADIOLOGY-THERAPEUTIC	42,798	678	569	38,363	705,366
56.00	05600	RADIOISOTOPE	27,178	284	0	0	368,998
56.01	03950	CARDIAC CATH LAB	139,885	180,711	1,967	132,654	2,352,877
57.00	05700	CT SCAN	88,855	7,461	4,493	303,078	1,764,110
58.00	05800	MRI	25,047	330	1,071	72,230	708,111
60.00	06000	LABORATORY	0	49,492	7,521	507,319	10,607,411
65.00	06500	RESPIRATORY THERAPY	310,007	24,115	770	51,936	3,513,975
66.00	06600	PHYSICAL THERAPY	425,997	7,261	996	67,179	4,876,456
67.00	06700	OCCUPATIONAL THERAPY	133,405	1,207	617	41,597	2,030,829
68.00	06800	SPEECH PATHOLOGY	57,302	249	147	9,903	774,555
69.00	06900	ELECTROCARDIOLOGY	193,552	1,375	1,817	122,555	2,806,137
70.00	07000	ELECTROENCEPHALOGRAPHY	85,181	2,263	350	23,576	1,139,038
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,153	549,979	17,498,520
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,471	436,487	16,803,412
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,536	440,879	8,965,793
73.01	07301	DIABETES CENTER	41,189	54	16	1,099	454,228
74.00	07400	RENAL DIALYSIS	17,786	751	145	9,778	797,016
76.98	07698	HYPERBARIC OXYGEN THERAPY	87	117	158	10,652	441,553
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	83,612	2,006	55	3,739	949,730
91.00	09100	EMERGENCY	949,294	46,569	4,883	329,385	11,689,047
91.01	04950	WOUND CARE	173,783	17,451	426	28,714	2,269,387
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	250,182	3,841	715	48,252	2,713,423
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	439,877	5,668	923	62,269	3,975,250
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	321,225	5,320	615	41,514	5,280,329
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	147,172	2,249	436	29,444	2,547,506
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,867,290	1,824,094	78,899	5,323,517	264,075,048
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,113	0	0	0	189,840

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

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Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	134,124	1	0	0	15,340,051	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	16,609	0	0	0	81,275	194.00
194.01	07951	LIFELINE	4,450	0	0	0	72,562	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	99,622	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
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)	13,031,586	1,824,095	78,899	5,323,517	279,858,398	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

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Part I
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 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	01140	MGMT INFO SYSTEMS					5.02	
5.03	00550	PURCHASING					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00580	PATIENT ACCOUNTING					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	23,797,386				5.06	
7.00	00700	OPERATION OF PLANT	1,658,152	19,500,022			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	96,370	74,083	1,207,404		8.00	
9.00	00900	HOUSEKEEPING	449,552	552,535	27,923	5,867,228	9.00	
10.00	01000	DIETARY	243,099	833,683	33,911	259,169	3,985,627	10.00
11.00	01100	CAFETERIA	180,767	570,411	0	177,325	0	11.00
13.00	01300	NURSING ADMINISTRATION	363,609	191,994	0	59,686	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79,508	221,126	30,601	68,742	0	14.00
15.00	01500	PHARMACY	459,299	364,767	0	113,396	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	229,677	195,734	0	60,848	0	16.00
17.00	01700	SOCIAL SERVICE	74,832	30,441	0	9,463	0	17.00
20.00	02000	NURSING SCHOOL	491,857	1,915,081	0	595,347	0	20.00
23.00	02301	PARAMED PRGM-(SPECIFY)	96,307	331,035	0	102,910	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,328,488	3,413,675	426,234	1,061,219	3,316,762	30.00
31.00	03100	INTENSIVE CARE UNIT	542,609	542,438	64,931	168,629	408,819	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	294,345	312,486	27,064	97,143	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	200,294	396,666	22,921	123,313	260,046	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	79,142	132,795	44,480	41,282	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,666,406	1,297,813	211,756	403,455	0	50.00
51.00	05100	RECOVERY ROOM	108,912	118,585	38,939	36,865	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	481,279	798,568	47,556	248,253	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,351,754	1,444,594	74,302	449,085	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	65,554	33,358	0	10,370	0	55.00
56.00	05600	RADIOISOTOPE	34,293	16,641	0	5,173	0	56.00
56.01	03950	CARDIAC CATH LAB	218,667	399,845	4,910	124,301	0	56.01
57.00	05700	CT SCAN	163,949	141,771	0	44,073	0	57.00
58.00	05800	MRI	65,809	64,472	0	20,043	0	58.00
60.00	06000	LABORATORY	985,810	695,689	7,699	216,271	0	60.00
65.00	06500	RESPIRATORY THERAPY	326,575	103,888	9,014	32,296	0	65.00
66.00	06600	PHYSICAL THERAPY	453,198	375,986	16,776	116,884	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	188,737	187,768	0	58,372	0	67.00
68.00	06800	SPEECH PATHOLOGY	71,984	101,008	0	31,401	0	68.00
69.00	06900	ELECTROCARDIOLOGY	260,791	468,580	6,837	145,669	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	105,858	150,933	0	46,921	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,626,242	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,561,642	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	833,245	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	42,214	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	74,071	93,454	0	29,052	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	41,036	112,190	0	34,877	0	76.98
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	88,264	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,086,333	1,605,624	111,550	499,145	0	91.00
91.01	04950	WOUND CARE	210,908	260,168	0	80,879	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	252,175	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	369,444	133,469	0	41,492	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	490,733	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	236,755	142,444	0	44,282	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,330,545	18,825,798	1,207,404	5,657,631	3,985,627	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,643	98,241	0	30,540	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,425,643	575,983	0	179,057	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	7,553	0	0	0	0	194.00
194.01	07951	LIFELINE	6,744	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	9,258	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
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)	23,797,386	19,500,022	1,207,404	5,867,228	3,985,627	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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	
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	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,873,576					11.00
13.00	01300	88,723	4,616,484				13.00
14.00	01400	29,290	0	1,284,780			14.00
15.00	01500	93,403	0	0	5,972,962		15.00
16.00	01600	323	0	0	0	2,957,927	16.00
17.00	01700	29,420	0	0	0	0	17.00
20.00	02000	88,017	0	0	0	0	20.00
23.00	02301	23,505	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	554,894	1,184,825	0	0	176,867	30.00
31.00	03100	156,508	329,833	0	0	44,555	31.00
35.00	02060	61,866	130,379	0	0	34,303	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	43,773	92,249	0	0	12,180	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	21,052	44,366	0	0	8,733	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	157,592	332,117	0	0	499,144	50.00
51.00	05100	22,951	48,367	0	0	31,137	51.00
52.00	05200	126,582	266,765	0	0	53,963	52.00
54.00	05400	151,061	0	0	0	228,456	54.00
55.00	03630	12,728	0	0	0	21,318	55.00
56.00	05600	8,083	17,034	0	0	0	56.00
56.01	03950	41,602	87,674	0	0	73,716	56.01
57.00	05700	26,426	0	0	0	168,421	57.00
58.00	05800	7,449	0	0	0	40,138	58.00
60.00	06000	0	0	0	0	281,917	60.00
65.00	06500	92,197	194,300	0	0	28,861	65.00
66.00	06600	126,692	266,997	0	0	37,331	66.00
67.00	06700	39,675	83,612	0	0	23,116	67.00
68.00	06800	17,042	35,914	0	0	5,503	68.00
69.00	06900	57,563	121,310	0	0	68,104	69.00
70.00	07000	25,333	53,388	0	0	13,101	70.00
71.00	07100	0	0	680,933	0	305,624	71.00
72.00	07200	0	0	603,847	0	242,556	72.00
73.00	07300	0	0	0	5,972,962	244,997	73.00
73.01	07301	12,250	25,816	0	0	611	73.01
74.00	07400	5,290	11,147	0	0	5,434	74.00
76.98	07698	26	0	0	0	5,919	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	24,866	0	0	0	2,078	90.00
91.00	09100	282,322	603,306	0	0	183,040	91.00
91.01	04950	51,683	108,920	0	0	15,956	91.01
92.00	09200						92.00
92.01	09201	74,405	0	0	0	26,814	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	130,820	284,593	0	0	34,603	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	95,533	201,331	0	0	23,069	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	43,769	92,241	0	0	16,362	116.00
118.00							118.00
		2,824,714	4,616,484	1,284,780	5,972,962	2,957,927	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,710	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,889	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	4,940	0	0	0	0	194.00
194.01	07951	LIFELINE	1,323	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,873,576	4,616,484	1,284,780	5,972,962	2,957,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			17.00	20.00	23.00	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	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	949,357					17.00
20.00	02000	NURSING SCHOOL	0	8,382,724				20.00
23.00	02301	PARAMED PRGM-(SPECIFY)	0		1,590,029			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	670,458	8,382,724	0	46,570,891	-2,209,926	30.00
31.00	03100	INTENSIVE CARE UNIT	93,216	0	0	8,190,057	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	54,841	0	0	4,179,608	0	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	59,219	0	0	3,365,843	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	71,623	0	0	1,295,043	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	34,257,987	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,577,661	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,201,569	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,244,249	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	0	0	848,694	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	450,222	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	3,303,592	0	56.01
57.00	05700	CT SCAN	0	0	0	2,308,750	0	57.00
58.00	05800	MRI	0	0	0	906,022	0	58.00
60.00	06000	LABORATORY	0	0	0	12,794,797	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,301,106	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,270,320	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,612,109	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,037,407	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,934,991	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,534,572	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,111,319	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,211,457	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	922,217	16,939,214	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	535,119	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,015,464	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	635,601	0	76.98
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	1,064,938	0	90.00
91.00	09100	EMERGENCY	0	0	667,812	16,728,179	0	91.00
91.01	04950	WOUND CARE	0	0	0	2,997,901	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	3,066,817	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	4,969,671	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	6,090,995	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	3,123,359	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	20.00	23.00	24.00	25.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	949,357	8,382,724	1,590,029	261,675,524	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	338,974	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	17,560,623	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 MOB	0	0	0	93,768	0	194.00
194.01	07951 LIFELINE	0	0	0	80,629	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	108,880	0	194.02
194.03	07953 SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments		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)	949,357	8,382,724	1,590,029	279,858,398	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 6/28/2017 3:36 pm
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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	01140 MGMT INFO SYSTEMS		5.02
5.03	00550 PURCHASING		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 PATIENT ACCOUNTING		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
20.00	02000 NURSING SCHOOL		20.00
23.00	02301 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	44,360,965	30.00
31.00	03100 INTENSIVE CARE UNIT	8,190,057	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,179,608	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	3,365,843	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,295,043	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	34,257,987	50.00
51.00	05100 RECOVERY ROOM	1,577,661	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,201,569	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,244,249	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	848,694	55.00
56.00	05600 RADIOISOTOPE	450,222	56.00
56.01	03950 CARDIAC CATH LAB	3,303,592	56.01
57.00	05700 CT SCAN	2,308,750	57.00
58.00	05800 MRI	906,022	58.00
60.00	06000 LABORATORY	12,794,797	60.00
65.00	06500 RESPIRATORY THERAPY	4,301,106	65.00
66.00	06600 PHYSICAL THERAPY	6,270,320	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,612,109	67.00
68.00	06800 SPEECH PATHOLOGY	1,037,407	68.00
69.00	06900 ELECTROCARDIOLOGY	3,934,991	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,534,572	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,111,319	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,211,457	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,939,214	73.00
73.01	07301 DIABETES CENTER	535,119	73.01
74.00	07400 RENAL DIALYSIS	1,015,464	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	635,601	76.98
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	1,064,938	90.00
91.00	09100 EMERGENCY	16,728,179	91.00
91.01	04950 WOUND CARE	2,997,901	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	3,066,817	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	4,969,671	95.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	6,090,995	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	3,123,359	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	259,465,598	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	338,974	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	17,560,623	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	192.01
194.00	07950	MOB	93,768	194.00
194.01	07951	LIFELINE	80,629	194.01
194.02	07952	PATIENT TRANSPORT	108,880	194.02
194.03	07953	SETON LEASE 1 NORTH	0	194.03
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	277,648,472	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B
Part II
Date/Time Prepared:
6/28/2017 3:36 pm

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	433,548	97,356	530,904	530,904 4.00
5.01 01160	COMMUNICATIONS	0	48,715	10,939	59,654	3,077 5.01
5.02 01140	MGMT INFO SYSTEMS	0	720,761	161,852	882,613	17 5.02
5.03 00550	PURCHASING	0	444,600	99,838	544,438	0 5.03
5.04 00570	ADMINITTING	0	64,682	14,525	79,207	0 5.04
5.05 00580	PATIENT ACCOUNTING	0	164,122	36,855	200,977	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,748,910	392,731	2,141,641	35,872 5.06
7.00 00700	OPERATION OF PLANT	1,482	4,848,945	1,088,864	5,939,291	17,338 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	53,793	12,080	65,873	704 8.00
9.00 00900	HOUSEKEEPING	1,477	401,207	90,094	492,778	12,379 9.00
10.00 01000	DIETARY	47,189	605,354	135,937	788,480	12,734 10.00
11.00 01100	CAFETERIA	0	414,187	93,009	507,196	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	139,411	31,306	170,717	16,433 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	60,512	160,564	36,056	257,132	2,588 14.00
15.00 01500	PHARMACY	196,371	264,865	59,477	520,713	17,149 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	142,126	31,916	174,042	373 16.00
17.00 01700	SOCIAL SERVICE	0	22,104	4,964	27,068	3,810 17.00
20.00 02000	NURSING SCHOOL	0	1,390,580	312,265	1,702,845	12,185 20.00
23.00 02301	PARAMED PRGM-(SPECIFY)	0	240,371	53,977	294,348	1,712 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	276,017	2,478,740	556,619	3,311,376	107,953 30.00
31.00 03100	INTENSIVE CARE UNIT	2,778	393,875	88,448	485,101	21,005 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	226,903	50,953	277,856	10,235 35.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	35	288,027	64,679	352,741	6,607 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	96,425	21,653	118,078	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	118,519	942,368	211,616	1,272,503	23,645 50.00
51.00 05100	RECOVERY ROOM	0	86,107	19,336	105,443	4,113 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	579,856	130,211	710,067	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	686,081	1,048,949	235,549	1,970,579	20,066 54.00
55.00 03630	RADIOLOGY-THERAPEUTIC	0	24,222	5,439	29,661	2,473 55.00
56.00 05600	RADIOISOTOPE	0	12,084	2,713	14,797	1,356 56.00
56.01 03950	CARDIAC CATH LAB	0	290,335	65,197	355,532	7,215 56.01
57.00 05700	CT SCAN	7,000	102,943	23,117	133,060	3,868 57.00
58.00 05800	MRI	0	46,814	10,512	57,326	1,457 58.00
60.00 06000	LABORATORY	9,247	505,154	113,436	627,837	0 60.00
65.00 06500	RESPIRATORY THERAPY	19,321	75,435	16,940	111,696	12,635 65.00
66.00 06600	PHYSICAL THERAPY	97,289	273,011	61,307	431,607	17,224 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	136,343	30,617	166,960	6,348 67.00
68.00 06800	SPEECH PATHOLOGY	0	73,344	16,470	89,814	2,737 68.00
69.00 06900	ELECTROCARDIOLOGY	0	340,245	76,405	416,650	8,504 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,849	109,595	24,610	136,054	3,658 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.01 07301	DIABETES CENTER	0	0	0	0	1,812 73.01
74.00 07400	RENAL DIALYSIS	0	67,859	15,238	83,097	705 74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	81,463	18,293	99,756	4 76.98
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	2,233 90.00
91.00 09100	EMERGENCY	126,529	1,165,877	261,806	1,554,212	39,567 91.00
91.01 04950	WOUND CARE	0	188,914	42,422	231,336	8,031 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	214,586	0	0	214,586	10,675 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	23,441	96,914	21,763	142,118	12,286 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	39,126	0	0	39,126	16,167 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
116.00 11600 HOSPICE	155,547	103,431	23,226	282,204	7,133	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,084,396	22,144,078	4,972,616	29,201,090	496,083	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,563	71,335	16,019	116,917	280	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	418,233	93,917	512,150	34,156	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00 07950 MOB	0	0	0	0	287	194.00
194.01 07951 LIFELINE	0	0	0	0	98	194.01
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03 07953 SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	2,113,959	22,633,646	5,082,552	29,830,157	530,904	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 6/28/2017 3:36 pm	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	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	62,731					5.01
5.02	01140	MGMT INFO SYSTEMS	2,047	884,677				5.02
5.03	00550	PURCHASING	1,246	0	545,684			5.03
5.04	00570	ADMINITTING	0	0	0	78,899		5.04
5.05	00580	PATIENT ACCOUNTING	1,246	0	1	0	202,224	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	6,496	108,227	132	0	0	5.06
7.00	00700	OPERATION OF PLANT	4,894	35,744	53	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	89	2,394	17	0	0	8.00
9.00	00900	HOUSEKEEPING	801	42,503	955	0	0	9.00
10.00	01000	DIETARY	2,669	14,344	123	0	0	10.00
11.00	01100	CAFETERIA	0	25,521	218	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	801	20,253	1	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	356	6,686	12,415	0	0	14.00
15.00	01500	PHARMACY	2,047	21,321	8,646	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,513	74	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	801	6,716	8	0	0	17.00
20.00	02000	NURSING SCHOOL	0	20,091	60	0	0	20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)	0	5,366	13	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,229	126,664	12,640	4,718	12,073	30.00
31.00	03100	INTENSIVE CARE UNIT	1,958	35,726	4,186	1,189	3,041	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,513	14,122	1,107	915	2,342	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,136	9,992	505	325	831	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	4,805	964	233	596	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,136	35,973	352,689	13,303	34,383	50.00
51.00	05100	RECOVERY ROOM	712	5,239	549	831	2,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,313	28,895	5,796	1,440	3,684	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,339	34,482	37,072	6,095	15,595	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	2,905	203	569	1,455	55.00
56.00	05600	RADIOISOTOPE	0	1,845	85	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	9,496	54,061	1,967	5,032	56.01
57.00	05700	CT SCAN	0	6,032	2,232	4,493	11,497	57.00
58.00	05800	MRI	0	1,700	99	1,071	2,740	58.00
60.00	06000	LABORATORY	3,915	0	14,806	7,521	19,244	60.00
65.00	06500	RESPIRATORY THERAPY	3,025	21,046	7,214	770	1,970	65.00
66.00	06600	PHYSICAL THERAPY	534	28,920	2,172	996	2,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,056	361	617	1,578	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,890	74	147	376	68.00
69.00	06900	ELECTROCARDIOLOGY	534	13,140	411	1,817	4,649	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,783	677	350	894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,153	20,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,471	16,557	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,536	16,724	73.00
73.01	07301	DIABETES CENTER	534	2,796	16	16	42	73.01
74.00	07400	RENAL DIALYSIS	0	1,207	225	145	371	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6	35	158	404	76.98
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	2,847	5,676	600	55	142	90.00
91.00	09100	EMERGENCY	0	64,445	13,932	4,883	12,495	91.00
91.01	04950	WOUND CARE	0	11,798	5,221	426	1,089	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	16,984	1,149	715	1,830	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	29,862	1,696	923	2,362	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	21,807	1,592	615	1,575	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	9,991	673	436	1,117	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,731	873,523	545,684	78,899	202,224	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	619	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B
Part II
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,105	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	0	1,128	0	0	0	194.00
194.01	07951	LIFELINE	0	302	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	308	0	201.00
202.00		TOTAL (sum lines 118-201)	62,731	884,677	545,684	79,207	202,224	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 6/28/2017 3:36 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	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	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,292,368					5.06
7.00	00700	OPERATION OF PLANT	159,720	6,157,040				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,283	23,391	101,751			8.00
9.00	00900	HOUSEKEEPING	43,303	174,460	2,353	769,532		9.00
10.00	01000	DIETARY	23,416	263,231	2,858	33,992	1,141,847	10.00
11.00	01100	CAFETERIA	17,412	180,104	0	23,258	0	11.00
13.00	01300	NURSING ADMINISTRATION	35,024	60,621	0	7,828	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,659	69,820	2,579	9,016	0	14.00
15.00	01500	PHARMACY	44,242	115,173	0	14,873	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,123	61,802	0	7,981	0	16.00
17.00	01700	SOCIAL SERVICE	7,208	9,612	0	1,241	0	17.00
20.00	02000	NURSING SCHOOL	47,378	604,678	0	78,084	0	20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)	9,277	104,523	0	13,497	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	224,290	1,077,853	35,918	139,187	950,223	30.00
31.00	03100	INTENSIVE CARE UNIT	52,266	171,272	5,472	22,117	117,123	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,353	98,666	2,281	12,741	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	19,293	125,245	1,932	16,173	74,501	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,623	41,930	3,748	5,415	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	256,939	409,778	17,845	52,916	0	50.00
51.00	05100	RECOVERY ROOM	10,491	37,443	3,281	4,835	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,359	252,144	4,008	32,560	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,207	456,124	6,262	58,901	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	6,314	10,533	0	1,360	0	55.00
56.00	05600	RADIOISOTOPE	3,303	5,254	0	679	0	56.00
56.01	03950	CARDIAC CATH LAB	21,063	126,249	414	16,303	0	56.01
57.00	05700	CT SCAN	15,792	44,763	0	5,780	0	57.00
58.00	05800	MRI	6,339	20,357	0	2,629	0	58.00
60.00	06000	LABORATORY	94,958	219,661	649	28,366	0	60.00
65.00	06500	RESPIRATORY THERAPY	31,457	32,802	760	4,236	0	65.00
66.00	06600	PHYSICAL THERAPY	43,654	118,716	1,414	15,330	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,180	59,287	0	7,656	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,934	31,893	0	4,118	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,121	147,952	576	19,106	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,197	47,656	0	6,154	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	156,647	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	150,424	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,262	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	4,066	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	7,135	29,508	0	3,810	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,953	35,423	0	4,574	0	76.98
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	8,502	0	0	0	0	90.00
91.00	09100	EMERGENCY	104,640	506,968	9,401	65,467	0	91.00
91.01	04950	WOUND CARE	20,316	82,147	0	10,608	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	24,291	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	35,586	42,142	0	5,442	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	47,270	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	22,805	44,976	0	5,808	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,151,075	5,944,157	101,751	742,041	1,141,847	118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 6/28/2017 3:36 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,699	31,019	0	4,006	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	137,324	181,864	0	23,485	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	728	0	0	0	0	194.00
194.01	07951	LIFELINE	650	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	892	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,292,368	6,157,040	101,751	769,532	1,141,847	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 6/28/2017 3:36 pm	
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	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	753,709					11.00
13.00	01300	NURSING ADMINISTRATION	23,271	334,949				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,682	0	375,933			14.00
15.00	01500	PHARMACY	24,499	0	0	768,663		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	85	0	0	0	267,993	16.00
17.00	01700	SOCIAL SERVICE	7,716	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	23,086	0	0	0	0	20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)	6,165	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	145,543	85,962	0	0	16,028	30.00
31.00	03100	INTENSIVE CARE UNIT	41,051	23,931	0	0	4,038	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,227	9,460	0	0	3,109	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,481	6,693	0	0	1,104	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,522	3,219	0	0	791	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,335	24,097	0	0	45,168	50.00
51.00	05100	RECOVERY ROOM	6,020	3,509	0	0	2,822	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,201	19,355	0	0	4,890	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,622	0	0	0	20,704	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	3,338	0	0	0	1,932	55.00
56.00	05600	RADIOISOTOPE	2,120	1,236	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	10,912	6,361	0	0	6,680	56.01
57.00	05700	CT SCAN	6,931	0	0	0	15,263	57.00
58.00	05800	MRI	1,954	0	0	0	3,638	58.00
60.00	06000	LABORATORY	0	0	0	0	25,548	60.00
65.00	06500	RESPIRATORY THERAPY	24,182	14,097	0	0	2,616	65.00
66.00	06600	PHYSICAL THERAPY	33,230	19,372	0	0	3,383	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,406	6,067	0	0	2,095	67.00
68.00	06800	SPEECH PATHOLOGY	4,470	2,606	0	0	499	68.00
69.00	06900	ELECTROCARDIOLOGY	15,098	8,802	0	0	6,172	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,645	3,874	0	0	1,187	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	199,244	0	27,697	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	176,689	0	21,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	768,663	22,203	73.00
73.01	07301	DIABETES CENTER	3,213	1,873	0	0	55	73.01
74.00	07400	RENAL DIALYSIS	1,387	809	0	0	492	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	7	0	0	0	536	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	6,522	0	0	0	188	90.00
91.00	09100	EMERGENCY	74,050	43,773	0	0	16,588	91.00
91.01	04950	WOUND CARE	13,556	7,903	0	0	1,446	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	19,516	0	0	0	2,430	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	34,313	20,649	0	0	3,136	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	25,057	14,608	0	0	2,091	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,480	6,693	0	0	1,483	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	740,893	334,949	375,933	768,663	267,993	118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 6/28/2017 3:36 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	711	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,462	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	1,296	0	0	0	0	194.00
194.01	07951	LIFELINE	347	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
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)	753,709	334,949	375,933	768,663	267,993	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 6/28/2017 3:36 pm	
Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			17.00	20.00	23.00	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	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	64,180					17.00
20.00	02000	NURSING SCHOOL	0	2,488,407				20.00
23.00	02301	PARAMED ED PRGM-(SPECIFY)	0		434,901			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,326			6,305,983	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,302			995,778	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,707			482,634	0	35.00
40.00	04000	SUBPROVIDER - IPF	0			0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,003			633,562	0	41.00
42.00	04200	SUBPROVIDER	0			0	0	42.00
43.00	04300	NURSERY	4,842			197,766	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0			2,582,710	0	50.00
51.00	05100	RECOVERY ROOM	0			187,413	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			1,144,712	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			2,801,048	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0			60,743	0	55.00
56.00	05600	RADIOISOTOPE	0			30,675	0	56.00
56.01	03950	CARDIAC CATH LAB	0			621,285	0	56.01
57.00	05700	CT SCAN	0			249,711	0	57.00
58.00	05800	MRI	0			99,310	0	58.00
60.00	06000	LABORATORY	0			1,042,505	0	60.00
65.00	06500	RESPIRATORY THERAPY	0			268,506	0	65.00
66.00	06600	PHYSICAL THERAPY	0			719,100	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			288,611	0	67.00
68.00	06800	SPEECH PATHOLOGY	0			147,558	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0			668,532	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			223,129	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			412,604	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			372,122	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			894,388	0	73.00
73.01	07301	DIABETES CENTER	0			14,423	0	73.01
74.00	07400	RENAL DIALYSIS	0			128,891	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			144,856	0	76.98
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			26,765	0	90.00
91.00	09100	EMERGENCY	0			2,510,421	0	91.00
91.01	04950	WOUND CARE	0			393,877	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0			292,176	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0			330,515	0	95.00
99.10	09910	CORF	0			0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0			169,908	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0			0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	0	110.00
111.00	11100	ISLET ACQUISITION	0			0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			394,799	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B
Part II
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	20.00	23.00	24.00	25.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	64,180	0	0	25,837,016	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			155,251	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0			908,546	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0			0	0	192.01
194.00	07950 MOB	0			3,439	0	194.00
194.01	07951 LIFELINE	0			1,397	0	194.01
194.02	07952 PATIENT TRANSPORT	0			892	0	194.02
194.03	07953 SETON LEASE 1 NORTH	0			0	0	194.03
200.00	Cross Foot Adjustments		2,488,407	434,901	2,923,308	0	200.00
201.00	Negative Cost Centers	0	0	0	308	0	201.00
202.00	TOTAL (sum lines 118-201)	64,180	2,488,407	434,901	29,830,157	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 6/28/2017 3:36 pm
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	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
20.00	02000	NURSING SCHOOL		20.00
23.00	02301	PARAMED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,305,983	30.00
31.00	03100	INTENSIVE CARE UNIT	995,778	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	482,634	35.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	633,562	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	197,766	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,582,710	50.00
51.00	05100	RECOVERY ROOM	187,413	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,144,712	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,801,048	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	60,743	55.00
56.00	05600	RADIOISOTOPE	30,675	56.00
56.01	03950	CARDIAC CATH LAB	621,285	56.01
57.00	05700	CT SCAN	249,711	57.00
58.00	05800	MRI	99,310	58.00
60.00	06000	LABORATORY	1,042,505	60.00
65.00	06500	RESPIRATORY THERAPY	268,506	65.00
66.00	06600	PHYSICAL THERAPY	719,100	66.00
67.00	06700	OCCUPATIONAL THERAPY	288,611	67.00
68.00	06800	SPEECH PATHOLOGY	147,558	68.00
69.00	06900	ELECTROCARDIOLOGY	668,532	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	223,129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	412,604	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	372,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	894,388	73.00
73.01	07301	DIABETES CENTER	14,423	73.01
74.00	07400	RENAL DIALYSIS	128,891	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	144,856	76.98
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	26,765	90.00
91.00	09100	EMERGENCY	2,510,421	91.00
91.01	04950	WOUND CARE	393,877	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	292,176	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	330,515	95.00
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	169,908	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	394,799	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,837,016	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	155,251	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	908,546	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 6/28/2017 3:36 pm
Cost Center Description			Total		
			26.00		
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0		192.01
194.00	07950	MOB	3,439		194.00
194.01	07951	LIFELINE	1,397		194.01
194.02	07952	PATIENT TRANSPORT	892		194.02
194.03	07953	SETON LEASE 1 NORTH	0		194.03
200.00		Cross Foot Adjustments	2,923,308		200.00
201.00		Negative Cost Centers	308		201.00
202.00		TOTAL (sum lines 118-201)	29,830,157		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	833,515				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		833,515			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,966	15,966	88,481,869		4.00
5.01 01160	COMMUNICATIONS	1,794	1,794	512,854	705	5.01
5.02 01140	MGMT INFO SYSTEMS	26,543	26,543	2,801	23	2,990,130 5.02
5.03 00550	PURCHASING	16,373	16,373	0	14	0 5.03
5.04 00570	ADMINISTRATIVE	2,382	2,382	0	0	0 5.04
5.05 00580	PATIENT ACCOUNTING	6,044	6,044	0	14	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	64,406	64,406	5,978,646	73	365,796 5.06
7.00 00700	OPERATION OF PLANT	178,569	178,569	2,889,608	55	120,810 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,981	1,981	117,313	1	8,093 8.00
9.00 00900	HOUSEKEEPING	14,775	14,775	2,063,241	9	143,657 9.00
10.00 01000	DIETARY	22,293	22,293	2,122,393	30	48,482 10.00
11.00 01100	CAFETERIA	15,253	15,253	0	0	86,258 11.00
13.00 01300	NURSING ADMINISTRATION	5,134	5,134	2,738,850	9	68,452 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,913	5,913	431,320	4	22,598 14.00
15.00 01500	PHARMACY	9,754	9,754	2,858,096	23	72,063 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,234	5,234	62,090	17	249 16.00
17.00 01700	SOCIAL SERVICE	814	814	634,972	9	22,698 17.00
20.00 02000	NURSING SCHOOL	51,210	51,210	2,030,760	0	67,907 20.00
23.00 02301	PARAMED ED PRGM-(SPECIFY)	8,852	8,852	285,366	0	18,135 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	91,283	91,283	17,990,316	115	428,117 30.00
31.00 03100	INTENSIVE CARE UNIT	14,505	14,505	3,500,850	22	120,750 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	8,356	8,356	1,705,874	17	47,731 35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	10,607	10,607	1,101,134	24	33,772 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	3,551	3,551	0	0	16,242 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,704	34,704	3,940,832	24	121,586 50.00
51.00 05100	RECOVERY ROOM	3,171	3,171	685,439	8	17,707 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	21,354	21,354	0	26	97,661 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	38,629	38,629	3,344,366	60	116,547 54.00
55.00 03630	RADIOLOGY-THERAPEUTIC	892	892	412,129	0	9,820 55.00
56.00 05600	RADIOISOTOPE	445	445	226,026	0	6,236 56.00
56.01 03950	CARDIAC CATH LAB	10,692	10,692	1,202,447	0	32,097 56.01
57.00 05700	CT SCAN	3,791	3,791	644,589	0	20,388 57.00
58.00 05800	MRI	1,724	1,724	242,782	0	5,747 58.00
60.00 06000	LABORATORY	18,603	18,603	0	44	0 60.00
65.00 06500	RESPIRATORY THERAPY	2,778	2,778	2,105,752	34	71,132 65.00
66.00 06600	PHYSICAL THERAPY	10,054	10,054	2,870,676	6	97,746 66.00
67.00 06700	OCCUPATIONAL THERAPY	5,021	5,021	1,057,928	0	30,610 67.00
68.00 06800	SPEECH PATHOLOGY	2,701	2,701	456,195	0	13,148 68.00
69.00 06900	ELECTROCARDIOLOGY	12,530	12,530	1,417,305	6	44,411 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,036	4,036	609,648	0	19,545 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.01 07301	DIABETES CENTER	0	0	301,960	6	9,451 73.01
74.00 07400	RENAL DIALYSIS	2,499	2,499	117,485	0	4,081 74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	3,000	3,000	720	0	20 76.98
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	372,098	32	19,185 90.00
91.00 09100	EMERGENCY	42,935	42,935	6,594,571	0	217,818 91.00
91.01 04950	WOUND CARE	6,957	6,957	1,338,554	0	39,875 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,779,199	0	57,405 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,569	3,569	2,047,725	0	100,931 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	2,694,525	0	73,706 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,809	3,809	1,188,820	0	33,769	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	815,486	815,486	82,678,255	705	2,952,432	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,627	2,627	46,707	0	2,091	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,402	15,402	5,692,665	0	30,775	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	0	0	47,893	0	3,811	194.00
194.01	07951	LIFELINE	0	0	16,349	0	1,021	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
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)	22,633,646	5,082,552	29,049,945	1,505,872	13,031,586	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.154456	6.097733	0.328315	2,135.988652	4.358200	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			530,904	62,731	884,677	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.006000	88.980142	0.295866	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		PURCHASING (COSTED REQUISITION)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING	35,063,121				5.03
5.04	00570	ADMITTING	0	1,160,469,211			5.04
5.05	00580	PATIENT ACCOUNTING	72	0	1,160,469,211		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	8,509	0	0	-23,797,386	256,061,012
7.00	00700	OPERATION OF PLANT	3,410	0	0	0	17,841,870
8.00	00800	LAUNDRY & LINEN SERVICE	1,067	0	0	0	1,036,951
9.00	00900	HOUSEKEEPING	61,376	0	0	0	4,837,218
10.00	01000	DIETARY	7,887	0	0	0	2,615,765
11.00	01100	CAFETERIA	14,034	0	0	0	1,945,073
13.00	01300	NURSING ADMINISTRATION	42	0	0	0	3,912,472
14.00	01400	CENTRAL SERVICES & SUPPLY	797,700	0	0	0	855,513
15.00	01500	PHARMACY	555,555	0	0	0	4,942,097
16.00	01600	MEDICAL RECORDS & LIBRARY	15	0	0	0	2,471,345
17.00	01700	SOCIAL SERVICE	488	0	0	0	805,201
20.00	02000	NURSING SCHOOL	3,829	0	0	0	5,292,422
23.00	02301	PARAMED ED PRGM-(SPECIFY)	854	0	0	0	1,036,272
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	812,206	69,386,982	69,386,982	0	25,054,745
31.00	03100	INTENSIVE CARE UNIT	268,967	17,479,566	17,479,566	0	5,838,519
35.00	02060	NEONATAL INTENSIVE CARE UNIT	71,143	13,457,277	13,457,277	0	3,167,181
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	32,433	4,778,387	4,778,387	0	2,155,182
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	61,939	3,426,051	3,426,051	0	851,570
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,662,392	195,861,842	195,861,842	0	28,689,704
51.00	05100	RECOVERY ROOM	35,250	12,215,228	12,215,228	0	1,171,905
52.00	05200	DELIVERY ROOM & LABOR ROOM	372,425	21,170,204	21,170,204	0	5,178,603
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,382,036	89,625,691	89,625,691	0	14,544,997
55.00	03630	RADIOLOGY-THERAPEUTIC	13,038	8,363,335	8,363,335	0	705,366
56.00	05600	RADIOISOTOPE	5,454	0	0	0	368,998
56.01	03950	CARDIAC CATH LAB	3,473,678	28,919,655	28,919,655	0	2,352,877
57.00	05700	CT SCAN	143,424	66,073,172	66,073,172	0	1,764,110
58.00	05800	MRI	6,340	15,746,763	15,746,763	0	708,111
60.00	06000	LABORATORY	951,342	110,599,207	110,599,207	0	10,607,411
65.00	06500	RESPIRATORY THERAPY	463,544	11,322,518	11,322,518	0	3,513,975
66.00	06600	PHYSICAL THERAPY	139,567	14,645,511	14,645,511	0	4,876,456
67.00	06700	OCCUPATIONAL THERAPY	23,198	9,068,516	9,068,516	0	2,030,829
68.00	06800	SPEECH PATHOLOGY	4,785	2,158,954	2,158,954	0	774,555
69.00	06900	ELECTROCARDIOLOGY	26,427	26,717,971	26,717,971	0	2,806,137
70.00	07000	ELECTROENCEPHALOGRAPHY	43,497	5,139,814	5,139,814	0	1,139,038
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	119,899,548	119,899,548	0	17,498,520
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	95,157,453	95,157,453	0	16,803,412
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,114,942	96,114,942	0	8,965,793
73.01	07301	DIABETES CENTER	1,035	239,640	239,640	0	454,228
74.00	07400	RENAL DIALYSIS	14,436	2,131,693	2,131,693	0	797,016
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,240	2,322,216	2,322,216	0	441,553
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	38,569	815,114	815,114	0	949,730
91.00	09100	EMERGENCY	895,171	71,808,391	71,808,391	0	11,689,047
91.01	04950	WOUND CARE	335,447	6,259,818	6,259,818	0	2,269,387
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	73,824	10,519,325	10,519,325	0	2,713,423
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	108,960	13,575,152	13,575,152	0	3,975,250
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	102,266	9,050,299	9,050,299	0	5,280,329
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	43,237	6,418,976	6,418,976	0	2,547,506
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,063,108	1,160,469,211	1,160,469,211	-23,797,386	240,277,662

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		PURCHASING (COSTED REQUISITE)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	189,840	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13	0	0	0	15,340,051	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	0	0	0	0	81,275	194.00
194.01	07951	LIFELINE	0	0	0	0	72,562	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	99,622	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,824,095	78,899	5,323,517		23,797,386	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.052023	0.000068	0.004587		0.092936	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	545,684	79,207	202,224		2,292,368	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.015563	0.000068	0.000174		0.008952	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		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	01140	MGMT INFO SYSTEMS					5.02	
5.03	00550	PURCHASING					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	PATIENT ACCOUNTING					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	521,438				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,981	1,224,673			8.00	
9.00	00900	HOUSEKEEPING	14,775	28,322	504,682		9.00	
10.00	01000	DIETARY	22,293	34,396	22,293	201,300	10.00	
11.00	01100	CAFETERIA	15,253	0	15,253	0	11.00	
13.00	01300	NURSING ADMINISTRATION	5,134	0	5,134	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	5,913	31,039	5,913	0	14.00	
15.00	01500	PHARMACY	9,754	0	9,754	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	5,234	0	5,234	0	16.00	
17.00	01700	SOCIAL SERVICE	814	0	814	0	17.00	
20.00	02000	NURSING SCHOOL	51,210	0	51,210	0	20.00	
23.00	02301	PARAMED PRGM-(SPECIFY)	8,852	0	8,852	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,283	432,330	91,283	167,518	30.00	
31.00	03100	INTENSIVE CARE UNIT	14,505	65,860	14,505	20,648	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,356	27,451	8,356	0	35.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I RF	10,607	23,249	10,607	13,134	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	3,551	45,116	3,551	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,704	214,785	34,704	0	50.00	
51.00	05100	RECOVERY ROOM	3,171	39,496	3,171	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,354	48,236	21,354	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,629	75,365	38,629	0	54.00	
55.00	03630	RADIOLOGY-THERAPEUTIC	892	0	892	0	55.00	
56.00	05600	RADIOISOTOPE	445	0	445	0	56.00	
56.01	03950	CARDIAC CATH LAB	10,692	4,980	10,692	0	56.01	
57.00	05700	CT SCAN	3,791	0	3,791	0	57.00	
58.00	05800	MRI	1,724	0	1,724	0	58.00	
60.00	06000	LABORATORY	18,603	7,809	18,603	0	60.00	
65.00	06500	RESPIRATORY THERAPY	2,778	9,143	2,778	0	65.00	
66.00	06600	PHYSICAL THERAPY	10,054	17,016	10,054	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	5,021	0	5,021	0	67.00	
68.00	06800	SPEECH PATHOLOGY	2,701	0	2,701	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	12,530	6,935	12,530	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	4,036	0	4,036	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	
73.01	07301	DIABETES CENTER	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	2,499	0	2,499	0	74.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,000	0	3,000	0	76.98	
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	19,185	90.00	
91.00	09100	EMERGENCY	42,935	113,145	42,935	0	91.00	
91.01	04950	WOUND CARE	6,957	0	6,957	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	57,405	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,569	0	3,569	0	95.00	
99.10	09910	CORF	0	0	0	0	99.10	
101.00	10100	HOME HEALTH AGENCY	0	0	0	73,706	101.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
116.00	11600	HOSPICE	3,809	0	3,809	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	503,409	1,224,673	486,653	201,300	2,179,336	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,627	0	2,627	0	2,091	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,402	0	15,402	0	30,775	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950	MOB	0	0	0	0	3,811	194.00
194.01	07951	LIFELINE	0	0	0	0	1,021	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
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)	19,500,022	1,207,404	5,867,228	3,985,627	2,873,576	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.396626	0.985899	11.625594	19.799439	1.296135	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,157,040	101,751	769,532	1,141,847	753,709	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.807808	0.083084	1.524786	5.672365	0.339963	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
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	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
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	1,690,069					13.00
14.00	01400	0	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	1,160,469,211		16.00
17.00	01700	0	0	0	0	48,142	17.00
20.00	02000	0	0	0	0	0	20.00
23.00	02301	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	433,758	0	0	69,386,982	33,999	30.00
31.00	03100	120,750	0	0	17,479,566	4,727	31.00
35.00	02060	47,731	0	0	13,457,277	2,781	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	33,772	0	0	4,778,387	3,003	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	16,242	0	0	3,426,051	3,632	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	121,586	0	0	195,861,842	0	50.00
51.00	05100	17,707	0	0	12,215,228	0	51.00
52.00	05200	97,661	0	0	21,170,204	0	52.00
54.00	05400	0	0	0	89,625,691	0	54.00
55.00	03630	0	0	0	8,363,335	0	55.00
56.00	05600	6,236	0	0	0	0	56.00
56.01	03950	32,097	0	0	28,919,655	0	56.01
57.00	05700	0	0	0	66,073,172	0	57.00
58.00	05800	0	0	0	15,746,763	0	58.00
60.00	06000	0	0	0	110,599,207	0	60.00
65.00	06500	71,132	0	0	11,322,518	0	65.00
66.00	06600	97,746	0	0	14,645,511	0	66.00
67.00	06700	30,610	0	0	9,068,516	0	67.00
68.00	06800	13,148	0	0	2,158,954	0	68.00
69.00	06900	44,411	0	0	26,717,971	0	69.00
70.00	07000	19,545	0	0	5,139,814	0	70.00
71.00	07100	0	53	0	119,899,548	0	71.00
72.00	07200	0	47	0	95,157,453	0	72.00
73.00	07300	0	0	100	96,114,942	0	73.00
73.01	07301	9,451	0	0	239,640	0	73.01
74.00	07400	4,081	0	0	2,131,693	0	74.00
76.98	07698	0	0	0	2,322,216	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	815,114	0	90.00
91.00	09100	220,867	0	0	71,808,391	0	91.00
91.01	04950	39,875	0	0	6,259,818	0	91.01
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	10,519,325	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	104,188	0	0	13,575,152	0	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	73,706	0	0	9,050,299	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	33,769	0	0	6,418,976	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,690,069	100	100	1,160,469,211	48,142	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
194.00	07950 MOB	0	0	0	0	0	194.00
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953 SETON LEASE 1 NORTH	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,616,484	1,284,780	5,972,962	2,957,927	949,357	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.731536	12,847.800000	59,729.620000	0.002549	19.719933	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	334,949	375,933	768,663	267,993	64,180	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.198187	3,759.330000	7,686.630000	0.000231	1.333139	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
		20.00	23.00	
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	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
20.00	02000	NURSING SCHOOL	100	20.00
23.00	02301	PARAMED PRGM-(SPECIFY)		23.00
			100	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	03950	CARDIAC CATH LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
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	0	73.00
73.01	07301	DIABETES CENTER	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
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
91.00	09100	EMERGENCY	0	91.00
91.01	04950	WOUND CARE	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	42	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
		20.00	23.00	
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	0	192.01
194.00	07950 MOB	0	0	194.00
194.01	07951 LIFELINE	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	194.02
194.03	07953 SETON LEASE 1 NORTH	0	0	194.03
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)	8,382,724	1,590,029	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	83,827.240000	15,900.290000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,488,407	434,901	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	24,884.070000	4,349.010000	205.00

Provider CCN: 15-0109

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

Worksheet B-2
Date/Time Prepared:
6/28/2017 3:36 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	NURSING SCHOOL		1 30.00	-2,209,926	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 6/28/2017 3:36 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		44,360,965	0	44,360,965	30.00
31.00	03100 INTENSIVE CARE UNIT		8,190,057	0	8,190,057	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,179,608	62,078	4,241,686	35.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		3,365,843	22,511	3,388,354	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,295,043	0	1,295,043	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		34,257,987	0	34,257,987	50.00
51.00	05100 RECOVERY ROOM		1,577,661	0	1,577,661	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,201,569	0	7,201,569	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,244,249	12,428	18,256,677	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC		848,694	0	848,694	55.00
56.00	05600 RADIOISOTOPE		450,222	4,550	454,772	56.00
56.01	03950 CARDIAC CATH LAB		3,303,592	0	3,303,592	56.01
57.00	05700 CT SCAN		2,308,750	0	2,308,750	57.00
58.00	05800 MRI		906,022	0	906,022	58.00
60.00	06000 LABORATORY		12,794,797	3,529	12,798,326	60.00
65.00	06500 RESPIRATORY THERAPY	0	4,301,106	14,601	4,315,707	65.00
66.00	06600 PHYSICAL THERAPY	0	6,270,320	0	6,270,320	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,612,109	0	2,612,109	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,037,407	0	1,037,407	68.00
69.00	06900 ELECTROCARDIOLOGY		3,934,991	0	3,934,991	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,534,572	0	1,534,572	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		20,111,319	0	20,111,319	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		19,211,457	0	19,211,457	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		16,939,214	0	16,939,214	73.00
73.01	07301 DIABETES CENTER		535,119	5,704	540,823	73.01
74.00	07400 RENAL DIALYSIS		1,015,464	0	1,015,464	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY		635,601	0	635,601	76.98
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		1,064,938	0	1,064,938	90.00
91.00	09100 EMERGENCY		16,728,179	0	16,728,179	91.00
91.01	04950 WOUND CARE		2,997,901	403	2,998,304	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		3,066,817	0	3,066,817	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		4,969,671	23,642	4,993,313	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		6,090,995	0	6,090,995	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
116.00	11600 HOSPICE		3,123,359	0	3,123,359	116.00
200.00	Subtotal (see instructions)	0	259,465,598	149,446	259,615,044	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	0	259,465,598	149,446	259,615,044	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C
Part I
Date/Time Prepared:
6/28/2017 3:36 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	69,386,982		69,386,982		30.00
31.00	03100	INTENSIVE CARE UNIT	17,479,566		17,479,566		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,457,277		13,457,277		35.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RP	4,778,387		4,778,387		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,426,051		3,426,051		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	72,772,355	123,089,487	195,861,842	0.174909	50.00
51.00	05100	RECOVERY ROOM	5,494,064	6,721,164	12,215,228	0.129155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,600,137	570,067	21,170,204	0.340175	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,759,062	74,866,629	89,625,691	0.203560	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,969,386	6,393,949	8,363,335	0.101478	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	15,450,389	13,469,266	28,919,655	0.114233	56.01
57.00	05700	CT SCAN	17,561,493	48,511,679	66,073,172	0.034942	57.00
58.00	05800	MRI	5,693,344	10,053,419	15,746,763	0.057537	58.00
60.00	06000	LABORATORY	49,309,972	61,289,235	110,599,207	0.115686	60.00
65.00	06500	RESPIRATORY THERAPY	9,917,755	1,404,763	11,322,518	0.379872	65.00
66.00	06600	PHYSICAL THERAPY	6,234,309	8,411,202	14,645,511	0.428139	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,392,469	2,676,047	9,068,516	0.288042	67.00
68.00	06800	SPEECH PATHOLOGY	873,956	1,284,998	2,158,954	0.480514	68.00
69.00	06900	ELECTROCARDIOLOGY	9,268,673	17,449,298	26,717,971	0.147279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	860,300	4,279,514	5,139,814	0.298566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,038,186	49,861,362	119,899,548	0.167735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,625,918	19,531,535	95,157,453	0.201891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,392,713	31,722,229	96,114,942	0.176239	73.00
73.01	07301	DIABETES CENTER	918	238,722	239,640	2.233012	73.01
74.00	07400	RENAL DIALYSIS	1,632,208	499,485	2,131,693	0.476365	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	74,365	2,247,851	2,322,216	0.273705	76.98
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	815,114	815,114	1.306490	90.00
91.00	09100	EMERGENCY	12,380,821	59,427,570	71,808,391	0.232956	91.00
91.01	04950	WOUND CARE	158,373	6,101,445	6,259,818	0.478912	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,533,499	7,985,826	10,519,325	0.291541	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	13,575,152	13,575,152	0.366086	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	3,141	9,047,158	9,050,299		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	6,418,976	6,418,976		116.00
200.00		Subtotal (see instructions)	572,526,069	587,943,142	1,160,469,211		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	572,526,069	587,943,142	1,160,469,211		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 6/28/2017 3:36 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174909		50.00
51.00	05100	RECOVERY ROOM	0.129155		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.340175		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203699		54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.101478		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	0.114233		56.01
57.00	05700	CT SCAN	0.034942		57.00
58.00	05800	MRI	0.057537		58.00
60.00	06000	LABORATORY	0.115718		60.00
65.00	06500	RESPIRATORY THERAPY	0.381161		65.00
66.00	06600	PHYSICAL THERAPY	0.428139		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288042		67.00
68.00	06800	SPEECH PATHOLOGY	0.480514		68.00
69.00	06900	ELECTROCARDIOLOGY	0.147279		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.298566		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.167735		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.201891		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176239		73.00
73.01	07301	DIABETES CENTER	2.256814		73.01
74.00	07400	RENAL DIALYSIS	0.476365		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273705		76.98
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	1.306490		90.00
91.00	09100	EMERGENCY	0.232956		91.00
91.01	04950	WOUND CARE	0.478976		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.291541		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.367827		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C
Part I
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		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		44,360,965	0	44,360,965	30.00
31.00	03100 INTENSIVE CARE UNIT		8,190,057	0	8,190,057	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,179,608	62,078	4,241,686	35.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		3,365,843	22,511	3,388,354	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,295,043	0	1,295,043	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		34,257,987	0	34,257,987	50.00
51.00	05100 RECOVERY ROOM		1,577,661	0	1,577,661	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,201,569	0	7,201,569	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,244,249	12,428	18,256,677	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC		848,694	0	848,694	55.00
56.00	05600 RADIOISOTOPE		450,222	4,550	454,772	56.00
56.01	03950 CARDIAC CATH LAB		3,303,592	0	3,303,592	56.01
57.00	05700 CT SCAN		2,308,750	0	2,308,750	57.00
58.00	05800 MRI		906,022	0	906,022	58.00
60.00	06000 LABORATORY		12,794,797	3,529	12,798,326	60.00
65.00	06500 RESPIRATORY THERAPY	0	4,301,106	14,601	4,315,707	65.00
66.00	06600 PHYSICAL THERAPY	0	6,270,320	0	6,270,320	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,612,109	0	2,612,109	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,037,407	0	1,037,407	68.00
69.00	06900 ELECTROCARDIOLOGY		3,934,991	0	3,934,991	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,534,572	0	1,534,572	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		20,111,319	0	20,111,319	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		19,211,457	0	19,211,457	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		16,939,214	0	16,939,214	73.00
73.01	07301 DIABETES CENTER		535,119	5,704	540,823	73.01
74.00	07400 RENAL DIALYSIS		1,015,464	0	1,015,464	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY		635,601	0	635,601	76.98
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		1,064,938	0	1,064,938	90.00
91.00	09100 EMERGENCY		16,728,179	0	16,728,179	91.00
91.01	04950 WOUND CARE		2,997,901	403	2,998,304	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		3,066,817	0	3,066,817	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		4,969,671	23,642	4,993,313	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		6,090,995	0	6,090,995	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
116.00	11600 HOSPICE		3,123,359	0	3,123,359	116.00
200.00	Subtotal (see instructions)	0	259,465,598	149,446	259,615,044	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	0	259,465,598	149,446	259,615,044	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C
Part I
Date/Time Prepared:
6/28/2017 3:36 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	69,386,982		69,386,982		30.00
31.00	03100	INTENSIVE CARE UNIT	17,479,566		17,479,566		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,457,277		13,457,277		35.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	4,778,387		4,778,387		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,426,051		3,426,051		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	72,772,355	123,089,487	195,861,842	0.174909	50.00
51.00	05100	RECOVERY ROOM	5,494,064	6,721,164	12,215,228	0.129155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,600,137	570,067	21,170,204	0.340175	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,759,062	74,866,629	89,625,691	0.203560	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,969,386	6,393,949	8,363,335	0.101478	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	15,450,389	13,469,266	28,919,655	0.114233	56.01
57.00	05700	CT SCAN	17,561,493	48,511,679	66,073,172	0.034942	57.00
58.00	05800	MRI	5,693,344	10,053,419	15,746,763	0.057537	58.00
60.00	06000	LABORATORY	49,309,972	61,289,235	110,599,207	0.115686	60.00
65.00	06500	RESPIRATORY THERAPY	9,917,755	1,404,763	11,322,518	0.379872	65.00
66.00	06600	PHYSICAL THERAPY	6,234,309	8,411,202	14,645,511	0.428139	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,392,469	2,676,047	9,068,516	0.288042	67.00
68.00	06800	SPEECH PATHOLOGY	873,956	1,284,998	2,158,954	0.480514	68.00
69.00	06900	ELECTROCARDIOLOGY	9,268,673	17,449,298	26,717,971	0.147279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	860,300	4,279,514	5,139,814	0.298566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,038,186	49,861,362	119,899,548	0.167735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,625,918	19,531,535	95,157,453	0.201891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,392,713	31,722,229	96,114,942	0.176239	73.00
73.01	07301	DIABETES CENTER	918	238,722	239,640	2.233012	73.01
74.00	07400	RENAL DIALYSIS	1,632,208	499,485	2,131,693	0.476365	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	74,365	2,247,851	2,322,216	0.273705	76.98
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	815,114	815,114	1.306490	90.00
91.00	09100	EMERGENCY	12,380,821	59,427,570	71,808,391	0.232956	91.00
91.01	04950	WOUND CARE	158,373	6,101,445	6,259,818	0.478912	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,533,499	7,985,826	10,519,325	0.291541	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	13,575,152	13,575,152	0.366086	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	3,141	9,047,158	9,050,299		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	6,418,976	6,418,976		116.00
200.00		Subtotal (see instructions)	572,526,069	587,943,142	1,160,469,211		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	572,526,069	587,943,142	1,160,469,211		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 6/28/2017 3:36 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301	DIABETES CENTER	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
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
91.00	09100	EMERGENCY	0.000000		91.00
91.01	04950	WOUND CARE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 6/28/2017 3:36 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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,305,983	0	6,305,983	35,378	178.25	30.00
31.00	INTENSIVE CARE UNIT	995,778		995,778	4,704	211.69	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	482,634		482,634	2,779	173.67	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	633,562	0	633,562	3,002	211.05	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	197,766		197,766	1,222	161.84	43.00
200.00	Total (lines 30-199)	8,615,723		8,615,723	47,085		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	16,285	2,902,801				
31.00	INTENSIVE CARE UNIT	1,869	395,649				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,655	349,288				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	19,809	3,647,738				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0109

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

Worksheet D
Part II
Date/Time Prepared:
6/28/2017 3:36 pm

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)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,582,710	195,861,842	0.013186	35,773,885	471,714	50.00
51.00	05100	RECOVERY ROOM	187,413	12,215,228	0.015343	2,702,233	41,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,144,712	21,170,204	0.054072	35,599	1,925	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,801,048	89,625,691	0.031253	8,220,871	256,927	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	60,743	8,363,335	0.007263	983,763	7,145	55.00
56.00	05600	RADIOISOTOPE	30,675	0	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	621,285	28,919,655	0.021483	6,940,408	149,101	56.01
57.00	05700	CT SCAN	249,711	66,073,172	0.003779	8,739,945	33,028	57.00
58.00	05800	MRI	99,310	15,746,763	0.006307	2,873,061	18,120	58.00
60.00	06000	LABORATORY	1,042,505	110,599,207	0.009426	25,071,418	236,323	60.00
65.00	06500	RESPIRATORY THERAPY	268,506	11,322,518	0.023714	5,027,248	119,216	65.00
66.00	06600	PHYSICAL THERAPY	719,100	14,645,511	0.049100	2,558,856	125,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	288,611	9,068,516	0.031826	631,183	20,088	67.00
68.00	06800	SPEECH PATHOLOGY	147,558	2,158,954	0.068347	309,527	21,155	68.00
69.00	06900	ELECTROCARDIOLOGY	668,532	26,717,971	0.025022	5,010,080	125,362	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	223,129	5,139,814	0.043412	392,797	17,052	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	412,604	119,899,548	0.003441	30,248,845	104,086	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	372,122	95,157,453	0.003911	38,375,031	150,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	894,388	96,114,942	0.009305	32,408,550	301,562	73.00
73.01	07301	DIABETES CENTER	14,423	239,640	0.060186	0	0	73.01
74.00	07400	RENAL DIALYSIS	128,891	2,131,693	0.060464	1,317,497	79,661	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	144,856	2,322,216	0.062378	8,174	510	76.98
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	26,765	815,114	0.032836	0	0	90.00
91.00	09100	EMERGENCY	2,510,421	71,808,391	0.034960	6,795,908	237,585	91.00
91.01	04950	WOUND CARE	393,877	6,259,818	0.062921	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	292,176	10,519,325	0.027775	704,975	19,581	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	16,326,071	1,022,896,521		215,129,854	2,537,326	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 6/28/2017 3:36 pm
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,172,798	0	0	0	6,172,798	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	6,172,798	0	0	0	6,172,798	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	35,378	174.48	16,285	2,841,407		30.00
31.00	03100	INTENSIVE CARE UNIT	4,704	0.00	1,869	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,779	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	3,002	0.00	1,655	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	1,222	0.00	0	0		43.00
200.00		Total (lines 30-199)	47,085		19,809	2,841,407		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 6/28/2017 3:36 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	0	0	56.01
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
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	922,217	0	922,217	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	667,812	0	667,812	0	91.00
91.01	04950	WOUND CARE	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	1,590,029	0	1,590,029	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 6/28/2017 3:36 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		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	195,861,842	0.000000	0.000000	35,773,885	50.00
51.00	05100	RECOVERY ROOM	0	12,215,228	0.000000	0.000000	2,702,233	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,170,204	0.000000	0.000000	35,599	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	89,625,691	0.000000	0.000000	8,220,871	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	8,363,335	0.000000	0.000000	983,763	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0	28,919,655	0.000000	0.000000	6,940,408	56.01
57.00	05700	CT SCAN	0	66,073,172	0.000000	0.000000	8,739,945	57.00
58.00	05800	MRI	0	15,746,763	0.000000	0.000000	2,873,061	58.00
60.00	06000	LABORATORY	0	110,599,207	0.000000	0.000000	25,071,418	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,322,518	0.000000	0.000000	5,027,248	65.00
66.00	06600	PHYSICAL THERAPY	0	14,645,511	0.000000	0.000000	2,558,856	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,068,516	0.000000	0.000000	631,183	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,158,954	0.000000	0.000000	309,527	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,717,971	0.000000	0.000000	5,010,080	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,139,814	0.000000	0.000000	392,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	119,899,548	0.000000	0.000000	30,248,845	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	95,157,453	0.000000	0.000000	38,375,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	922,217	96,114,942	0.009595	0.009595	32,408,550	73.00
73.01	07301	DIABETES CENTER	0	239,640	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,131,693	0.000000	0.000000	1,317,497	74.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	2,322,216	0.000000	0.000000	8,174	76.98
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	815,114	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	667,812	71,808,391	0.009300	0.009300	6,795,908	91.00
91.01	04950	WOUND CARE	0	6,259,818	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	10,519,325	0.000000	0.000000	704,975	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,590,029	1,022,896,521			215,129,854	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 6/28/2017 3:36 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII					
Hospital					
PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	14,733,739	0	50.00
51.00	05100 RECOVERY ROOM	0	1,355,600	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,667,395	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0	1,138,272	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	5,793,277	0	56.01
57.00	05700 CT SCAN	0	12,532,001	0	57.00
58.00	05800 MRI	0	3,038,729	0	58.00
60.00	06000 LABORATORY	0	12,250,047	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	458,476	0	65.00
66.00	06600 PHYSICAL THERAPY	0	4,438,632	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	41,501	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	7,131	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,898,713	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,467,801	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,800,031	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,995,383	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	310,960	10,148,667	97,376	73.00
73.01	07301 DIABETES CENTER	0	3,066	0	73.01
74.00	07400 RENAL DIALYSIS	0	176,123	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	545,850	0	76.98
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
91.00	09100 EMERGENCY	63,202	10,711,544	99,617	91.00
91.01	04950 WOUND CARE	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	1,541,968	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	374,162	119,743,946	196,993	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 6/28/2017 3:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.174909	14,733,739	0	0	2,577,064	50.00
51.00	05100	RECOVERY ROOM	0.129155	1,355,600	0	0	175,083	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.340175	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203560	11,667,395	0	0	2,375,015	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.101478	1,138,272	0	0	115,510	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.114233	5,793,277	0	0	661,783	56.01
57.00	05700	CT SCAN	0.034942	12,532,001	0	0	437,893	57.00
58.00	05800	MRI	0.057537	3,038,729	0	0	174,839	58.00
60.00	06000	LABORATORY	0.115686	12,250,047	0	0	1,417,159	60.00
65.00	06500	RESPIRATORY THERAPY	0.379872	458,476	0	0	174,162	65.00
66.00	06600	PHYSICAL THERAPY	0.428139	4,438,632	0	0	1,900,351	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288042	41,501	0	0	11,954	67.00
68.00	06800	SPEECH PATHOLOGY	0.480514	7,131	0	0	3,427	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147279	6,898,713	0	0	1,016,036	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.298566	1,467,801	0	0	438,235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.167735	11,800,031	0	0	1,979,278	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.201891	8,995,383	0	0	1,816,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176239	10,148,667	1,906	142,931	1,788,591	73.00
73.01	07301	DIABETES CENTER	2.233012	3,066	0	0	6,846	73.01
74.00	07400	RENAL DIALYSIS	0.476365	176,123	0	0	83,899	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273705	545,850	0	0	149,402	76.98
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	1.306490	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.232956	10,711,544	0	0	2,495,318	91.00
91.01	04950	WOUND CARE	0.478912	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.291541	1,541,968	0	0	449,547	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.366086		0			95.00
200.00		Subtotal (see instructions)		119,743,946	1,906	142,931	20,247,479	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		119,743,946	1,906	142,931	20,247,479	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 6/28/2017 3:36 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	336	25,190		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
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
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	336	25,190		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	336	25,190		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 6/28/2017 3:36 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,582,710	195,861,842	0.013186	0	0	50.00
51.00	05100 RECOVERY ROOM	187,413	12,215,228	0.015343	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,144,712	21,170,204	0.054072	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,801,048	89,625,691	0.031253	46,927	1,467	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	60,743	8,363,335	0.007263	7,012	51	55.00
56.00	05600 RADIOISOTOPE	30,675	0	0.000000	0	0	56.00
56.01	03950 CARDIAC CATH LAB	621,285	28,919,655	0.021483	0	0	56.01
57.00	05700 CT SCAN	249,711	66,073,172	0.003779	53,689	203	57.00
58.00	05800 MRI	99,310	15,746,763	0.006307	16,587	105	58.00
60.00	06000 LABORATORY	1,042,505	110,599,207	0.009426	463,077	4,365	60.00
65.00	06500 RESPIRATORY THERAPY	268,506	11,322,518	0.023714	109,916	2,607	65.00
66.00	06600 PHYSICAL THERAPY	719,100	14,645,511	0.049100	1,076,470	52,855	66.00
67.00	06700 OCCUPATIONAL THERAPY	288,611	9,068,516	0.031826	1,091,860	34,750	67.00
68.00	06800 SPEECH PATHOLOGY	147,558	2,158,954	0.068347	210,196	14,366	68.00
69.00	06900 ELECTROCARDIOLOGY	668,532	26,717,971	0.025022	17,587	440	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	223,129	5,139,814	0.043412	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	412,604	119,899,548	0.003441	230,976	795	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	372,122	95,157,453	0.003911	3,104	12	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	894,388	96,114,942	0.009305	537,201	4,999	73.00
73.01	07301 DIABETES CENTER	14,423	239,640	0.060186	0	0	73.01
74.00	07400 RENAL DIALYSIS	128,891	2,131,693	0.060464	47,758	2,888	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	144,856	2,322,216	0.062378	0	0	76.98
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	26,765	815,114	0.032836	0	0	90.00
91.00	09100 EMERGENCY	2,510,421	71,808,391	0.034960	8,777	307	91.00
91.01	04950 WOUND CARE	393,877	6,259,818	0.062921	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	292,176	10,519,325	0.027775	14,611	406	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	16,326,071	1,022,896,521		3,935,748	120,616	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 6/28/2017 3:36 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	922,217	0	922,217	73.00
73.01	07301 DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
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
91.00	09100 EMERGENCY	0	0	667,812	0	667,812	91.00
91.01	04950 WOUND CARE	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	1,590,029	0	1,590,029	95.00
200.00	Total (lines 50-199)	0	0	1,590,029	0	1,590,029	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 6/28/2017 3:36 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	195,861,842	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	12,215,228	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	21,170,204	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	89,625,691	0.000000	0.000000	46,927	54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	0	8,363,335	0.000000	0.000000	7,012	55.00
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01 03950 CARDIAC CATH LAB	0	28,919,655	0.000000	0.000000	0	56.01
57.00 05700 CT SCAN	0	66,073,172	0.000000	0.000000	53,689	57.00
58.00 05800 MRI	0	15,746,763	0.000000	0.000000	16,587	58.00
60.00 06000 LABORATORY	0	110,599,207	0.000000	0.000000	463,077	60.00
65.00 06500 RESPIRATORY THERAPY	0	11,322,518	0.000000	0.000000	109,916	65.00
66.00 06600 PHYSICAL THERAPY	0	14,645,511	0.000000	0.000000	1,076,470	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	9,068,516	0.000000	0.000000	1,091,860	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,158,954	0.000000	0.000000	210,196	68.00
69.00 06900 ELECTROCARDIOLOGY	0	26,717,971	0.000000	0.000000	17,587	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,139,814	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	119,899,548	0.000000	0.000000	230,976	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	95,157,453	0.000000	0.000000	3,104	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	922,217	96,114,942	0.009595	0.009595	537,201	73.00
73.01 07301 DIABETES CENTER	0	239,640	0.000000	0.000000	0	73.01
74.00 07400 RENAL DIALYSIS	0	2,131,693	0.000000	0.000000	47,758	74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,322,216	0.000000	0.000000	0	76.98
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	815,114	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	667,812	71,808,391	0.009300	0.009300	8,777	91.00
91.01 04950 WOUND CARE	0	6,259,818	0.000000	0.000000	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	10,519,325	0.000000	0.000000	14,611	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	1,590,029	1,022,896,521			3,935,748	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 6/28/2017 3:36 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,154	0	0	73.00
73.01	07301 DIABETES CENTER	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
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
91.00	09100 EMERGENCY	82	0	0	91.00
91.01	04950 WOUND CARE	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	5,236	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,378	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)		35,378	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)		16,285	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)		44,360,965	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)		44,360,965	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)		44,360,965	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)		1,253.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,419,924	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)		20,419,924	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,190,057	4,704	1,741.08	1,869	3,254,079
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,241,686	2,779	1,526.34	0	0
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				37,706,408	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				61,380,411	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				6,139,857	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,911,488	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				9,051,345	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				52,329,066	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 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	6,305,983	44,360,965	0.142152	0	0	90.00
91.00	Nursing School cost	6,172,798	44,360,965	0.139149	0	0	91.00
92.00	Allied health cost	0	44,360,965	0.000000	0	0	92.00
93.00	All other Medical Education	0	44,360,965	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,002	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,002	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,002	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,655	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,388,354	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,388,354	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,388,354	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)		1,128.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,867,999	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,867,999	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL 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)					1,150,657	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,018,656	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)					349,288	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					125,852	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					475,140	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,543,516	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: 15-0109 Component CCN: 15-T109		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	633,562	3,388,354	0.186982	0	0	90.00
91.00	Nursing School cost	0	3,388,354	0.000000	0	0	91.00
92.00	Allied health cost	0	3,388,354	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,388,354	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
				Date/Time Prepared: 6/28/2017 3:36 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			35,378 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			35,378 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)			35,378 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)			5,603 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,222 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)			44,360,965 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)			44,360,965 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)			44,360,965 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)			1,253.91 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,025,658 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)			7,025,658 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 pm	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1,295,043	1,222	1,059.77	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,190,057	4,704	1,741.08	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,179,608	2,779	1,504.00	0	47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				9,255,793	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				16,281,451	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0 54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)					0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00	Bonus payment (see instructions)					0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00	Relief payment (see instructions)					0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 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	6,305,983	44,360,965	0.142152	0	0	90.00
91.00	Nursing School cost	0	44,360,965	0.000000	0	0	91.00
92.00	Allied health cost	0	44,360,965	0.000000	0	0	92.00
93.00	All other Medical Education	0	44,360,965	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,002 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,002 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,002 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)			249 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,222 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,365,843 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,365,843 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,365,843 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)			1,121.20 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			279,179 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)			279,179 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL 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)				148,494		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				427,673		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 6/28/2017 3:36 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	633,562	3,365,843	0.188233	0	0	90.00
91.00	Nursing School cost	0	3,365,843	0.000000	0	0	91.00
92.00	Allied health cost	0	3,365,843	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,365,843	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 6/28/2017 3:36 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		32,123,950		30.00
31.00	03100 INTENSIVE CARE UNIT		8,961,779		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - I/PF		0		40.00
41.00	04100 SUBPROVIDER - I/RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.174909	35,773,885	6,257,174	50.00
51.00	05100 RECOVERY ROOM	0.129155	2,702,233	349,007	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.340175	35,599	12,110	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203699	8,220,871	1,674,583	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.101478	983,763	99,830	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.114233	6,940,408	792,824	56.01
57.00	05700 CT SCAN	0.034942	8,739,945	305,391	57.00
58.00	05800 MRI	0.057537	2,873,061	165,307	58.00
60.00	06000 LABORATORY	0.115718	25,071,418	2,901,214	60.00
65.00	06500 RESPIRATORY THERAPY	0.381161	5,027,248	1,916,191	65.00
66.00	06600 PHYSICAL THERAPY	0.428139	2,558,856	1,095,546	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.288042	631,183	181,807	67.00
68.00	06800 SPEECH PATHOLOGY	0.480514	309,527	148,732	68.00
69.00	06900 ELECTROCARDIOLOGY	0.147279	5,010,080	737,880	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.298566	392,797	117,276	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.167735	30,248,845	5,073,790	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.201891	38,375,031	7,747,573	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.176239	32,408,550	5,711,650	73.00
73.01	07301 DIABETES CENTER	2.256814	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.476365	1,317,497	627,609	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.273705	8,174	2,237	76.98
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	1.306490	0	0	90.00
91.00	09100 EMERGENCY	0.232956	6,795,908	1,583,148	91.00
91.01	04950 WOUND CARE	0.478976	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.291541	704,975	205,529	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		215,129,854	37,706,408	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)		215,129,854		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 6/28/2017 3:36 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,618,730	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174909	0	50.00
51.00	05100	RECOVERY ROOM	0.129155	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.340175	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203699	46,927	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.101478	7,012	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.114233	0	56.01
57.00	05700	CT SCAN	0.034942	53,689	57.00
58.00	05800	MRI	0.057537	16,587	58.00
60.00	06000	LABORATORY	0.115718	463,077	60.00
65.00	06500	RESPIRATORY THERAPY	0.381161	109,916	65.00
66.00	06600	PHYSICAL THERAPY	0.428139	1,076,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288042	1,091,860	67.00
68.00	06800	SPEECH PATHOLOGY	0.480514	210,196	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147279	17,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.298566	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.167735	230,976	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.201891	3,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176239	537,201	73.00
73.01	07301	DIABETES CENTER	2.256814	0	73.01
74.00	07400	RENAL DIALYSIS	0.476365	47,758	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273705	0	76.98
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	1.306490	0	90.00
91.00	09100	EMERGENCY	0.232956	8,777	91.00
91.01	04950	WOUND CARE	0.478976	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.291541	14,611	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,935,748	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)		3,935,748	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 6/28/2017 3:36 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		22,116,638	30.00
31.00	03100	INTENSIVE CARE UNIT		3,120,766	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		8,838,908	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174909	6,822,983	50.00
51.00	05100	RECOVERY ROOM	0.129155	500,958	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.340175	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203560	1,765,450	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.101478	291,408	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.114233	1,358,558	56.01
57.00	05700	CT SCAN	0.034942	2,716,229	57.00
58.00	05800	MRI	0.057537	882,547	58.00
60.00	06000	LABORATORY	0.115686	8,679,877	60.00
65.00	06500	RESPIRATORY THERAPY	0.379872	1,821,812	65.00
66.00	06600	PHYSICAL THERAPY	0.428139	622,966	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288042	1,431,302	67.00
68.00	06800	SPEECH PATHOLOGY	0.480514	105,441	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147279	1,052,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.298566	200,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.167735	7,016,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.201891	4,942,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176239	11,616,606	73.00
73.01	07301	DIABETES CENTER	2.233012	321	73.01
74.00	07400	RENAL DIALYSIS	0.476365	73,439	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273705	0	76.98
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	1.306490	0	90.00
91.00	09100	EMERGENCY	0.232956	1,651,642	91.00
91.01	04950	WOUND CARE	0.478912	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.291541	84,867	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		53,637,669	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)		53,637,669	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 6/28/2017 3:36 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		321,458	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174909	7,294	50.00
51.00	05100	RECOVERY ROOM	0.129155	668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.340175	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203560	2,443	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.101478	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.114233	0	56.01
57.00	05700	CT SCAN	0.034942	6,514	57.00
58.00	05800	MRI	0.057537	0	58.00
60.00	06000	LABORATORY	0.115686	60,606	60.00
65.00	06500	RESPIRATORY THERAPY	0.379872	47,824	65.00
66.00	06600	PHYSICAL THERAPY	0.428139	101,414	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288042	124,139	67.00
68.00	06800	SPEECH PATHOLOGY	0.480514	39,508	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147279	2,193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.298566	558	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.167735	15,886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.201891	98,639	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176239	0	73.00
73.01	07301	DIABETES CENTER	2.233012	0	73.01
74.00	07400	RENAL DIALYSIS	0.476365	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.273705	0	76.98
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	1.306490	0	90.00
91.00	09100	EMERGENCY	0.232956	0	91.00
91.01	04950	WOUND CARE	0.478912	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.291541	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		507,686	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)		507,686	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 6/28/2017 3:36 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)		32,005,195	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,697,456	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)		2,096,060	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		169.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.34	31.00
32.00	Sum of lines 30 and 31		28.48	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.71	33.00
34.00	Disproportionate share adjustment (see instructions)		1,325,102	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 6/28/2017 3:36 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	5,982,495,714	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000314880	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,704,376	1,883,768	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,275,954	474,813	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,750,767		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)		46,874,580		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)			46,874,580	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,978,126	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			767,534	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			2,841,407	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			374,162	58.00
59.00	Total (sum of amounts on lines 49 through 58)			54,835,809	59.00
60.00	Primary payer payments			2,486	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			54,833,323	61.00
62.00	Deductibles billed to program beneficiaries			3,937,696	62.00
63.00	Coinurance billed to program beneficiaries			71,799	63.00
64.00	Allowable bad debts (see instructions)			413,189	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			268,573	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			108,622	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			51,092,401	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	NEW TECHNOLOGY			8,286	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)			-88,445	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 6/28/2017 3:36 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	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	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)			51,012,242	71.00
71.01	Sequestration adjustment (see instructions)			1,020,245	71.01
72.00	Interim payments			49,465,139	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)			526,858	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,717,062	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 6/28/2017 3:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25,526	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,050,486	2.00
3.00	PPS payments		17,924,413	3.00
4.00	Outlier payment (see instructions)		223,540	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		196,993	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		25,526	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		144,837	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)		144,837	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)		144,837	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		119,311	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)		25,526	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)		18,344,946	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)		3,327,423	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		15,043,049	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		15,043,049	30.00
31.00	Primary payer payments		3,712	31.00
32.00	Subtotal (line 30 minus line 31)		15,039,337	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)		744,632	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		484,011	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		484,878	36.00
37.00	Subtotal (see instructions)		15,523,348	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		15,523,348	40.00
40.01	Sequestration adjustment (see instructions)		310,467	40.01
41.00	Interim payments		15,234,181	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-21,300	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		102,703	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: 15-0109

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

Worksheet E-1
Part I
Date/Time Prepared:
6/28/2017 3:36 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		49,055,239		15,034,681	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	07/29/2016	409,900	07/29/2016	199,500	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)		409,900		199,500	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)		49,465,139		15,234,181	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		526,858		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		21,300	6.02	
7.00	Total Medicare program liability (see instructions)		49,991,997		15,212,881	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: 15-0109
Component CCN: 15-T109

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

Worksheet E-1
Part I
Date/Time Prepared:
6/28/2017 3:36 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		2,606,326		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)		2,606,326		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		8,097		0	6.02
7.00	Total Medicare program liability (see instructions)		2,598,229		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: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 6/28/2017 3:36 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		9,773	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		18,154	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,555	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		42,861	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,160,469,211	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		39,650,435	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)		488,321	8.00
9.00	Sequestration adjustment amount (see instructions)		9,766	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		478,555	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		996,710	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)		-518,155	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 6/28/2017 3:36 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,375,850 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0177 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			73,414 3.00
4.00	Outlier Payments			246,081 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.202186 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,695,345 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,695,345 17.00
18.00	Primary payer payments			15,867 18.00
19.00	Subtotal (line 17 less line 18).			2,679,478 19.00
20.00	Deductibles			18,004 20.00
21.00	Subtotal (line 19 minus line 20)			2,661,474 21.00
22.00	Coinsurance			15,456 22.00
23.00	Subtotal (line 21 minus line 22)			2,646,018 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,646,018 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			5,236 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,651,254 32.00
32.01	Sequestration adjustment (see instructions)			53,025 32.01
33.00	Interim payments			2,606,326 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-8,097 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			246,081 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: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 6/28/2017 3:36 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		16,281,451		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)		16,281,451	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)		16,281,451	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		53,637,669	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)		53,637,669	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)		53,637,669	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		37,356,218	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)		16,281,451	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)		16,281,451	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)		16,281,451	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)		16,281,451	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		16,281,451	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)		16,281,451	0	40.00
41.00	Interim payments		16,281,451	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 6/28/2017 3:36 pm	
		Title XIX	Subprovider - IRF	Cost	
			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		427,673		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)		427,673	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)		427,673	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		507,686	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)		507,686	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)		507,686	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		80,013	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)		427,673	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)		427,673	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)		427,673		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		427,673	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		427,673	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)		427,673	0	40.00
41.00	Interim payments		427,673	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0109

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

Worksheet G
Date/Time Prepared:
6/28/2017 3:36 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	-104,409	0	0	0	1.00
2.00	Temporary investments	916,156	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	46,183,318	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,614,729	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,875,685	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)	60,485,479	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	216,082,129	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	216,082,129	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,114,719	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	23,622,987	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	32,737,706	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	309,305,314	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,539,443	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,790,712	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	0	0	0	0	43.00
44.00	Other current liabilities	1,412,250	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,742,405	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	426,720	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	426,720	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	30,169,125	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	279,136,189				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)	279,136,189	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	309,305,314	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0109

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

Worksheet G-1

Date/Time Prepared:
6/28/2017 3:36 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		257,100,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		49,194,222			2.00
3.00	Total (sum of line 1 and line 2)		306,294,222		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		306,294,222		0	11.00
12.00	ADJUST TO AFS	27,158,033		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)		27,158,033		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		279,136,189		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ADJUST TO AFS		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: 15-0109

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	69,386,982		69,386,982	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,778,387		4,778,387	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,165,369		74,165,369	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,479,566		17,479,566	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	13,457,277		13,457,277	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,936,843		30,936,843	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	105,102,212		105,102,212	17.00
18.00	Ancillary services	448,921,972	484,571,901	933,493,873	18.00
19.00	Outpatient services	15,072,693	87,905,107	102,977,800	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		9,050,299	9,050,299	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	6,418,976	6,418,976	26.00
27.00	NON-REIMBURSABLE	0	10,865,776	10,865,776	27.00
27.01	NURSING FACILITY	1,882,276	1,543,775	3,426,051	27.01
27.02	OTHER REVENUE	162	55,990	56,152	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	570,979,315	600,411,824	1,171,391,139	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		303,122,105		29.00
30.00	DEDUCT (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)		303,122,105		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0109

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

Worksheet G-3

Date/Time Prepared:
6/28/2017 3:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,171,391,139	1.00
2.00	Less contractual allowances and discounts on patients' accounts	832,641,210	2.00
3.00	Net patient revenues (line 1 minus line 2)	338,749,929	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	303,122,105	4.00
5.00	Net income from service to patients (line 3 minus line 4)	35,627,824	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	1,054,117	11.00
12.00	Parking lot receipts	57,206	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,139,193	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	5,577	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,209,926	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	25,051	21.00
22.00	Rental of hospital space	678,654	22.00
23.00	Governmental appropriations	0	23.00
24.00	INVESTMENT INCOME	44,370	24.00
24.01	CONTRIBUTIONS (UNRESTRICTED)	551,868	24.01
24.02	GAIN (LOSS) ON SALE OF ASSETS	24,029	24.02
24.03	EQUITY IN EARNINGS OF AFFILIATES	5,886,472	24.03
24.04	OTHER	1,930,575	24.04
25.00	Total other income (sum of lines 6-24)	13,607,038	25.00
26.00	Total (line 5 plus line 25)	49,234,862	26.00
27.00	OTHER-NON-OPERATING REV/EXP	40,640	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	40,640	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	49,194,222	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0109

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

Worksheet H

HHA CCN: 15-7124

Date/Time Prepared: 6/28/2017 3:36 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		39,852	39,852	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	583,766	851	21,015	185,608	32,714	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	574,054	0	70,957	0	645,011	6.00
7.00	Physical Therapy	472,348	0	43,100	0	515,448	7.00
8.00	Occupational Therapy	155,258	0	4,666	19,551	179,475	8.00
9.00	Speech Pathology	17,306	0	2,626	0	19,932	9.00
10.00	Medical Social Services	2,322	0	377	0	3,531	10.00
11.00	Home Health Aide	58,009	0	22,647	0	80,656	11.00
12.00	Supplies (see instructions)	0	0	0	0	54,093	12.00
13.00	Drugs	669	0	104	2,809	123,074	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)	757,818	0	13,307	203,373	565,568	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,621,550	851	178,799	411,341	816,133	24.00
	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	39,852	0	39,852		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	823,954	-1,672	822,282		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	645,011	0	645,011		6.00
7.00	Physical Therapy	0	515,448	0	515,448		7.00
8.00	Occupational Therapy	0	179,475	0	179,475		8.00
9.00	Speech Pathology	0	19,932	0	19,932		9.00
10.00	Medical Social Services	0	3,531	0	3,531		10.00
11.00	Home Health Aide	0	80,656	0	80,656		11.00
12.00	Supplies (see instructions)	0	54,093	0	54,093		12.00
13.00	Drugs	0	126,656	0	126,656		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	1,540,066	0	1,540,066		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	4,028,674	-1,672	4,027,002		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part I Date/Time Prepared: 6/28/2017 3:36 pm	
				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	39,852		39,852		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	822,282	0	39,852	0	862,134	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	645,011	0	0	0	645,011	6.00
7.00	Physical Therapy	515,448	0	0	0	515,448	7.00
8.00	Occupational Therapy	179,475	0	0	0	179,475	8.00
9.00	Speech Pathology	19,932	0	0	0	19,932	9.00
10.00	Medical Social Services	3,531	0	0	0	3,531	10.00
11.00	Home Health Aide	80,656	0	0	0	80,656	11.00
12.00	Supplies (see instructions)	54,093	0	0	0	54,093	12.00
13.00	Drugs	126,656	0	0	0	126,656	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)	1,540,066	0	0	0	1,540,066	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,027,002	0	39,852	0	4,027,002	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	862,134					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	175,706	820,717				6.00
7.00	Physical Therapy	140,412	655,860				7.00
8.00	Occupational Therapy	48,890	228,365				8.00
9.00	Speech Pathology	5,430	25,362				9.00
10.00	Medical Social Services	962	4,493				10.00
11.00	Home Health Aide	21,971	102,627				11.00
12.00	Supplies (see instructions)	14,735	68,828				12.00
13.00	Drugs	34,502	161,158				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)	419,526	1,959,592				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		4,027,002				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part II Date/Time Prepared: 6/28/2017 3:36 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		39,852			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	39,852	0		-862,134	3,164,868
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	645,011
7.00	Physical Therapy	0	0	0	0	0	515,448
8.00	Occupational Therapy	0	0	0	0	0	179,475
9.00	Speech Pathology	0	0	0	0	0	19,932
10.00	Medical Social Services	0	0	0	0	0	3,531
11.00	Home Health Aide	0	0	0	0	0	80,656
12.00	Supplies (see instructions)	0	0	0	0	0	54,093
13.00	Drugs	0	0	0	0	0	126,656
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	1,540,066
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	39,852	0	0	-862,134	3,164,868
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	39,852	0	0		862,134
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	0.000000		0.272408

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part I Date/Time Prepared: 6/28/2017 3:36 pm
		HHA CCN: 15-7124	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	884,653	0	321,225	1.00
2.00 Skilled Nursing Care	820,717	0	0	0	0	0	2.00
3.00 Physical Therapy	655,860	0	0	0	0	0	3.00
4.00 Occupational Therapy	228,365	0	0	0	0	0	4.00
5.00 Speech Pathology	25,362	0	0	0	0	0	5.00
6.00 Medical Social Services	4,493	0	0	0	0	0	6.00
7.00 Home Health Aide	102,627	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	68,828	0	0	0	0	0	8.00
9.00 Drugs	161,158	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)	1,959,592	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)	4,027,002	0	0	884,653	0	321,225	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	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	5,320	615	41,514	1,253,327	116,479	0	1.00
2.00 Skilled Nursing Care	0	0	0	820,717	76,274	0	2.00
3.00 Physical Therapy	0	0	0	655,860	60,953	0	3.00
4.00 Occupational Therapy	0	0	0	228,365	21,223	0	4.00
5.00 Speech Pathology	0	0	0	25,362	2,357	0	5.00
6.00 Medical Social Services	0	0	0	4,493	418	0	6.00
7.00 Home Health Aide	0	0	0	102,627	9,538	0	7.00
8.00 Supplies (see instructions)	0	0	0	68,828	6,397	0	8.00
9.00 Drugs	0	0	0	161,158	14,977	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	1,959,592	182,117	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	5,320	615	41,514	5,280,329	490,733	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2016 To 12/31/2016		Worksheet H-2 Part I Date/Time Prepared: 6/28/2017 3:36 pm		
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	HOME HEALTH AGENCY I	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	95,533	201,331	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	0	0	95,533	201,331	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 SERVICE	NURSING SCHOOL	PARAMED PRGM	Subtotal	
		15.00	16.00	17.00	20.00	23.00	24.00	
1.00	Administrative and General	0	23,069	0	0	0	1,689,739	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	896,991	2.00
3.00	Physical Therapy	0	0	0	0	0	716,813	3.00
4.00	Occupational Therapy	0	0	0	0	0	249,588	4.00
5.00	Speech Pathology	0	0	0	0	0	27,719	5.00
6.00	Medical Social Services	0	0	0	0	0	4,911	6.00
7.00	Home Health Aide	0	0	0	0	0	112,165	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	75,225	8.00
9.00	Drugs	0	0	0	0	0	176,135	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	2,141,709	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	23,069	0	0	0	6,090,995	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: 15-0109	Period: From 01/01/2016	Worksheet H-2 Part I
		HHA CCN: 15-7124	To 12/31/2016	Date/Time Prepared: 6/28/2017 3:36 pm
			Home Health Agency I	PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	1,689,739				1.00
2.00 Skilled Nursing Care	0	896,991	344,375	1,241,366		2.00
3.00 Physical Therapy	0	716,813	275,200	992,013		3.00
4.00 Occupational Therapy	0	249,588	95,822	345,410		4.00
5.00 Speech Pathology	0	27,719	10,642	38,361		5.00
6.00 Medical Social Services	0	4,911	1,885	6,796		6.00
7.00 Home Health Aide	0	112,165	43,063	155,228		7.00
8.00 Supplies (see instructions)	0	75,225	28,881	104,106		8.00
9.00 Drugs	0	176,135	67,622	243,757		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	2,141,709	822,249	2,963,958		19.00
19.50 Telemedicine	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	0	6,090,995	1,689,739	6,090,995		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.			0.383922			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: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 6/28/2017 3:36 pm
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		Home Health Agency I	PPS
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUIS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	0	0	2,694,525	0	73,706	102,266	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	2,694,525	0	73,706	102,266	20.00
21.00 Total cost to be allocated	0	0	884,653	0	321,225	5,320	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.328315	0.000000	4.358193	0.052021	22.00
Cost Center Description	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	9,050,299	9,050,299	0	1,253,327	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	820,717	0	0	2.00
3.00 Physical Therapy	0	0	0	655,860	0	0	3.00
4.00 Occupational Therapy	0	0	0	228,365	0	0	4.00
5.00 Speech Pathology	0	0	0	25,362	0	0	5.00
6.00 Medical Social Services	0	0	0	4,493	0	0	6.00
7.00 Home Health Aide	0	0	0	102,627	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	68,828	0	0	8.00
9.00 Drugs	0	0	0	161,158	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	1,959,592	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	9,050,299	9,050,299		5,280,329	0	0	20.00
21.00 Total cost to be allocated	615	41,514		490,733	0	0	21.00
22.00 Unit cost multiplier	0.000068	0.004587		0.092936	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0109
HHA CCN: 15-7124

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

Worksheet H-2 Part II
Date/Time Prepared: 6/28/2017 3:36 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	73,706	73,706	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	73,706	73,706	0	0	20.00
21.00	Total cost to be allocated	0	0	95,533	201,331	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.296136	2.731542	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)			
		16.00	17.00	20.00	23.00			
1.00	Administrative and General	9,050,299	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	9,050,299	0	0	0			20.00
21.00	Total cost to be allocated	23,069	0	0	0			21.00
22.00	Unit cost multiplier	0.002549	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 6/28/2017 3:36 pm
			HHA CCN: 15-7124		

			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	1,241,366		1,241,366	7,181	172.87	1.00
2.00	Physical Therapy	3.00	992,013	0	992,013	5,316	186.61	2.00
3.00	Occupational Therapy	4.00	345,410	0	345,410	177	1,951.47	3.00
4.00	Speech Pathology	5.00	38,361	0	38,361	1,395	27.50	4.00
5.00	Medical Social Services	6.00	6,796		6,796	71	95.72	5.00
6.00	Home Health Aide	7.00	155,228		155,228	1,234	125.79	6.00
7.00	Total (sum of lines 1-6)		2,779,174	0	2,779,174	15,374		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		26900	0	4,406		8.00
8.01	Skilled Nursing Care		29200	0	0		8.01
8.02	Skilled Nursing Care		99915	0	0		8.02
9.00	Physical Therapy		26900	0	3,200		9.00
9.01	Physical Therapy		29200	0	0		9.01
9.02	Physical Therapy		99915	0	0		9.02
10.00	Occupational Therapy		26900	0	914		10.00
10.01	Occupational Therapy		29200	0	0		10.01
10.02	Occupational Therapy		99915	0	0		10.02
11.00	Speech Pathology		26900	0	87		11.00
11.01	Speech Pathology		29200	0	0		11.01
11.02	Speech Pathology		99915	0	0		11.02
12.00	Medical Social Services		26900	0	40		12.00
12.01	Medical Social Services		29200	0	0		12.01
12.02	Medical Social Services		99915	0	0		12.02
13.00	Home Health Aide		26900	0	950		13.00
13.01	Home Health Aide		29200	0	0		13.01
13.02	Home Health Aide		99915	0	0		13.02
14.00	Total (sum of lines 8-13)			0	9,597		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	104,106	0	104,106	0	0.000000	15.00
16.00	Cost of Drugs	9.00	243,757	0	243,757	0	0.000000	16.00

Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	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	4,406		0	761,665	1.00
2.00	Physical Therapy	0	3,200		0	597,152	2.00
3.00	Occupational Therapy	0	914		0	1,783,644	3.00
4.00	Speech Pathology	0	87		0	2,393	4.00
5.00	Medical Social Services	0	40		0	3,829	5.00
6.00	Home Health Aide	0	950		0	119,501	6.00
7.00	Total (sum of lines 1-6)	0	9,597		0	3,268,184	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 6/28/2017 3:36 pm
				Title XVIII	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
		Program Covered Charges			Cost of Services			
		Part B		Part A	Part B			
Cost Center Description		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	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	322,683	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	761,665						1.00
2.00	Physical Therapy	597,152						2.00
3.00	Occupational Therapy	1,783,644						3.00
4.00	Speech Pathology	2,393						4.00
5.00	Medical Social Services	3,829						5.00
6.00	Home Health Aide	119,501						6.00
7.00	Total (sum of lines 1-6)	3,268,184						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part II Date/Time Prepared: 6/28/2017 3:36 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	0.428139	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.288042	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.480514	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.167735	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.176239	0	0	col. 2, line 16.00		5.00
5.01	Cost of Drugs 1	73.01	2.233012	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 6/28/2017 3:36 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	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,750,751
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	8,468
13.00	Total PPS Reimbursement - LUPA Episodes		0	31,626
14.00	Total PPS Reimbursement - PEP Episodes		0	6,001
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	400
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	1,797,246
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,797,246
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,797,246
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	1,797,246
30.00	NET MSP		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,797,246
31.01	Sequestration adjustment (see instructions)		0	35,945
32.00	Interim payments (see instructions)		0	1,761,301
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: 15-0109
HHA CCN: 15-7124

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

Worksheet H-5
Date/Time Prepared:
6/28/2017 3:36 pm

		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		1,761,301	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		1,761,301	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		1,761,301	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2016

Date/Time Prepared: 6/28/2017 3:36 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	15,919	0	15,919	0	27.00
28.00	REGISTERED NURSE**	440,062	0	440,062	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	19,010	0	19,010	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	64,322	0	64,322	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	169,353	0	169,353	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	480,154	662,604	1,142,758	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	1,188,820	662,604	1,851,424	0	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2016

Date/Time Prepared: 6/28/2017 3:36 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	15,919	27.00
28.00	REGISTERED NURSE**	0	440,062	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	19,010	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	64,322	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	169,353	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	-183	1,142,575	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-183	1,851,241	100.00

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

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

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

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-1

Hospice CCN: 15-1563

To 12/31/2016

Date/Time Prepared: 6/28/2017 3:36 pm

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

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

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2016 To 12/31/2016	Worksheet 0-2 Date/Time Prepared: 6/28/2017 3:36 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	HOSPICE I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	15,919	0	15,919	0	15,919	27.00
28.00	REGISTERED NURSE	436,466	0	436,466	0	436,466	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	19,010	0	19,010	0	19,010	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	64,073	0	64,073	0	64,073	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	169,297	0	169,297	0	169,297	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	273,271	654,569	927,840	0	927,840	46.00
100.00	TOTAL *	978,036	654,569	1,632,605	0	1,632,605	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	15,919	27.00
28.00	REGISTERED NURSE	0	436,466	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	19,010	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	64,073	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	169,297	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	-183	927,657	46.00
100.00	TOTAL *	-183	1,632,422	100.00

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

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

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-3

Hospice CCN: 15-1563

To 12/31/2016

Date/Time Prepared: 6/28/2017 3:36 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0 25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0 26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0 27.00
28.00	REGISTERED NURSE	3,596	0	3,596	0	3,596 28.00
29.00	LPN/LVN	0	0	0	0	0 29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0 30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0 33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0 34.00
35.00	DIETARY COUNSELING	0	0	0	0	0 35.00
36.00	COUNSELING - OTHER	249	0	249	0	249 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	56	0	56	0	56 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0 38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0 39.00
40.00	IMAGING SERVICES	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0 42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	213	5,493	5,706	0	5,706 46.00
100.00	TOTAL *	4,114	5,493	9,607	0	9,607 100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0 25.00
26.00	PHYSICIAN SERVICES	0	0 26.00
27.00	NURSE PRACTITIONER	0	0 27.00
28.00	REGISTERED NURSE	0	3,596 28.00
29.00	LPN/LVN	0	0 29.00
30.00	PHYSICAL THERAPY	0	0 30.00
31.00	OCCUPATIONAL THERAPY	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	0	0 33.00
34.00	SPIRITUAL COUNSELING	0	0 34.00
35.00	DIETARY COUNSELING	0	0 35.00
36.00	COUNSELING - OTHER	0	249 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	56 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0 38.00
39.00	PATIENT TRANSPORTATION	0	0 39.00
40.00	IMAGING SERVICES	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0 42.00
43.00	OUTPATIENT SERVICES	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5,706 46.00
100.00	TOTAL *	0	9,607 100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2016 To 12/31/2016	Worksheet 0-4 Date/Time Prepared: 6/28/2017 3:36 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	206,670	2,542	209,212	0	209,212	46.00
100.00	TOTAL *	206,670	2,542	209,212	0	209,212	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN			38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	209,212	46.00
100.00	TOTAL *	0	209,212	100.00

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

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

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-5

Hospice CCN: 15-1563

To 12/31/2016

Date/Time Prepared: 6/28/2017 3:36 pm

Descriptions		Hospice I		
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)
		1.00	2.00	3.00
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	103,431	103,431
2.00	CAP REL COSTS-MVBLE EQUIP	0	23,226	23,226
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	390,307	390,307
4.00	ADMINISTRATIVE & GENERAL	0	459,825	459,825
5.00	PLANT OPERATION & MAINTENANCE	0	142,444	142,444
6.00	LAUNDRY & LINEN SERVICE	0	0	0
7.00	HOUSEKEEPING	0	44,282	44,282
8.00	DIETARY	0	0	0
9.00	NURSING ADMINISTRATION	0	92,241	92,241
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0
11.00	MEDICAL RECORDS	0	16,362	16,362
12.00	STAFF TRANSPORTATION	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0
14.00	PHARMACY	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0
LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	1,632,422	0	1,632,422
52.00	HOSPICE INPATIENT RESPIRE CARE	9,607	0	9,607
53.00	HOSPICE GENERAL INPATIENT CARE	209,212	0	209,212
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0
62.00	FUNDRAISING	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0
66.00	RESIDENTIAL CARE	0	0	0
67.00	ADVERTISING	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0
69.00	THRIFT STORE	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0
100.00	TOTAL	1,851,241	1,272,118	3,123,359

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2016

Part I
Date/Time Prepared:
6/28/2017 3:36 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	103,431	103,431			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,226		23,226		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	390,307	0	0	390,307	3.00
4.00	ADMINISTRATIVE & GENERAL	459,825	0	0	0	459,825
5.00	PLANT OPERATION & MAINTENANCE	142,444	0	0	0	142,444
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	44,282	0	0	0	44,282
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	92,241	0	0	0	92,241
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0
11.00	MEDICAL RECORDS	16,362	0	0	0	16,362
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	1,632,422			0	1,632,422
52.00	HOSPICE INPATIENT RESPIRE CARE	9,607	0	0	0	9,607
53.00	HOSPICE GENERAL INPATIENT CARE	209,212	103,431	23,226	390,307	726,176
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	3,123,359	103,431	23,226	390,307	3,123,359

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2016

Part I
Date/Time Prepared:
6/28/2017 3:36 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					15.00
16.00	OTHER GENERAL SERVICE					16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					50.00
51.00	HOSPICE ROUTINE HOME CARE					51.00
52.00	HOSPICE INPATIENT RESPIRE CARE					52.00
53.00	HOSPICE GENERAL INPATIENT CARE					53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM					60.00
61.00	VOLUNTEER PROGRAM					61.00
62.00	FUNDRAISING					62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS					63.00
64.00	PALLIATIVE CARE PROGRAM					64.00
65.00	OTHER PHYSICIAN SERVICES					65.00
66.00	RESIDENTIAL CARE					66.00
67.00	ADVERTISING					67.00
68.00	TELEHEALTH/TELEMONITORING					68.00
69.00	THRIFT STORE					69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)					71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	TOTAL					100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2016

Part I
Date/Time Prepared:
6/28/2017 3:36 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	108,165					9.00
10.00	0	0				10.00
11.00	0		19,187			11.00
12.00	0			0		12.00
13.00	0			0	0	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	0	0	19,132	0	0	51.00
52.00	0	0	45	0	0	52.00
53.00	108,165	0	10	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	108,165	0	19,187	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2016

Part I
Date/Time Prepared:
6/28/2017 3:36 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	0	0		1,933,370	51.00
52.00	0	0	0	0	11,311	52.00
53.00	0	0	0	0	1,178,678	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	0	0	0	3,123,359	100.00

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

Provider CCN: 15-0109

Hospice CCN: 15-1563

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

Worksheet 0-6
Part II
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	3,809					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3,809				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,188,820			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-459,825	2,663,534	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	142,444	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	44,282	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	92,241	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	16,362	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,632,422	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	9,607	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,809	3,809	1,188,820	0	726,176	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	103,431	23,226	390,307		459,825	100.00
101.00	UNIT COST MULTIPLIER	27.154371	6.097663	0.328315		0.172637	101.00

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

Provider CCN: 15-0109
Hospice CCN: 15-1563

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

Worksheet 0-6
Part II
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,000					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		3,000			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		20	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,000	0	3,000	0	20	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	167,035	0	51,927	0	108,165	100.00
101.00	UNIT COST MULTIPLIER	55.678333	0.000000	17.309000	0.000000	5,408.250000	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2016

Part II
Date/Time Prepared:
6/28/2017 3:36 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		17,611				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	17,561	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	41	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	9	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	19,187	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.089490	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 15-0109

Hospice CCN: 15-1563

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

Worksheet 0-6
Part II
Date/Time Prepared:
6/28/2017 3:36 pm

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

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

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-7

Hospice CCN: 15-1563

To 12/31/2016

Date/Time Prepared: 6/28/2017 3:36 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.428139	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.288042	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.480514	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.176239	0	0	0	4.00
4.01	DIABETES CENTER	73.01	2.233012	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.115686	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.167735	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.101478	0	0	0	9.00
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.273705	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	DIABETES CENTER	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0109

Period: From 01/01/2016

Worksheet 0-8

Hospice CCN: 15-1563

To 12/31/2016

Date/Time Prepared: 6/28/2017 3:36 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,933,370	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			17,561	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			110.09	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	16,822	230		9.00
10.00	Program cost (line 8 times line 9)	1,851,934	25,321		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			11,311	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			41	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			275.88	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	30	0		14.00
15.00	Program cost (line 13 times line 14)	8,276	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,178,678	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			9	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			130,964.22	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	5	1		19.00
20.00	Program cost (line 18 times line 19)	654,821	130,964		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,123,359	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			17,611	22.00
23.00	Average cost per diem (line 21 divided by line 22)			177.35	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0109	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 6/28/2017 3:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,349,696	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		429,458	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)		123.69	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.14	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.34	8.00
9.00	Sum of lines 7 and 8		28.48	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.94	10.00
11.00	Disproportionate share adjustment (see instructions)		198,972	11.00
12.00	Total prospective capital payments (see instructions)		3,978,126	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