

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: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/25/2017 11:48 am
--	-----------------------	---	---

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2017 Time: 11:48 am
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 MAJOR HOSPITAL ( 15-0097 ) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	20,648	-4,315	0	-87,167	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	20,648	-4,315	0	-87,167	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: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 11:27 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 150 WEST WASHINGTON ST			PO Box:						1.00		
2.00	City: SHELBYVILLE			State: IN		Zip Code: 46176-		County: IN		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		MAJOR HOSPITAL		150097	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		MAJOR HOSPITAL		157418	99915		03/22/1995	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00		
21.00	Type of Control (see instructions)						2			21.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	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	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			378	1,359	0	0	643	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0	25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 11:27 am			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y		Y	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N	40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	N	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	N			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 11:27 am				
	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						0.00	0.00	61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
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	
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00	4.00	5.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 11:27 am		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00	2.00	3.00
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 11:27 am	
		1.00		2.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 11:27 am
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2016	12/31/2016	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 11:27 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/10/2017	Y	03/10/2017		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: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 11:27 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		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		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KYLE	SMT H		41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7957	KCSMITH@BLUEANDCO.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 11:27 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER		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: 15-0097

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	38	13,908	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)		38	13,908	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		46	16,836	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		46				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: 15-0097

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,263	352	9,321			1.00
2.00 HMO and other (see instructions)	1,376	1,808				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,263	352	9,321			7.00
8.00 INTENSIVE CARE UNIT	508	0	1,098			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	4,771	352	10,419	0.00	669.03	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	8,051	442	11,364	0.00	3.84	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
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	672.87	27.00
28.00 Observation Bed Days		204	1,121			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	220	355			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: 15-0097

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,192	72	2,793	1.00
2.00 HMO and other (see instructions)			305	520		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,192	72	2,793	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 15-0097

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	44,469,081	0	44,469,081	1,382,442.00	32.17
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		404,724	0	404,724	2,295.00	176.35
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		3,295,233	0	3,295,233	9,179.00	359.00
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)		4,834,425	194,596	5,029,021	128,189.00	39.23
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		116,211	0	116,211	2,499.00	46.50
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		904,376	0	904,376	5,399.00	167.51
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		11,263,162	0	11,263,162		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,253,408	0	1,253,408		
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		21,568	0	21,568		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		453,930	0	453,930		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	533,909	0	533,909	11,459.00	46.59
27.00	Administrative & General	5.00	8,778,618	-194,596	8,584,022	257,666.00	33.31

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0097

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	729,732	0	729,732	4,161.00	175.37	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,024,732	0	1,024,732	40,830.00	25.10	30.00
31.00	Laundry & Linen Service	31,526	0	31,526	2,113.00	14.92	31.00
32.00	Housekeeping	898,930	0	898,930	58,259.00	15.43	32.00
33.00	Housekeeping under contract (see instructions)	188,399	0	188,399	2,116.00	89.04	33.00
34.00	Dietary	596,125	-427,675	168,450	11,117.00	15.15	34.00
35.00	Dietary under contract (see instructions)	209,614	0	209,614	6,247.00	33.55	35.00
36.00	Cafeteria	0	427,675	427,675	29,615.00	14.44	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	546,074	0	546,074	14,920.00	36.60	38.00
39.00	Central Services and Supply	253,640	-253,640	0	0.00	0.00	39.00
40.00	Pharmacy	1,032,069	0	1,032,069	25,716.00	40.13	40.00
41.00	Medical Records & Medical Records Library	813,832	0	813,832	35,767.00	22.75	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0097

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/25/2017 11:27 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	42,301,593	0	42,301,593	1,385,787.00	30.53	1.00
2.00	Excluded area salaries (see instructions)	4,834,425	194,596	5,029,021	128,189.00	39.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,467,168	-194,596	37,272,572	1,257,598.00	29.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,020,587	0	1,020,587	7,898.00	129.22	4.00
5.00	Subtotal wage-related costs (see inst.)	11,284,730	0	11,284,730	0.00	30.28	5.00
6.00	Total (sum of lines 3 thru 5)	49,772,485	-194,596	49,577,889	1,265,496.00	39.18	6.00
7.00	Total overhead cost (see instructions)	15,637,200	-448,236	15,188,964	499,986.00	30.38	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2017 11:27 am
-----------------------------	-----------------------	---	---

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,787,021	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	38,470	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	7,807,832	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	42,657	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	73,251	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)	99,205	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	156,059	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	2,978,764	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	26,592	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	-17,783	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,992,068	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0097

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/25/2017 11:27 am

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0097 Component CCN: 15-7418		Period: From 01/01/2016 To 12/31/2016		Worksheet S-4 Date/Time Prepared: 5/25/2017 11:27 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			SHELBY		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	4,138	28	0	4,166	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	303.00	0.00	0.00	0.00	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		3.15	0.00	3.15	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			6.46	0.00	6.46	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.05	1.61	1.66	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.96	0.00	0.96	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.05	0.00	0.05	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.00	0.00	2.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	26900					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,046	610	50	37	3,743	21.00
22.00	Skilled Nursing Visit Charges	676,212	135,420	11,100	8,214	830,946	22.00
23.00	Physical Therapy Visits	2,009	255	8	35	2,307	23.00
24.00	Physical Therapy Visit Charges	423,899	53,805	422	7,385	485,511	24.00
25.00	Occupational Therapy Visits	456	159	1	8	624	25.00
26.00	Occupational Therapy Visit Charges	101,688	35,457	223	1,784	139,152	26.00
27.00	Speech Pathology Visits	18	6	0	0	24	27.00
28.00	Speech Pathology Visit Charges	4,086	1,362	0	0	5,448	28.00
29.00	Medical Social Service Visits	31	2	0	0	33	29.00
30.00	Medical Social Service Visit Charges	9,548	616	0	0	10,164	30.00
31.00	Home Health Aide Visits	888	417	2	13	1,320	31.00
32.00	Home Health Aide Visit Charges	99,456	46,704	224	1,456	147,840	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,448	1,449	61	93	8,051	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,314,889	273,364	11,969	18,839	1,619,061	35.00
36.00	Total Number of Episodes (standard/non outlier)	334		22	3	359	36.00
37.00	Total Number of Outlier Episodes		28		1	29	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/25/2017 11:27 am
				1.00
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.266680	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		3,037,435	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		-1,057,021	5.00
6.00	Medicaid charges		42,454,351	6.00
7.00	Medicaid cost (line 1 times line 6)		11,321,726	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		9,341,312	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP		7,066	9.00
10.00	Stand-alone CHIP charges		30,275	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		8,074	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		1,008	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
<b>Uncompensated care (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,342,320	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)	2,827,465	0	2,827,465
21.00	Cost of patients approved for charity care (line 1 times line 20)	754,028	0	754,028
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	754,028	0	754,028
				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)		6,043,804	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		260,763	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,783,041	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,542,221	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,296,249	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,638,569	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,779,903	2,779,903	0	2,779,903	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	533,909	10,081,175	10,615,084	0	10,615,084	4.00
5.01	01160	COMMUNICATIONS	0	0	0	15,000	15,000	5.01
5.02	00550	DATA PROCESSING	1,241,960	2,761,048	4,003,008	0	4,003,008	5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES	271,014	84,132	355,146	0	355,146	5.03
5.04	00570	ADMINISTRATIVE	1,138,981	118,958	1,257,939	-15,000	1,242,939	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	459,580	1,015,580	1,475,160	0	1,475,160	5.05
5.06	00592	OTHER ADMINISTRATIVE AND GENERAL	5,667,083	4,436,741	10,103,824	-374,290	9,729,534	5.06
7.00	00700	OPERATION OF PLANT	1,024,732	1,391,476	2,416,208	0	2,416,208	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,526	194,855	226,381	0	226,381	8.00
9.00	00900	HOUSEKEEPING	898,930	478,032	1,376,962	0	1,376,962	9.00
10.00	01000	DIETARY	596,125	950,310	1,546,435	-1,109,452	436,983	10.00
11.00	01100	CAFETERIA	0	0	0	1,109,452	1,109,452	11.00
13.00	01300	NURSING ADMINISTRATION	546,074	210,914	756,988	0	756,988	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	253,640	386,621	640,261	-640,261	0	14.00
15.00	01500	PHARMACY	1,032,069	7,058,862	8,090,931	0	8,090,931	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	813,832	365,544	1,179,376	0	1,179,376	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,797,901	1,075,408	6,873,309	33,460	6,906,769	30.00
31.00	03100	INTENSIVE CARE UNIT	1,137,807	392,495	1,530,302	0	1,530,302	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,136,018	1,598,220	4,734,238	289,488	5,023,726	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,643,264	387,324	3,030,588	0	3,030,588	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,294,834	2,827,968	5,122,802	0	5,122,802	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	1,154,888	876,278	2,031,166	0	2,031,166	56.01
57.00	05700	CT SCAN	368,399	685,610	1,054,009	0	1,054,009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	355,671	408,343	764,014	0	764,014	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,830,790	3,027,092	4,857,882	0	4,857,882	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	853,195	211,591	1,064,786	0	1,064,786	65.00
65.01	06501	SLEEP LAB	443,278	203,588	646,866	0	646,866	65.01
66.00	06600	PHYSICAL THERAPY	1,597,842	325,313	1,923,155	0	1,923,155	66.00
69.00	06900	ELECTROCARDIOLOGY	536,670	198,354	735,024	0	735,024	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,560	3,897,428	4,031,988	-2,084,102	1,947,886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,084,102	2,084,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	265,400	131,598	396,998	0	396,998	90.00
91.00	09100	EMERGENCY	2,574,684	1,742,471	4,317,155	317,313	4,634,468	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	804,878	532,016	1,336,894	0	1,336,894	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,439,534	50,835,248	91,274,782	-374,290	90,900,492	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005	MARKETING	0	0	0	374,290	374,290	190.05
190.06	19006	MHLIGHTBOUND	0	0	0	0	0	190.06
190.07	19007	I-74 CAMPUS	123,913	274,511	398,424	0	398,424	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	2,174	67,281	69,455	0	69,455	190.09
190.10	19010	MMG	0	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	0	190.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.14	19014	SPORTSWORKS	0	0	0	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016	RENOVO	274,385	1,094,835	1,369,220	0	1,369,220	190.16
190.17	19017	I MA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	414,583	490,495	905,078	0	905,078	190.18
190.19	19019	MHCD	0	1,441,627	1,441,627	0	1,441,627	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	2,504,424	448,575	2,952,999	0	2,952,999	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	710,068	191,188	901,256	0	901,256	194.00
200.00		TOTAL (SUM OF LINES 118-199)	44,469,081	54,843,760	99,312,841	0	99,312,841	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0097

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

Worksheet A  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-325,554	2,454,349	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,757	10,610,327	4.00
5.01	01160	COMMUNICATIONS	-2,651	12,349	5.01
5.02	00550	DATA PROCESSING	-479,049	3,523,959	5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES	0	355,146	5.03
5.04	00570	ADMINISTRATIVE	-7,540	1,235,399	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,475,160	5.05
5.06	00592	OTHER ADMINISTRATIVE AND GENERAL	-1,311,480	8,418,054	5.06
7.00	00700	OPERATION OF PLANT	0	2,416,208	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	226,381	8.00
9.00	00900	HOUSEKEEPING	0	1,376,962	9.00
10.00	01000	DIETARY	-198,834	238,149	10.00
11.00	01100	CAFETERIA	-648,078	461,374	11.00
13.00	01300	NURSING ADMINISTRATION	-69,865	687,123	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-193,734	7,897,197	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,291	1,172,085	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-212,685	6,694,084	30.00
31.00	03100	INTENSIVE CARE UNIT	-41,170	1,489,132	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-712,990	4,310,736	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-1,912,581	1,118,007	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,105,649	4,017,153	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	ONCOLOGY	-218,353	1,812,813	56.01
57.00	05700	CT SCAN	-179,149	874,860	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-91,875	672,139	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-325,543	4,532,339	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-32,073	1,032,713	65.00
65.01	06501	SLEEP LAB	-40,243	606,623	65.01
66.00	06600	PHYSICAL THERAPY	-80,491	1,842,664	66.00
69.00	06900	ELECTROCARDIOLOGY	-130,959	604,065	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-200,955	1,746,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,084,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-335,566	61,432	90.00
91.00	09100	EMERGENCY	-960,438	3,674,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-1,272	1,335,622	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,830,825	81,069,667	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	190.04
190.05	19005	MARKETING	0	374,290	190.05
190.06	19006	MH LIGHTBOUND	0	0	190.06
190.07	19007	I-74 CAMPUS	0	398,424	190.07
190.08	19008	SOUTHEAST OB	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	69,455	190.09
190.10	19010	MMG	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	190.12
190.13	19013	SSA	0	0	190.13
190.14	19014	SPORTSWORKS	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	190.15



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0097

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

Worksheet A  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.16	19016	RENOVO	0	1,369,220	190.16
190.17	19017	I MA	0	0	190.17
190.18	19018	MD SOLUTIONS	0	905,078	190.18
190.19	19019	MHCD	-38,525	1,403,102	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPITALIST	-18,349	2,934,650	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	-4,580	896,676	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-9,892,279	89,420,562	200.00

RECLASSIFICATIONS

Provider CCN: 15-0097

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

Worksheet A-6

Date/Time Prepared:  
5/25/2017 11:27 am

		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	427,675	681,777	1.00
	O		427,675	681,777	
B - COMMUNICATIONS					
1.00	COMMUNICATIONS	5.01	15,000	0	1.00
	O		15,000	0	
C - CS&R OTHER					
1.00	ADULTS & PEDIATRICS	30.00	13,255	20,205	1.00
2.00	OPERATING ROOM	50.00	114,681	174,807	2.00
3.00	EMERGENCY	91.00	125,704	191,609	3.00
	O		253,640	386,621	
D - MARKETING					
1.00	MARKETING	190.05	194,596	179,694	1.00
	O		194,596	179,694	
E - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	66,018	2,018,084	1.00
	O		66,018	2,018,084	
500.00	Grand Total: Increases		956,929	3,266,176	500.00

RECLASSIFICATIONS

Provider CCN: 15-0097

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

Worksheet A-6

Date/Time Prepared:  
5/25/2017 11:27 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	427,675	681,777	0		1.00
	O		427,675	681,777			
B - COMMUNICATIONS							
1.00	ADMINISTRATIVE	5.04	15,000	0	0		1.00
	O		15,000	0			
C - CS&R OTHER							
1.00	CENTRAL SERVICES & SUPPLY	14.00	253,640	386,621	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		253,640	386,621			
D - MARKETING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	194,596	179,694	0		1.00
	O		194,596	179,694			
E - IMPLANTABLE DEVICES RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	66,018	2,018,084	0		1.00
	O		66,018	2,018,084			
500.00	Grand Total: Decreases		956,929	3,266,176			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0097

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,978,356	0	0	0	0	1.00
2.00	Land Improvements	6,032,222	77,030	0	77,030	0	2.00
3.00	Buildings and Fixtures	86,646,132	48,976,493	0	48,976,493	0	3.00
4.00	Building Improvements	3,737,952	3,069,830	0	3,069,830	0	4.00
5.00	Fixed Equipment	868,356	68,547	0	68,547	10,820	5.00
6.00	Movable Equipment	31,125,982	5,355,513	0	5,355,513	1,492,332	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	130,389,000	57,547,413	0	57,547,413	1,503,152	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	130,389,000	57,547,413	0	57,547,413	1,503,152	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,978,356	0				1.00
2.00	Land Improvements	6,109,252	0				2.00
3.00	Buildings and Fixtures	135,622,625	0				3.00
4.00	Building Improvements	6,807,782	0				4.00
5.00	Fixed Equipment	926,083	0				5.00
6.00	Movable Equipment	34,989,163	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	186,433,261	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	186,433,261	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0097

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,453,113	0	323,307	0	0	1.00
3.00	Total (sum of lines 1-2)	2,453,113	0	323,307	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	3,483	2,779,903				1.00
3.00	Total (sum of lines 1-2)	3,483	2,779,903				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0097

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	186,433,261	0	186,433,261	1.000000	0	1.00	
3.00	Total (sum of lines 1-2)	186,433,261	0	186,433,261	1.000000	0	3.00	
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
		6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,450,866	0	1.00	
3.00	Total (sum of lines 1-2)	0	0	0	2,450,866	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,483	2,454,349	1.00	
3.00	Total (sum of lines 1-2)	0	0	0	3,483	2,454,349	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0097

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

Worksheet A-8

Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-323,307	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		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)	A	-2,651	COMMUNICATIONS		5.01	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,861,865				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	0				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-321,872	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		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 FOOD AND NUTRITION	B	-12,823	DIETARY		10.00	0 33.00
34.00 DIABETIC ED	B	-66,960	NURSING ADMINISTRATION		13.00	0 34.00

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	3.00	
34.01 CASE MANAGEMENT	B	-2,800	OTHER ADMINISTRATION AND GENERAL	5.06	0 34.01	
35.00 CAFETERIA - EMP	A	-326,206	CAFETERIA	11.00	0 35.00	
36.00 MH OTHER REVENUES RENTAL INCOME	B	-2,247	CAP REL COSTS-BLDG & FIXT	1.00	9 36.00	
37.00 MH INFO. SYSTEMS CONTRACT LABOR	A	-479,049	DATA PROCESSING	5.02	0 37.00	
38.00 MH REGISTRATION CONTRACT LABOR	A	-7,540	ADMINISTRATION	5.04	0 38.00	
40.00 MH ACCOUNTING CONTRACT LABOR	A	-145,692	OTHER ADMINISTRATION AND GENERAL	5.06	0 40.00	
41.00 MH ADMINISTRATION CONTRACT LABOR	A	-436,416	OTHER ADMINISTRATION AND GENERAL	5.06	0 41.00	
42.00 MH EDUCATION CLASS REVENUE	B	-14,924	OTHER ADMINISTRATION AND GENERAL	5.06	0 42.00	
44.00 MH ACCOUNTING VENDOR REBATES	B	-29,054	OTHER ADMINISTRATION AND GENERAL	5.06	0 44.00	
45.00 MH OTHER REVENUES PURCHASE DISCOUNTS	B	-2,879	OTHER ADMINISTRATION AND GENERAL	5.06	0 45.00	
45.01 MH OTHER REVENUES REAPPOINTMENT FEES	B	-4,100	OTHER ADMINISTRATION AND GENERAL	5.06	0 45.01	
45.02 MH OTHER REVENUES MISCELLANEOUS INCOME	B	-18,076	OTHER ADMINISTRATION AND GENERAL	5.06	0 45.02	
45.03 MH ACCOUNTING PENALTIES	B	1,775	OTHER ADMINISTRATION AND GENERAL	5.06	0 45.03	
45.04 MH CL. NUTR/DIABED OTHER CAFETERIA R	B	-2,440	NURSING ADMINISTRATION	13.00	0 45.04	
45.05 MH PHARMACY VENDOR REBATES	B	-1,678	PHARMACY	15.00	0 45.05	
45.06 MH OTHER REVENUES XEROX AND COPYING	B	-7,291	MEDICAL RECORDS & LIBRARY	16.00	0 45.06	
45.07 MH COMM. OUTREACH CONTRACT LABOR	A	-25,808	ADULTS & PEDIATRICS	30.00	0 45.07	
45.08 MH OTHER REVENUES BABY PHOTO INCOME	B	-240	ADULTS & PEDIATRICS	30.00	0 45.08	
45.09 MH ICU OTHER INCOME	B	-1,250	INTENSIVE CARE UNIT	31.00	0 45.09	
45.10 MH REHAB SVCS-SWK CONTRACT LABOR	A	-28,808	PHYSICAL THERAPY	66.00	0 45.10	
45.11 MH CAR MGT & REHAB CONTRACT LABOR	A	-31,788	ELECTROCARDIOLOGY	69.00	9 45.11	
45.12 MH CENTRAL SUPPLY VENDOR REBATES	B	-37,804	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 45.12	
45.13 MH MED. SPEC. CNTR RENTAL INCOME	B	-188,513	CLINIC	90.00	0 45.13	
45.14 MEALS ON WHEELS	A	-186,011	DIETARY	10.00	9 45.14	
45.15 IHHA/AHA DUES	A	-5,500	OTHER ADMINISTRATION AND GENERAL	5.06	0 45.15	
45.16 PROMOTIONAL GIFTS	A	-334	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.16	
45.17 PROMOTIONAL GIFTS	A	-1,429	OTHER ADMINISTRATION AND GENERAL	5.06	0 45.17	
45.19 PROMOTIONAL GIFTS	A	-426	NURSING ADMINISTRATION	13.00	0 45.19	
45.20 PROMOTIONAL GIFTS	A	-2,015	ADULTS & PEDIATRICS	30.00	0 45.20	
45.21 PROMOTIONAL GIFTS	A	-2,298	RADIOLOGY-DIAGNOSTIC	54.00	0 45.21	
45.23 PROMOTIONAL GIFTS	A	-1,689	ONCOLOGY	56.01	0 45.23	
45.24 PROMOTIONAL GIFTS	A	-324	RESPIRATORY THERAPY	65.00	0 45.24	
45.25 PROMOTIONAL GIFTS	A	-241	SLEEP LAB	65.01	0 45.25	
45.26 PROMOTIONAL GIFTS	A	-259	PHYSICAL THERAPY	66.00	0 45.26	
45.27 PROMOTIONAL GIFTS	A	-627	ELECTROCARDIOLOGY	69.00	0 45.27	
45.28 ADVERTISING EXPENSE	A	-3,508	OTHER ADMINISTRATION AND GENERAL	5.06	0 45.28	
45.29 ADVERTISING EXPENSE	A	-1,165	RADIOLOGY-DIAGNOSTIC	54.00	0 45.29	
45.30 ADVERTISING EXPENSE	A	-5,715	PHYSICAL THERAPY	66.00	0 45.30	
45.31 COMMUNITY OUTREACH	A	-644,561	OTHER ADMINISTRATION AND GENERAL	5.06	0 45.31	
45.32 HAF EXPENSE	A	-39	NURSING ADMINISTRATION	13.00	0 45.32	
45.34 HAF EXPENSE	A	-192,056	PHARMACY	15.00	0 45.34	
45.35 HAF EXPENSE	A	-184,622	ADULTS & PEDIATRICS	30.00	0 45.35	
45.37 HAF EXPENSE	A	-39,920	INTENSIVE CARE UNIT	31.00	0 45.37	
45.38 HAF EXPENSE	A	-352,990	OPERATING ROOM	50.00	0 45.38	
45.39 HAF EXPENSE	A	-54,773	ANESTHESIOLOGY	53.00	0 45.39	
45.40 HAF EXPENSE	A	-213,269	RADIOLOGY-DIAGNOSTIC	54.00	0 45.40	
45.41 HAF EXPENSE	A	-50,015	ONCOLOGY	56.01	0 45.41	



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	
45.42 HAF EXPENSE	A	-178,890	CT SCAN	57.00	0 45.42
45.43 HAF EXPENSE	A	-91,875	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 45.43
45.44 HAF EXPENSE	A	-325,543	LABORATORY	60.00	0 45.44
45.45 HAF EXPENSE	A	-31,749	RESPIRATORY THERAPY	65.00	0 45.45
45.46 HAF EXPENSE	A	-40,002	SLEEP LAB	65.01	0 45.46
45.47 HAF EXPENSE	A	-43,971	PHYSICAL THERAPY	66.00	0 45.47
45.48 HAF EXPENSE	A	-40,634	ELECTROCARDIOLOGY	69.00	0 45.48
45.49 HAF EXPENSE	A	-163,151	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 45.49
45.50 HAF EXPENSE	A	-2,727	CLINIC	90.00	0 45.50
45.51 HAF EXPENSE	A	-584,919	EMERGENCY	91.00	0 45.51
45.52 HAF EXPENSE	A	-1,272	HOME HEALTH AGENCY	101.00	0 45.52
45.53 HAF EXPENSE	A	-38,525	MHCD	190.19	0 45.53
45.54 HAF EXPENSE	A	-18,349	HOSPITALIST	192.01	0 45.54
45.55 HAF EXPENSE	A	-4,580	OTHER NONREIMBURSABLE COST CENTERS	194.00	0 45.55
45.56		0		0.00	0 45.56
45.57		0		0.00	0 45.57
45.58		0		0.00	0 45.58
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,892,279			50.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0097

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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2017 11:27 am

1.00	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	31,789	0	31,789	179,000	318	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	31,252	0	31,252	179,000	313	2.00
3.00	50.00	OPERATING ROOM	360,000	360,000	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	2,121,954	1,717,230	404,724	239,400	2,295	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	888,917	888,917	0	0	0	5.00
6.00	56.01	ONCOLOGY	181,290	162,544	18,746	271,900	112	6.00
7.00	57.00	CT SCAN	259	259	0	0	0	7.00
8.00	60.00	LABORATORY	56,886	0	56,886	260,300	726	8.00
9.00	66.00	PHYSICAL THERAPY	10,000	0	10,000	179,000	96	9.00
10.00	69.00	ELECTROCARDIOLOGY	57,910	57,910	0	0	0	10.00
11.00	90.00	CLINIC	189,076	93,377	95,699	179,000	520	11.00
12.00	91.00	EMERGENCY	675,000	14,996	660,004	179,000	3,480	12.00
200.00			4,604,333	3,295,233	1,309,100		7,860	200.00

1.00	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	27,366	1,368	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	26,936	1,347	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	264,146	13,207	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	56.01	ONCOLOGY	14,641	732	0	0	0	6.00
7.00	57.00	CT SCAN	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	90,855	4,543	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	8,262	413	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	90.00	CLINIC	44,750	2,238	0	0	0	11.00
12.00	91.00	EMERGENCY	299,481	14,974	0	0	0	12.00
200.00			776,437	38,822	0	0	0	200.00

1.00	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	27,366	4,423	4,423	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	26,936	4,316	4,316	2.00
3.00	50.00	OPERATING ROOM	0	0	0	360,000	3.00
4.00	53.00	ANESTHESIOLOGY	0	264,146	140,578	1,857,808	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	888,917	5.00
6.00	56.01	ONCOLOGY	0	14,641	4,105	166,649	6.00
7.00	57.00	CT SCAN	0	0	0	259	7.00
8.00	60.00	LABORATORY	0	90,855	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	8,262	1,738	1,738	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	57,910	10.00
11.00	90.00	CLINIC	0	44,750	50,949	144,326	11.00
12.00	91.00	EMERGENCY	0	299,481	360,523	375,519	12.00
200.00			0	776,437	566,632	3,861,865	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,454,349	2,454,349				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,610,327	10,221	10,620,548			4.00
5.01 01160	COMMUNICATIONS	12,349	5,508	3,626	21,483		5.01
5.02 00550	DATA PROCESSING	3,523,959	12,833	300,221	1,013	3,838,026	5.02
5.03 00590	PURCHASING, RECEIVING, AND STORES	355,146	13,798	65,513	324	19,384	5.03
5.04 00570	ADMITTING	1,235,399	30,625	271,702	892	193,840	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,475,160	0	111,095	0	109,842	5.05
5.06 00592	OTHER ADMINISTRATIVE AND GENERAL	8,418,054	200,882	1,322,875	1,662	323,066	5.06
7.00 00700	OPERATION OF PLANT	2,416,208	214,151	247,711	0	96,920	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	226,381	10,505	7,621	0	6,461	8.00
9.00 00900	HOUSEKEEPING	1,376,962	4,864	217,300	162	174,456	9.00
10.00 01000	DIETARY	238,149	46,601	40,720	405	122,765	10.00
11.00 01100	CAFETERIA	461,374	73,800	103,383	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	687,123	31,856	132,004	1,500	90,459	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	60,210	0	203	19,384	14.00
15.00 01500	PHARMACY	7,897,197	27,408	249,484	365	71,075	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,172,085	41,698	196,729	649	109,842	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	6,694,084	459,439	1,404,752	3,080	594,441	30.00
31.00 03100	INTENSIVE CARE UNIT	1,489,132	140,691	275,044	770	122,765	31.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	4,310,736	184,320	785,798	1,986	271,376	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	1,118,007	8,915	638,961	0	45,229	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,017,153	175,897	554,735	973	219,685	54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	ONCOLOGY	1,812,813	314,545	279,173	1,986	116,304	56.01
57.00 05700	CT SCAN	874,860	7,571	89,054	0	19,384	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	672,139	0	85,977	0	25,845	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	4,532,339	37,951	442,561	892	258,453	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,032,713	15,824	206,245	1,297	71,075	65.00
65.01 06501	SLEEP LAB	606,623	0	107,154	162	38,768	65.01
66.00 06600	PHYSICAL THERAPY	1,842,664	11,925	386,250	973	129,226	66.00
69.00 06900	ELECTROCARDIOLOGY	604,065	53,434	129,730	0	64,613	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,746,931	0	16,569	0	19,384	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	2,084,102	0	15,959	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	61,432	94,583	64,156	689	25,845	90.00
91.00 09100	EMERGENCY	3,674,030	100,337	652,770	851	232,608	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00 10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	1,335,622	0	194,565	0	77,536	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	81,069,667	2,390,392	9,599,437	20,834	3,670,031	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,041	0	0	0	190.00
190.01 19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02 19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03 19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04 19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05 19005	MARKETING	374,290	3,634	47,040	0	12,923	190.05
190.06 19006	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07 19007	I-74 CAMPUS	398,424	0	29,954	0	32,307	190.07
190.08 19008	SOUTHEAST OB	0	0	0	0	0	190.08
190.09 19009	INTELLI PLEX DEVELOPMENT	69,455	0	526	0	0	190.09
190.10 19010	MMG	0	0	0	0	0	190.10
190.11 19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0	190.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0097

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

Worksheet B Part I Date/Time Prepared: 5/25/2017 11:27 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			BLDG & FIXT				
	0	1.00	4.00	5.01	5.02		
190.12 19012 BARTLEY ORTHOPEDICS	0	0	0	0	0	0	190.12
190.13 19013 SSA	0	0	0	0	0	0	190.13
190.14 19014 SPORTSWORKS	0	0	0	0	0	0	190.14
190.15 19015 SHELBY PEDS	0	0	0	0	0	0	190.15
190.16 19016 RENOVO	1,369,220	0	66,328	0	0	0	190.16
190.17 19017 IMA	0	0	0	0	0	0	190.17
190.18 19018 MD SOLUTIONS	905,078	0	100,218	0	0	0	190.18
190.19 19019 MHCD	1,403,102	4,997	0	0	0	0	190.19
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 HOSPITALIST	2,934,650	0	605,399	41	58,152	0	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	896,676	48,285	171,646	608	64,613	0	194.00
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)	89,420,562	2,454,349	10,620,548	21,483	3,838,026	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		PURCHASING, RECEIVING, AND STORES	ADMINITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00590	454,165					5.03
5.04	00570	4,919	1,737,377				5.04
5.05	00580	3,105	0	1,699,202			5.05
5.06	00592	9,393	0	0	10,275,932	10,275,932	5.06
7.00	00700	989	0	0	2,975,979	386,392	7.00
8.00	00800	32	0	0	251,000	32,589	8.00
9.00	00900	8,587	0	0	1,782,331	231,413	9.00
10.00	01000	3,529	0	0	452,169	58,708	10.00
11.00	01100	0	0	0	638,557	82,908	11.00
13.00	01300	7,892	0	0	950,834	123,453	13.00
14.00	01400	18,593	0	0	98,390	12,775	14.00
15.00	01500	5,086	0	0	8,250,615	1,071,235	15.00
16.00	01600	3,520	0	0	1,524,523	197,939	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	39,896	102,449	100,205	9,398,346	1,220,284	30.00
31.00	03100	27,390	23,254	22,745	2,101,791	272,890	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	116,978	242,977	237,655	6,151,826	798,735	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	26,826	31,439	30,750	1,900,127	246,707	53.00
54.00	05400	11,209	136,965	133,966	5,250,583	681,720	54.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	15,611	62,852	61,476	2,664,760	345,984	56.01
57.00	05700	4,984	129,579	126,741	1,252,173	162,578	57.00
58.00	05800	2,165	58,073	56,801	901,000	116,983	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	45,398	218,851	214,058	5,750,503	746,628	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	7,623	29,526	28,880	1,393,183	180,887	65.00
65.01	06501	4,195	24,832	24,288	806,022	104,651	65.01
66.00	06600	8,140	41,606	40,695	2,461,479	319,591	66.00
69.00	06900	8,620	32,905	32,185	925,552	120,171	69.00
71.00	07100	0	117,294	114,726	2,014,904	261,609	71.00
72.00	07200	0	0	0	2,100,061	272,666	72.00
73.00	07300	0	163,892	160,303	324,195	42,093	73.00
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	1,617	776	759	249,857	32,441	90.00
91.00	09100	44,549	250,023	244,419	5,199,587	675,099	91.00
92.00	09200				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
97.00	09700	0	0	0	0	0	97.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	8,526	12,740	12,461	1,641,450	213,121	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		439,372	1,680,033	1,643,113	79,687,729	9,012,250	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	7,041	914	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	437,887	56,854	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	88	0	0	460,773	59,825	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	0	69,981	9,086	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19011	0	0	0	0	0	190.11
190.12	19012	0	0	0	0	0	190.12
190.13	19013	0	0	0	0	0	190.13
190.14	19014	0	0	0	0	0	190.14
190.15	19015	0	0	0	0	0	190.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			PURCHASING, RECEIVING, AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
190.16	19016	RENOVO	236	0	0	1,435,784	186,418	190.16
190.17	19017	IMA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	1,005,296	130,525	190.18
190.19	19019	MHCD	0	31,913	31,214	1,471,226	191,020	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	58	16,596	16,233	3,631,129	471,455	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	14,411	8,835	8,642	1,213,716	157,585	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	454,165	1,737,377	1,699,202	89,420,562	10,275,932	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00592	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	3,362,371					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,963	301,552				8.00
9.00	00900	HOUSEKEEPING	8,318	0	2,022,062			9.00
10.00	01000	DIETARY	79,686	0	48,299	638,862		10.00
11.00	01100	CAFETERIA	126,196	0	76,490	0	924,151	11.00
13.00	01300	NURSING ADMINISTRATION	54,472	0	33,017	0	15,655	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	102,957	0	62,404	0	0	14.00
15.00	01500	PHARMACY	46,866	0	28,407	0	26,658	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	71,303	0	43,218	0	36,881	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	785,627	104,411	476,180	571,536	205,638	30.00
31.00	03100	INTENSIVE CARE UNIT	240,579	16,085	145,819	67,326	42,563	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	315,183	50,213	191,038	0	102,937	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,245	0	9,240	0	15,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	300,780	35,358	182,308	0	70,640	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	537,863	8,278	326,008	0	38,748	56.01
57.00	05700	CT SCAN	12,947	0	7,847	0	11,377	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	10,951	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	64,894	6	39,334	0	84,369	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	27,058	3,013	16,400	0	26,415	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	20,391	11,424	12,359	0	46,995	66.00
69.00	06900	ELECTROCARDIOLOGY	91,370	0	55,381	0	20,356	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,708	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	161,734	1,044	98,030	0	10,075	90.00
91.00	09100	EMERGENCY	171,574	71,720	103,994	0	89,900	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,253,006	301,552	1,955,773	638,862	864,970	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,040	0	7,298	0	0	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005	MARKETING	6,214	0	3,767	0	0	190.05
190.06	19006	MH LIGHTBOUND	0	0	0	0	6,434	190.06
190.07	19007	I-74 CAMPUS	0	0	0	0	8,226	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	0	0	0	118	190.09
190.10	19010	MMG	0	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	0	190.13
190.14	19014	SPORTSWORKS	0	0	0	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016	RENOVO	0	0	0	0	18,398	190.16

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
190.17	19017	I MA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	0	190.18
190.19	19019	MHCD	8,545	0	5,179	0	0	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	0	0	0	0	26,005	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	82,566	0	50,045	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,362,371	301,552	2,022,062	638,862	924,151	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00592						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	1,177,431					13.00
14.00	01400	0	276,526				14.00
15.00	01500	0	0	9,423,781			15.00
16.00	01600	0	0	0	1,873,864		16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	360,271	0	0	121,460	13,243,753	30.00
31.00	03100	74,569	0	0	23,368	2,984,990	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	180,343	0	0	272,037	8,062,312	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	27,638	0	0	9,719	2,224,451	53.00
54.00	05400	0	0	0	154,866	6,676,255	54.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	67,886	0	0	71,067	4,060,594	56.01
57.00	05700	0	0	0	146,515	1,593,437	57.00
58.00	05800	0	0	0	65,662	1,094,596	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	247,454	6,933,188	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	46,278	0	0	33,385	1,726,619	65.00
65.01	06501	25,442	0	0	28,077	964,192	65.01
66.00	06600	0	0	0	47,044	2,919,283	66.00
69.00	06900	35,663	0	0	37,206	1,285,699	69.00
71.00	07100	0	141,028	0	67,556	2,489,805	71.00
72.00	07200	0	135,498	0	65,069	2,577,623	72.00
73.00	07300	0	0	9,423,781	185,312	9,975,381	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	17,652	0	0	878	571,711	90.00
91.00	09100	157,501	0	0	282,784	6,752,159	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
97.00	09700	0	0	0	0	0	97.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	47,542	0	0	14,405	1,916,518	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		1,040,785	276,526	9,423,781	1,873,864	78,052,566	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	27,293	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	504,722	190.05
190.06	19006	0	0	0	0	6,434	190.06
190.07	19007	14,412	0	0	0	543,236	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	206	0	0	0	79,391	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19011	0	0	0	0	0	190.11
190.12	19012	0	0	0	0	0	190.12
190.13	19013	0	0	0	0	0	190.13
190.14	19014	0	0	0	0	0	190.14
190.15	19015	0	0	0	0	0	190.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
190.16	19016	RENOVO	32,232	0	0	0	1,672,832	190.16
190.17	19017	IMA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	1,135,821	190.18
190.19	19019	MHCD	0	0	0	0	1,675,970	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	45,561	0	0	0	4,174,150	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	44,235	0	0	0	1,548,147	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,177,431	276,526	9,423,781	1,873,864	89,420,562	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00592	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	13,243,753
31.00	03100	INTENSIVE CARE UNIT	0	2,984,990
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	8,062,312
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	2,224,451
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,676,255
56.00	05600	RADIOISOTOPE	0	0
56.01	05601	ONCOLOGY	0	4,060,594
57.00	05700	CT SCAN	0	1,593,437
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,094,596
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	6,933,188
60.01	06001	BLOOD LABORATORY	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,726,619
65.01	06501	SLEEP LAB	0	964,192
66.00	06600	PHYSICAL THERAPY	0	2,919,283
69.00	06900	ELECTROCARDIOLOGY	0	1,285,699
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,489,805
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,577,623
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,975,381
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	571,711
91.00	09100	EMERGENCY	0	6,752,159
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0
101.00	10100	HOME HEALTH AGENCY	0	1,916,518
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	78,052,566
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,293
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0
190.02	19002	SICK CHILD CARE	0	0
190.03	19003	PRIVATE DUTY	0	0
190.04	19004	ST. VINCENT'S STRESS	0	0
190.05	19005	MARKETING	0	504,722
190.06	19006	MH LIGHTBOUND	0	6,434
190.07	19007	I-74 CAMPUS	0	543,236
190.08	19008	SOUTHEAST OB	0	0
190.09	19009	INTELLI PLEX DEVELOPMENT	0	79,391
190.10	19010	MMG	0	0
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0
190.12	19012	BARTLEY ORTHOPEDICS	0	0
190.13	19013	SSA	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.14	19014	SPORTSWORKS	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	190.15
190.16	19016	RENOVO	0	1,672,832	190.16
190.17	19017	IMA	0	0	190.17
190.18	19018	MD SOLUTIONS	0	1,135,821	190.18
190.19	19019	MHCD	0	1,675,970	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPITALIST	0	4,174,150	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	1,548,147	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	89,420,562	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		0	BLDG & FIXT				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	10,221	10,221	10,221		4.00
5.01 01160	COMMUNICATIONS	0	5,508	5,508	3	5,511	5.01
5.02 00550	DATA PROCESSING	0	12,833	12,833	289	260	5.02
5.03 00590	PURCHASING, RECEIVING, AND STORES	0	13,798	13,798	63	83	5.03
5.04 00570	ADMITTING	0	30,625	30,625	262	229	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	107	0	5.05
5.06 00592	OTHER ADMINISTRATIVE AND GENERAL	0	200,882	200,882	1,275	426	5.06
7.00 00700	OPERATION OF PLANT	0	214,151	214,151	239	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	10,505	10,505	7	0	8.00
9.00 00900	HOUSEKEEPING	0	4,864	4,864	209	42	9.00
10.00 01000	DIETARY	0	46,601	46,601	39	104	10.00
11.00 01100	CAFETERIA	0	73,800	73,800	100	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	31,856	31,856	127	385	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	60,210	60,210	0	52	14.00
15.00 01500	PHARMACY	0	27,408	27,408	240	94	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	41,698	41,698	190	166	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	459,439	459,439	1,339	787	30.00
31.00 03100	INTENSIVE CARE UNIT	0	140,691	140,691	265	198	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	184,320	184,320	757	510	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	8,915	8,915	616	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	175,897	175,897	535	250	54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601	ONCOLOGY	0	314,545	314,545	269	510	56.01
57.00 05700	CT SCAN	0	7,571	7,571	86	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	83	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	37,951	37,951	427	229	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	15,824	15,824	199	333	65.00
65.01 06501	SLEEP LAB	0	0	0	103	42	65.01
66.00 06600	PHYSICAL THERAPY	0	11,925	11,925	372	250	66.00
69.00 06900	ELECTROCARDIOLOGY	0	53,434	53,434	125	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	15	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	94,583	94,583	62	177	90.00
91.00 09100	EMERGENCY	0	100,337	100,337	629	218	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	188	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	2,390,392	2,390,392	9,236	5,345	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,041	7,041	0	0	190.00
190.01 19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02 19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03 19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04 19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05 19005	MARKETING	0	3,634	3,634	45	0	190.05
190.06 19006	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07 19007	I-74 CAMPUS	0	0	0	29	0	190.07
190.08 19008	SOUTHEAST OB	0	0	0	0	0	190.08
190.09 19009	INTELLI PLEX DEVELOPMENT	0	0	0	1	0	190.09
190.10 19010	MMG	0	0	0	0	0	190.10
190.11 19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0	190.11
190.12 19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT				
	0	1.00		2A	4.00	5.01	
190.13 19013 SSA	0	0	0	0	0	0	190.13
190.14 19014 SPORTSWORKS	0	0	0	0	0	0	190.14
190.15 19015 SHELBY PEDS	0	0	0	0	0	0	190.15
190.16 19016 RENOVO	0	0	0	0	64	0	190.16
190.17 19017 IMA	0	0	0	0	0	0	190.17
190.18 19018 MD SOLUTIONS	0	0	0	0	97	0	190.18
190.19 19019 MHCD	0	4,997		4,997	0	0	190.19
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 HOSPITALIST	0	0	0	0	584	10	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	48,285		48,285	165	156	194.00
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	2,454,349		2,454,349	10,221	5,511	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5.05	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	13,382					5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES	68	14,012				5.03
5.04	00570	ADMINITTING	676	152	31,944			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	383	96	0	586		5.05
5.06	00592	OTHER ADMINISTRATIVE AND GENERAL	1,126	290	0	0	203,999	5.06
7.00	00700	OPERATION OF PLANT	338	31	0	0	7,672	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23	1	0	0	647	8.00
9.00	00900	HOUSEKEEPING	608	265	0	0	4,595	9.00
10.00	01000	DIETARY	428	109	0	0	1,166	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,646	11.00
13.00	01300	NURSING ADMINISTRATION	315	243	0	0	2,451	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68	574	0	0	254	14.00
15.00	01500	PHARMACY	248	157	0	0	21,270	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	383	109	0	0	3,930	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,071	1,231	1,882	36	24,192	30.00
31.00	03100	INTENSIVE CARE UNIT	428	845	427	8	5,418	31.00
41.00	04100	SUBPROVIDER - I R F	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	946	3,606	4,463	86	15,859	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	158	828	577	11	4,899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	766	346	2,516	48	13,536	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	406	482	1,154	22	6,870	56.01
57.00	05700	CT SCAN	68	154	2,380	46	3,228	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	90	67	1,067	21	2,323	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	901	1,401	4,020	77	14,825	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	248	235	542	10	3,592	65.00
65.01	06501	SLEEP LAB	135	129	456	9	2,078	65.01
66.00	06600	PHYSICAL THERAPY	451	251	764	15	6,346	66.00
69.00	06900	ELECTROCARDIOLOGY	225	266	604	12	2,386	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	68	0	2,154	41	5,194	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,010	58	836	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	90	50	14	0	644	90.00
91.00	09100	EMERGENCY	811	1,374	4,627	61	13,405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	270	263	234	5	4,232	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,796	13,555	30,891	566	178,908	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	18	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005	MARKETING	45	0	0	0	1,129	190.05
190.06	19006	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07	19007	I-74 CAMPUS	113	3	0	0	1,188	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	0	0	0	180	190.09
190.10	19010	MMG	0	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	0	190.13
190.14	19014	SPORTSWORKS	0	0	0	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	0	0	0	190.15

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5.05	5.06	
190.16	19016	RENOVO	0	7	0	0	3,701	190.16
190.17	19017	IMA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	2,592	190.18
190.19	19019	MHCD	0	0	586	11	3,793	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	203	2	305	6	9,361	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	225	445	162	3	3,129	194.00
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)	13,382	14,012	31,944	586	203,999	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00592	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	222,431					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,188	12,371				8.00
9.00	00900	HOUSEKEEPING	550	0	11,133			9.00
10.00	01000	DIETARY	5,271	0	266	53,984		10.00
11.00	01100	CAFETERIA	8,348	0	421	0	84,315	11.00
13.00	01300	NURSING ADMINISTRATION	3,604	0	182	0	1,428	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,811	0	344	0	0	14.00
15.00	01500	PHARMACY	3,100	0	156	0	2,432	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,717	0	238	0	3,365	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	51,976	4,282	2,619	48,295	18,761	30.00
31.00	03100	INTENSIVE CARE UNIT	15,915	660	803	5,689	3,883	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,850	2,060	1,052	0	9,391	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,008	0	51	0	1,439	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,897	1,451	1,004	0	6,445	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	35,581	340	1,795	0	3,535	56.01
57.00	05700	CT SCAN	856	0	43	0	1,038	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	999	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,293	0	217	0	7,697	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,790	124	90	0	2,410	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,349	469	68	0	4,288	66.00
69.00	06900	ELECTROCARDIOLOGY	6,044	0	305	0	1,857	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	395	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	10,699	43	540	0	919	90.00
91.00	09100	EMERGENCY	11,350	2,942	573	0	8,202	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	215,197	12,371	10,767	53,984	78,914	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	0	40	0	0	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005	MARKETING	411	0	21	0	0	190.05
190.06	19006	MHLIGHTBOUND	0	0	0	0	587	190.06
190.07	19007	I-74 CAMPUS	0	0	0	0	751	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	0	0	0	11	190.09
190.10	19010	MMG	0	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	0	190.13
190.14	19014	SPORTSWORKS	0	0	0	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016	RENOVO	0	0	0	0	1,679	190.16

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
190.17	19017	I MA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	0	190.18
190.19	19019	MHCD	565	0	29	0	0	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	0	0	0	0	2,373	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	5,462	0	276	0	0	194.00
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)	222,431	12,371	11,133	53,984	84,315	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00592	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	40,591					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	68,313				14.00
15.00	01500	PHARMACY	0	0	55,105			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	54,796		16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,420	0	0	3,548	632,878	30.00
31.00	03100	INTENSIVE CARE UNIT	2,571	0	0	683	178,484	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,217	0	0	7,946	258,063	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	953	0	0	284	19,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,524	227,215	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	2,340	0	0	2,076	369,925	56.01
57.00	05700	CT SCAN	0	0	0	4,280	19,750	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,918	6,568	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	7,228	79,266	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,595	0	0	975	27,967	65.00
65.01	06501	SLEEP LAB	877	0	0	820	4,649	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	1,374	27,922	66.00
69.00	06900	ELECTROCARDIOLOGY	1,229	0	0	1,087	67,574	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,840	0	1,973	44,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	33,473	0	1,901	41,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	55,105	5,413	64,422	73.00
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	609	0	0	26	108,456	90.00
91.00	09100	EMERGENCY	5,430	0	0	8,319	158,278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,639	0	0	421	7,252	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,880	68,313	55,105	54,796	2,344,322	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	7,895	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005	MARKETING	0	0	0	0	5,285	190.05
190.06	19006	MH LIGHTBOUND	0	0	0	0	587	190.06
190.07	19007	I-74 CAMPUS	497	0	0	0	2,581	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	7	0	0	0	199	190.09
190.10	19010	MMG	0	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	0	190.13
190.14	19014	SPORTSWORKS	0	0	0	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	0	0	0	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
			13.00	14.00	15.00	16.00	24.00	
190.16	19016	RENOVO	1,111	0	0	0	6,562	190.16
190.17	19017	IMA	0	0	0	0	0	190.17
190.18	19018	MD SOLUTIONS	0	0	0	0	2,689	190.18
190.19	19019	MHCD	0	0	0	0	9,981	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPITALIST	1,571	0	0	0	14,415	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,525	0	0	0	59,833	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,591	68,313	55,105	54,796	2,454,349	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 11:27 am
Cost Center	Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES			5.03
5.04	00570	ADMINISTRATIVE			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00592	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	632,878	30.00
31.00	03100	INTENSIVE CARE UNIT	0	178,484	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	258,063	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	227,215	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	ONCOLOGY	0	369,925	56.01
57.00	05700	CT SCAN	0	19,750	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,568	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	79,266	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	27,967	65.00
65.01	06501	SLEEP LAB	0	4,649	65.01
66.00	06600	PHYSICAL THERAPY	0	27,922	66.00
69.00	06900	ELECTROCARDIOLOGY	0	67,574	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	41,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	64,422	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	108,456	90.00
91.00	09100	EMERGENCY	0	158,278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	7,252	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,344,322	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,895	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	190.04
190.05	19005	MARKETING	0	5,285	190.05
190.06	19006	MH LIGHTBOUND	0	587	190.06
190.07	19007	I-74 CAMPUS	0	2,581	190.07
190.08	19008	SOUTHEAST OB	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	199	190.09
190.10	19010	MMG	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	190.12
190.13	19013	SSA	0	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0097

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.14	19014	SPORTSWORKS	0	0	190.14
190.15	19015	SHELBY PEDS	0	0	190.15
190.16	19016	RENOVO	0	6,562	190.16
190.17	19017	IMA	0	0	190.17
190.18	19018	MD SOLUTIONS	0	2,689	190.18
190.19	19019	MHCD	0	9,981	190.19
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPITALIST	0	14,415	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	59,833	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	2,454,349	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0097

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING, AND STORES (PURCHASING)	
	BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5.01	5.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	129,668				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	540	43,935,172			4.00
5.01 01160	COMMUNICATIONS	291	15,000	530		5.01
5.02 00550	DATA PROCESSING	678	1,241,960	25	594	5.02
5.03 00590	PURCHASING, RECEIVING, AND STORES	729	271,014	8	3	2,245,441
5.04 00570	ADMITTING	1,618	1,123,981	22	30	24,318
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	459,580	0	17	15,353
5.06 00592	OTHER ADMINISTRATIVE AND GENERAL	10,613	5,472,487	41	50	46,439
7.00 00700	OPERATION OF PLANT	11,314	1,024,732	0	15	4,888
8.00 00800	LAUNDRY & LINEN SERVICE	555	31,526	0	1	158
9.00 00900	HOUSEKEEPING	257	898,930	4	27	42,456
10.00 01000	DIETARY	2,462	168,450	10	19	17,447
11.00 01100	CAFETERIA	3,899	427,675	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,683	546,074	37	14	39,017
14.00 01400	CENTRAL SERVICES & SUPPLY	3,181	0	5	3	91,925
15.00 01500	PHARMACY	1,448	1,032,069	9	11	25,147
16.00 01600	MEDICAL RECORDS & LIBRARY	2,203	813,832	16	17	17,402
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	24,273	5,811,156	76	92	197,250
31.00 03100	INTENSIVE CARE UNIT	7,433	1,137,807	19	19	135,417
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	9,738	3,250,699	49	42	578,356
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	471	2,643,264	0	7	132,629
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,293	2,294,834	24	34	55,418
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.01 05601	ONCOLOGY	16,618	1,154,888	49	18	77,182
57.00 05700	CT SCAN	400	368,399	0	3	24,639
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	355,671	0	4	10,706
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	2,005	1,830,790	22	40	224,453
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	836	853,195	32	11	37,688
65.01 06501	SLEEP LAB	0	443,278	4	6	20,743
66.00 06600	PHYSICAL THERAPY	630	1,597,842	24	20	40,244
69.00 06900	ELECTROCARDIOLOGY	2,823	536,670	0	10	42,620
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	68,542	0	3	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	66,018	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	4,997	265,400	17	4	7,997
91.00 09100	EMERGENCY	5,301	2,700,388	21	36	220,257
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
100.00 10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	804,878	0	12	42,153
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	126,289	39,711,029	514	568	2,172,302
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	372	0	0	0	0
190.01 19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0
190.02 19002	SICK CHILD CARE	0	0	0	0	0
190.03 19003	PRIVATE DUTY	0	0	0	0	0
190.04 19004	ST. VINCENT'S STRESS	0	0	0	0	0
190.05 19005	MARKETING	192	194,596	0	2	0
190.06 19006	MH LIGHTBOUND	0	0	0	0	0
190.07 19007	I-74 CAMPUS	0	123,913	0	5	437
190.08 19008	SOUTHEAST OB	0	0	0	0	0
190.09 19009	INTELLI PLEX DEVELOPMENT	0	2,174	0	0	0
190.10 19010	MMG	0	0	0	0	0
190.11 19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0097

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

Worksheet B-1

Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING, AND STORES (PURCHASING)	
	BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5.01	5.02	5.03	
190.12 19012 BARTLEY ORTHOPEDICS	0		0	0	0	0	190.12
190.13 19013 SSA	0		0	0	0	0	190.13
190.14 19014 SPORTSWORKS	0		0	0	0	0	190.14
190.15 19015 SHELBY PEDS	0		0	0	0	0	190.15
190.16 19016 RENOVO	0		274,385	0	0	1,167	190.16
190.17 19017 IMA	0		0	0	0	0	190.17
190.18 19018 MD SOLUTIONS	0		414,583	0	0	0	190.18
190.19 19019 MHCD	264		0	0	0	0	190.19
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0		0	0	0	0	192.00
192.01 19201 HOSPITALIST	0		2,504,424	1	9	285	192.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	2,551		710,068	15	10	71,250	194.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,454,349		10,620,548	21,483	3,838,026	454,165	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.927947		0.241732	40.533962	6,461.323232	0.202261	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			10,221	5,511	13,382	14,012	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000233	10.398113	22.528620	0.006240	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0097

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

Worksheet B-1

Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES						5.03
5.04	00570	ADMITTING	306,844,615					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	306,844,615				5.05
5.06	00592	OTHER ADMINISTRATIVE AND GENERAL	0	0	-10,275,932	79,144,630		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	2,975,979	103,885	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	251,000	555	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,782,331	257	9.00
10.00	01000	DIETARY	0	0	0	452,169	2,462	10.00
11.00	01100	CAFETERIA	0	0	0	638,557	3,899	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	950,834	1,683	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	98,390	3,181	14.00
15.00	01500	PHARMACY	0	0	0	8,250,615	1,448	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,524,523	2,203	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	18,094,161	18,094,161	0	9,398,346	24,273	30.00
31.00	03100	INTENSIVE CARE UNIT	4,107,091	4,107,091	0	2,101,791	7,433	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	42,913,547	42,913,547	0	6,151,826	9,738	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,552,571	5,552,571	0	1,900,127	471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,190,293	24,190,293	0	5,250,583	9,293	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ONCOLOGY	11,100,753	11,100,753	0	2,664,760	16,618	56.01
57.00	05700	CT SCAN	22,885,756	22,885,756	0	1,252,173	400	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,256,555	10,256,555	0	901,000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	38,652,651	38,652,651	0	5,750,503	2,005	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,214,797	5,214,797	0	1,393,183	836	65.00
65.01	06501	SLEEP LAB	4,385,681	4,385,681	0	806,022	0	65.01
66.00	06600	PHYSICAL THERAPY	7,348,316	7,348,316	0	2,461,479	630	66.00
69.00	06900	ELECTROCARDIOLOGY	5,811,638	5,811,638	0	925,552	2,823	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,716,080	20,716,080	0	2,014,904	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,100,061	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,946,031	28,946,031	0	324,195	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	137,073	137,073	0	249,857	4,997	90.00
91.00	09100	EMERGENCY	44,153,535	44,153,535	0	5,199,587	5,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,250,052	2,250,052	0	1,641,450	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	296,716,581	296,716,581	-10,275,932	69,411,797	100,506	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	7,041	372	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	0	190.04
190.05	19005	MARKETING	0	0	0	437,887	192	190.05
190.06	19006	MH LIGHTBOUND	0	0	0	0	0	190.06
190.07	19007	I-74 CAMPUS	0	0	0	460,773	0	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	0	0	69,981	0	190.09
190.10	19010	MMG	0	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	0	190.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0097

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

Worksheet B-1

Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
190.14	19014 SPORTSWORKS	0	0	0	0	0	190.14
190.15	19015 SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016 RENOVO	0	0	0	1,435,784	0	190.16
190.17	19017 IMA	0	0	0	0	0	190.17
190.18	19018 MD SOLUTIONS	0	0	0	1,005,296	0	190.18
190.19	19019 MHCD	5,636,411	5,636,411	0	1,471,226	264	190.19
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPITALIST	2,931,171	2,931,171	0	3,631,129	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	1,560,452	1,560,452	0	1,213,716	2,551	194.00
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)	1,737,377	1,699,202		10,275,932	3,362,371	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.005662	0.005538		0.129837	32.366280	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	31,944	586		203,999	222,431	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000104	0.000002		0.002578	2.141127	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0097

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

Worksheet B-1

Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00592	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	426,482				8.00
9.00	00900	HOUSEKEEPING	0	103,073			9.00
10.00	01000	DIETARY	0	2,462	10,419		10.00
11.00	01100	CAFETERIA	0	3,899	0	896,595	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,683	0	15,188	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,181	0	0	14.00
15.00	01500	PHARMACY	0	1,448	0	25,863	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,203	0	35,781	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	147,667	24,273	9,321	199,506	30.00
31.00	03100	INTENSIVE CARE UNIT	22,749	7,433	1,098	41,294	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	71,015	9,738	0	99,868	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	471	0	15,305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,007	9,293	0	68,534	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ONCOLOGY	11,708	16,618	0	37,593	56.01
57.00	05700	CT SCAN	0	400	0	11,038	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,624	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	8	2,005	0	81,853	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,261	836	0	25,627	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	16,157	630	0	45,594	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,823	0	19,749	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,200	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,477	4,997	0	9,775	90.00
91.00	09100	EMERGENCY	101,433	5,301	0	87,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	26,327	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	426,482	99,694	10,419	839,179	576,352
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	372	0	0	190.00
190.01	19001	SHELBY COUNTY MEDICAL CENTER	0	0	0	0	190.01
190.02	19002	SICK CHILD CARE	0	0	0	0	190.02
190.03	19003	PRIVATE DUTY	0	0	0	0	190.03
190.04	19004	ST. VINCENT'S STRESS	0	0	0	0	190.04
190.05	19005	MARKETING	0	192	0	0	190.05
190.06	19006	MH LIGHTBOUND	0	0	0	6,242	190.06
190.07	19007	I-74 CAMPUS	0	0	0	7,981	190.07
190.08	19008	SOUTHEAST OB	0	0	0	0	190.08
190.09	19009	INTELLI PLEX DEVELOPMENT	0	0	0	114	190.09
190.10	19010	MMG	0	0	0	0	190.10
190.11	19011	OTHER NON-REIMBURSEABLE CENTERS	0	0	0	0	190.11
190.12	19012	BARTLEY ORTHOPEDICS	0	0	0	0	190.12
190.13	19013	SSA	0	0	0	0	190.13
190.14	19014	SPORTSWORKS	0	0	0	0	190.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0097

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

Worksheet B-1

Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	
		8.00	9.00	10.00	11.00	13.00	
190.15	19015 SHELBY PEDS	0	0	0	0	0	190.15
190.16	19016 RENOV0	0	0	0	17,849	17,849	190.16
190.17	19017 IMA	0	0	0	0	0	190.17
190.18	19018 MD SOLUTIONS	0	0	0	0	0	190.18
190.19	19019 MHCD	0	264	0	0	0	190.19
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPITALIST	0	0	0	25,230	25,230	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	2,551	0	0	24,496	194.00
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)	301,552	2,022,062	638,862	924,151	1,177,431	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.707069	19.617766	61.317017	1.030734	1.805815	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	12,371	11,133	53,984	84,315	40,591	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.029007	0.108011	5.181303	0.094039	0.062254	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0097

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
4.00	00400				4.00
5.01	01160				5.01
5.02	00550				5.02
5.03	00590				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00592				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				13.00
14.00	01400	100			14.00
15.00	01500	0	100		15.00
16.00	01600	0	0	292,682,177	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	0	0	18,972,176	30.00
31.00	03100	0	0	3,650,056	31.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0	0	42,492,567	50.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	1,518,167	53.00
54.00	05400	0	0	24,190,293	54.00
56.00	05600	0	0	0	56.00
56.01	05601	0	0	11,100,753	56.01
57.00	05700	0	0	22,885,756	57.00
58.00	05800	0	0	10,256,555	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	38,652,651	60.00
60.01	06001	0	0	0	60.01
65.00	06500	0	0	5,214,797	65.00
65.01	06501	0	0	4,385,681	65.01
66.00	06600	0	0	7,348,316	66.00
69.00	06900	0	0	5,811,638	69.00
71.00	07100	51	0	10,552,292	71.00
72.00	07200	49	0	10,163,788	72.00
73.00	07300	0	100	28,946,031	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	137,073	90.00
91.00	09100	0	0	44,153,535	91.00
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	0	0	0	95.00
97.00	09700	0	0	0	97.00
100.00	10000	0	0	0	100.00
101.00	10100	0	0	2,250,052	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	0	0	0	113.00
118.00		100	100	292,682,177	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	0	0	0	190.00
190.01	19001	0	0	0	190.01
190.02	19002	0	0	0	190.02
190.03	19003	0	0	0	190.03
190.04	19004	0	0	0	190.04
190.05	19005	0	0	0	190.05
190.06	19006	0	0	0	190.06
190.07	19007	0	0	0	190.07
190.08	19008	0	0	0	190.08
190.09	19009	0	0	0	190.09
190.10	19010	0	0	0	190.10
190.11	19011	0	0	0	190.11
190.12	19012	0	0	0	190.12
190.13	19013	0	0	0	190.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0097

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

Worksheet B-1

Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		14.00	15.00	16.00	
190.14	19014 SPORTSWORKS	0	0	0	190.14
190.15	19015 SHELBY PEDS	0	0	0	190.15
190.16	19016 RENOVO	0	0	0	190.16
190.17	19017 IMA	0	0	0	190.17
190.18	19018 MD SOLUTIONS	0	0	0	190.18
190.19	19019 MHCD	0	0	0	190.19
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 HOSPITALIST	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
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)	276,526	9,423,781	1,873,864	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,765.260000	94,237.810000	0.006402	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	68,313	55,105	54,796	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	683.130000	551.050000	0.000187	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0097

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,243,753		13,243,753	0	13,243,753	30.00
31.00	03100	INTENSIVE CARE UNIT	2,984,990		2,984,990	0	2,984,990	31.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,062,312		8,062,312	0	8,062,312	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,224,451		2,224,451	140,578	2,365,029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,676,255		6,676,255	0	6,676,255	54.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	05601	ONCOLOGY	4,060,594		4,060,594	4,105	4,064,699	56.01
57.00	05700	CT SCAN	1,593,437		1,593,437	0	1,593,437	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,094,596		1,094,596	0	1,094,596	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	6,933,188		6,933,188	0	6,933,188	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,726,619	0	1,726,619	0	1,726,619	65.00
65.01	06501	SLEEP LAB	964,192	0	964,192	0	964,192	65.01
66.00	06600	PHYSICAL THERAPY	2,919,283	0	2,919,283	1,738	2,921,021	66.00
69.00	06900	ELECTROCARDIOLOGY	1,285,699		1,285,699	0	1,285,699	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,489,805		2,489,805	0	2,489,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,577,623		2,577,623	0	2,577,623	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,975,381		9,975,381	0	9,975,381	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	571,711		571,711	50,949	622,660	90.00
91.00	09100	EMERGENCY	6,752,159		6,752,159	360,523	7,112,682	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,421,787		1,421,787	0	1,421,787	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,916,518		1,916,518	0	1,916,518	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	79,474,353	0	79,474,353	557,893	80,032,246	200.00
201.00		Less Observation Beds	1,421,787		1,421,787		1,421,787	201.00
202.00		Total (see instructions)	78,052,566	0	78,052,566	557,893	78,610,459	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0097

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,840,443		15,840,443		30.00
31.00	03100	INTENSIVE CARE UNIT	3,650,056		3,650,056		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,113,287	32,379,280	42,492,567	0.189735	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	293,327	1,224,840	1,518,167	1.465222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,370,394	21,819,899	24,190,293	0.275989	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	ONCOLOGY	44,569	11,056,184	11,100,753	0.365794	56.01
57.00	05700	CT SCAN	3,386,668	19,499,088	22,885,756	0.069626	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	765,516	9,491,039	10,256,555	0.106722	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	7,657,119	30,995,532	38,652,651	0.179372	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	4,387,690	827,107	5,214,797	0.331100	65.00
65.01	06501	SLEEP LAB	5,308	4,380,373	4,385,681	0.219850	65.01
66.00	06600	PHYSICAL THERAPY	1,192,586	6,155,730	7,348,316	0.397272	66.00
69.00	06900	ELECTROCARDIOLOGY	731,429	5,080,209	5,811,638	0.221228	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,616,800	7,935,492	10,552,292	0.235949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,282,334	4,881,454	10,163,788	0.253608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,397,808	20,548,223	28,946,031	0.344620	73.00
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	202	136,871	137,073	4.170851	90.00
91.00	09100	EMERGENCY	6,433,310	37,720,225	44,153,535	0.152925	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,131,733	3,131,733	0.453994	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	2,250,052	2,250,052		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	73,168,846	219,513,331	292,682,177		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	73,168,846	219,513,331	292,682,177		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 11:27 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.189735		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1.557819		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275989		54.00
56.00	05600	RADIOLOGY	0.000000		56.00
56.01	05601	ONCOLOGY	0.366164		56.01
57.00	05700	CT SCAN	0.069626		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.106722		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.179372		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.331100		65.00
65.01	06501	SLEEP LAB	0.219850		65.01
66.00	06600	PHYSICAL THERAPY	0.397509		66.00
69.00	06900	ELECTROCARDIOLOGY	0.221228		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.235949		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.253608		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.344620		73.00
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	4.542543		90.00
91.00	09100	EMERGENCY	0.161090		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453994		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0097

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	13,243,753		13,243,753	0	13,243,753	30.00
31.00	03100 INTENSIVE CARE UNIT	2,984,990		2,984,990	0	2,984,990	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	8,062,312		8,062,312	0	8,062,312	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2,224,451		2,224,451	140,578	2,365,029	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,676,255		6,676,255	0	6,676,255	54.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 ONCOLOGY	4,060,594		4,060,594	4,105	4,064,699	56.01
57.00	05700 CT SCAN	1,593,437		1,593,437	0	1,593,437	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,094,596		1,094,596	0	1,094,596	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	6,933,188		6,933,188	0	6,933,188	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,726,619	0	1,726,619	0	1,726,619	65.00
65.01	06501 SLEEP LAB	964,192	0	964,192	0	964,192	65.01
66.00	06600 PHYSICAL THERAPY	2,919,283	0	2,919,283	1,738	2,921,021	66.00
69.00	06900 ELECTROCARDIOLOGY	1,285,699		1,285,699	0	1,285,699	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,489,805		2,489,805	0	2,489,805	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,577,623		2,577,623	0	2,577,623	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,975,381		9,975,381	0	9,975,381	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	571,711		571,711	50,949	622,660	90.00
91.00	09100 EMERGENCY	6,752,159		6,752,159	360,523	7,112,682	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,421,787		1,421,787		1,421,787	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,916,518		1,916,518		1,916,518	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	79,474,353	0	79,474,353	557,893	80,032,246	200.00
201.00	Less Observation Beds	1,421,787		1,421,787		1,421,787	201.00
202.00	Total (see instructions)	78,052,566	0	78,052,566	557,893	78,610,459	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0097

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		Title XIX			Hospital	Cost	
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	15,840,443		15,840,443		30.00
31.00	03100	INTENSIVE CARE UNIT	3,650,056		3,650,056		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	10,113,287	32,379,280	42,492,567	0.189735	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	293,327	1,224,840	1,518,167	1.465222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,370,394	21,819,899	24,190,293	0.275989	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	ONCOLOGY	44,569	11,056,184	11,100,753	0.365794	56.01
57.00	05700	CT SCAN	3,386,668	19,499,088	22,885,756	0.069626	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	765,516	9,491,039	10,256,555	0.106722	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	7,657,119	30,995,532	38,652,651	0.179372	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	4,387,690	827,107	5,214,797	0.331100	65.00
65.01	06501	SLEEP LAB	5,308	4,380,373	4,385,681	0.219850	65.01
66.00	06600	PHYSICAL THERAPY	1,192,586	6,155,730	7,348,316	0.397272	66.00
69.00	06900	ELECTROCARDIOLOGY	731,429	5,080,209	5,811,638	0.221228	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,616,800	7,935,492	10,552,292	0.235949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,282,334	4,881,454	10,163,788	0.253608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,397,808	20,548,223	28,946,031	0.344620	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	202	136,871	137,073	4.170851	90.00
91.00	09100	EMERGENCY	6,433,310	37,720,225	44,153,535	0.152925	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,131,733	3,131,733	0.453994	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	2,250,052	2,250,052		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	73,168,846	219,513,331	292,682,177		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	73,168,846	219,513,331	292,682,177		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 11:27 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ONCOLOGY	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 SLEEP LAB	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	632,878	0	632,878	10,442	60.61	30.00
31.00	INTENSIVE CARE UNIT	178,484		178,484	1,098	162.55	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30-199)	811,362		811,362	11,540		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,263	258,380				
31.00	INTENSIVE CARE UNIT	508	82,575				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
200.00	Total (lines 30-199)	4,771	340,955				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/25/2017 11:27 am
--	--	-----------------------	---	---

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	258,063	42,492,567	0.006073	2,833,630	17,209	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,739	1,518,167	0.013002	76,543	995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	227,215	24,190,293	0.009393	1,289,390	12,111	54.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ONCOLOGY	369,925	11,100,753	0.033324	6,944	231	56.01
57.00	05700	CT SCAN	19,750	22,885,756	0.000863	1,829,400	1,579	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,568	10,256,555	0.000640	429,546	275	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	79,266	38,652,651	0.002051	3,858,175	7,913	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	27,967	5,214,797	0.005363	1,930,807	10,355	65.00
65.01	06501	SLEEP LAB	4,649	4,385,681	0.001060	5,308	6	65.01
66.00	06600	PHYSICAL THERAPY	27,922	7,348,316	0.003800	748,929	2,846	66.00
69.00	06900	ELECTROCARDIOLOGY	67,574	5,811,638	0.011627	697,595	8,111	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,716	10,552,292	0.004238	1,528,747	6,479	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,198	10,163,788	0.004053	1,791,673	7,262	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,422	28,946,031	0.002226	3,932,197	8,753	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	108,456	137,073	0.791228	0	0	90.00
91.00	09100	EMERGENCY	158,278	44,153,535	0.003585	3,276,679	11,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	67,943	3,131,733	0.021695	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	1,593,651	270,941,626		24,235,563	95,872	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,442	0.00	4,263	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,098	0.00	508	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
200.00		Total (lines 30-199)	11,540		4,771	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 11:27 am
--	-----------------------	---------------------------------------	--

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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 11:27 am
--	-----------------------	---------------------------------------	--

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	42,492,567	0.000000	0.000000	2,833,630	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,518,167	0.000000	0.000000	76,543	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	24,190,293	0.000000	0.000000	1,289,390	54.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601 ONCOLOGY	0	11,100,753	0.000000	0.000000	6,944	56.01
57.00	05700 CT SCAN	0	22,885,756	0.000000	0.000000	1,829,400	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	10,256,555	0.000000	0.000000	429,546	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	38,652,651	0.000000	0.000000	3,858,175	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	5,214,797	0.000000	0.000000	1,930,807	65.00
65.01	06501 SLEEP LAB	0	4,385,681	0.000000	0.000000	5,308	65.01
66.00	06600 PHYSICAL THERAPY	0	7,348,316	0.000000	0.000000	748,929	66.00
69.00	06900 ELECTROCARDIOLOGY	0	5,811,638	0.000000	0.000000	697,595	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,552,292	0.000000	0.000000	1,528,747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	10,163,788	0.000000	0.000000	1,791,673	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	28,946,031	0.000000	0.000000	3,932,197	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	137,073	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	44,153,535	0.000000	0.000000	3,276,679	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,131,733	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	270,941,626			24,235,563	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 11:27 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	8,602,667	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	213,809	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,639,921	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ONCOLOGY	0	4,213,603	0	56.01
57.00	05700 CT SCAN	0	5,269,010	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,396,678	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	3,890,402	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	473,519	0	65.00
65.01	06501 SLEEP LAB	0	1,070,916	0	65.01
66.00	06600 PHYSICAL THERAPY	0	79,041	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	2,483,852	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,705,806	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,655,702	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,733,530	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	8,926,817	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	976,579	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	53,331,852	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 11:27 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.189735	8,602,667	0	0	1,632,227	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1.465222	213,809	0	0	313,278	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275989	5,639,921	0	0	1,556,556	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601	ONCOLOGY	0.365794	4,213,603	0	0	1,541,311	56.01
57.00	05700	CT SCAN	0.069626	5,269,010	0	0	366,860	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.106722	2,396,678	0	0	255,778	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.179372	3,890,402	363	0	697,829	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.331100	473,519	0	0	156,782	65.00
65.01	06501	SLEEP LAB	0.219850	1,070,916	0	0	235,441	65.01
66.00	06600	PHYSICAL THERAPY	0.397272	79,041	0	0	31,401	66.00
69.00	06900	ELECTROCARDIOLOGY	0.221228	2,483,852	0	0	549,498	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.235949	1,705,806	0	0	402,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.253608	1,655,702	0	0	419,899	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.344620	5,733,530	0	11,408	1,975,889	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	4.170851	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.152925	8,926,817	0	0	1,365,133	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453994	976,579	0	0	443,361	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		53,331,852	363	11,408	11,943,726	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		53,331,852	363	11,408	11,943,726	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 11:27 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ONCOLOGY	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	65	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,931		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	65	3,931		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	65	3,931		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 11:27 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,442	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,442	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,321	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)		4,263	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		13,243,753	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)		13,243,753	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,243,753	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,268.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,406,848	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)		5,406,848	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 11:27 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	2,984,990	1,098	2,718.57	508	1,381,034	43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,671,078	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,458,960	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)					340,955	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					95,872	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					436,827	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,022,133	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)					1,121	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,268.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,421,787	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	632,878	13,243,753	0.047787	1,421,787	67,943	90.00
91.00	Nursing School cost	0	13,243,753	0.000000	1,421,787	0	91.00
92.00	Allied health cost	0	13,243,753	0.000000	1,421,787	0	92.00
93.00	All other Medical Education	0	13,243,753	0.000000	1,421,787	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 11:27 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,442	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,442	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,321	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)		352	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		13,243,753	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)		13,243,753	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,243,753	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,268.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		446,449	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)		446,449	41.00



COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 11:27 am
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)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	2,984,990	1,098	2,718.57	0	0
44.00					
45.00					
46.00					
47.00					
Cost Center Description					
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				368,284
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				814,733
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0
52.00	Total Program excludable cost (sum of lines 50 and 51)				0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
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)				1,121
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,268.32
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,421,787

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	632,878	13,243,753	0.047787	1,421,787	67,943	90.00
91.00	Nursing School cost	0	13,243,753	0.000000	1,421,787	0	91.00
92.00	Allied health cost	0	13,243,753	0.000000	1,421,787	0	92.00
93.00	All other Medical Education	0	13,243,753	0.000000	1,421,787	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		5,406,212	30.00
31.00	03100	INTENSIVE CARE UNIT		1,341,120	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.189735	2,833,630	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	1.557819	76,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275989	1,289,390	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ONCOLOGY	0.366164	6,944	56.01
57.00	05700	CT SCAN	0.069626	1,829,400	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.106722	429,546	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.179372	3,858,175	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.331100	1,930,807	65.00
65.01	06501	SLEEP LAB	0.219850	5,308	65.01
66.00	06600	PHYSICAL THERAPY	0.397509	748,929	66.00
69.00	06900	ELECTROCARDIOLOGY	0.221228	697,595	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.235949	1,528,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.253608	1,791,673	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.344620	3,932,197	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	4.542543	0	90.00
91.00	09100	EMERGENCY	0.161090	3,276,679	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453994	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		24,235,563	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)		24,235,563	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 11:27 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		568,869	30.00
31.00	03100	INTENSIVE CARE UNIT		108,438	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.189735	330,271	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	1.465222	31,942	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275989	67,469	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ONCOLOGY	0.365794	252	56.01
57.00	05700	CT SCAN	0.069626	88,029	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.106722	18,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.179372	249,133	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.331100	99,752	65.00
65.01	06501	SLEEP LAB	0.219850	0	65.01
66.00	06600	PHYSICAL THERAPY	0.397272	18,687	66.00
69.00	06900	ELECTROCARDIOLOGY	0.221228	13,423	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.235949	196,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.253608	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.344620	282,970	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	4.170851	0	90.00
91.00	09100	EMERGENCY	0.152925	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453994	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		1,396,755	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,396,755	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 11:27 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		6,729,433	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		1,910,200	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)		99,030	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)		42.94	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.03	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.09	31.00
32.00	Sum of lines 30 and 31		25.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.94	33.00
34.00	Disproportionate share adjustment (see instructions)		214,696	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 11:27 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000051393	0.000052876	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	329,231	316,064	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	246,474	79,666	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	326,140		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	9,279,499		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		9,279,499	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		699,242	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		9,978,741	59.00
60.00	Primary payer payments		5,182	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		9,973,559	61.00
62.00	Deductibles billed to program beneficiaries		1,082,956	62.00
63.00	Coinurance billed to program beneficiaries		4,830	63.00
64.00	Allowable bad debts (see instructions)		66,012	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		42,908	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		37,338	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		8,928,681	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		82,986	70.93
70.94	HRR adjustment amount (see instructions)		-20,627	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 11:27 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2016	193,917	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)	2017	23,807	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)		9,208,764	71.00
71.01	Sequestration adjustment (see instructions)		184,175	71.01
72.00	Interim payments		9,003,941	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)		20,648	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,013,745	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)	1.0020400000	1.0111600000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)	0.9979	0.9966	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0097

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2017 11:27 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,729,433	0	6,729,433		6,729,433	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,910,200	0		1,910,200	1,910,200	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	99,030	0	69,489	29,541	99,030	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0994	0.0994	0.0994	0.0994		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	214,696	0	167,227	47,469	214,696	11.00
11.01	Uncompensated care payments	36.00	326,140	0	246,474	79,666	326,140	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	9,279,499	0	7,212,623	2,066,876	9,279,499	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,279,499	0	7,212,623	2,066,876	9,279,499	15.00
16.00	Payment for inpatient program capital	50.00	699,242	0	544,059	155,183	699,242	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0097

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2017 11:27 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	7,756,682	2,222,059	9,978,741	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	694,327	0	539,629	154,698	694,327	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	4,915	0	4,430	485	4,915	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	699,242	0	544,059	155,183	699,242	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.025000	0.010714		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			193,917		193,917	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				23,807	23,807	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 15-0097		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2017 11:27 am	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,729,433	6,729,433			6,729,433	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,910,200		1,910,200		1,910,200	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0			0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	99,030	69,489	29,541		99,030	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0		0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	0	0	0		0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000			5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0		0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0		0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0		0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0		0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0		0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0		0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0994	0.0994	0.0994			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	214,696	167,227	47,469		214,696	11.00
11.01	Uncompensated care payments	36.00	326,140	246,474	79,666		326,140	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	9,279,499	7,212,623	2,066,876		9,279,499	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0		0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,279,499	7,212,623	2,066,876		9,279,499	15.00
16.00	Payment for inpatient program capital	50.00	699,242	544,059	155,183		699,242	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0		0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0		0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0		0	18.00
19.00	<b>SUBTOTAL</b>			<b>7,756,682</b>	<b>2,222,059</b>		<b>9,978,741</b>	<b>19.00</b>

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0097

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/25/2017 11:27 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	694,327	539,629	154,698	694,327	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	4,915	4,430	485	4,915	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	699,242	544,059	155,183	699,242	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	193,917	193,917		193,917	28.00	
29.00	Low volume adjustment on or after October 1	70.97	23,807		23,807	23,807	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	82,986	65,819	17,167	82,986	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-20,627	-14,132	-6,495	-20,627	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 11:27 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		3,996	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,943,726	2.00
3.00	PPS payments		9,060,078	3.00
4.00	Outlier payment (see instructions)		47,914	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,996	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		11,771	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)		11,771	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		11,771	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		7,775	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)		3,996	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)		9,107,992	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,899,942	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)		7,212,046	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)		7,212,046	30.00
31.00	Primary payer payments		903	31.00
32.00	Subtotal (line 30 minus line 31)		7,211,143	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		335,161	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		217,855	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		246,045	36.00
37.00	Subtotal (see instructions)		7,428,998	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-58	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)		7,429,056	40.00
40.01	Sequestration adjustment (see instructions)		148,581	40.01
41.00	Interim payments		7,284,790	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-4,315	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0097

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		8,924,752		7,064,897	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	12/31/2016	24,889	12/31/2016	174,293	3.01	
3.02		09/23/2016	54,300	09/23/2016	45,600	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)		79,189		219,893	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)		9,003,941		7,284,790	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		20,648		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		4,315	6.02	
7.00	Total Medicare program liability (see instructions)		9,024,589		7,280,475	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: 15-0097

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	2,793	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	4,771	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	1,376	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	10,419	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	292,682,177	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	2,827,465	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2017 11:27 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		814,733		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)		814,733	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)		814,733	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		677,306		8.00
9.00	Ancillary service charges		1,396,755	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)		2,074,061	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		2,074,061	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,259,328	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)		814,733	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		814,733	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		814,733	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)		814,733	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		814,733	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)		814,733	0	40.00
41.00	Interim payments		901,900	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-87,167	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: 15-0097

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

Worksheet G

Date/Time Prepared:  
5/25/2017 11:27 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	3,589,642	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	27,661,200	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-18,800,918	0	0	0	6.00
7.00	Inventory	2,476,363	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	13,058,247	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)	27,984,534	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,978,356	0	0	0	12.00
13.00	Land improvements	6,109,252	0	0	0	13.00
14.00	Accumulated depreciation	-2,431,621	0	0	0	14.00
15.00	Buildings	141,903,904	0	0	0	15.00
16.00	Accumulated depreciation	-25,542,201	0	0	0	16.00
17.00	Leasehold improvements	526,503	0	0	0	17.00
18.00	Accumulated depreciation	-493,494	0	0	0	18.00
19.00	Fixed equipment	349,773	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	34,989,163	0	0	0	23.00
24.00	Accumulated depreciation	-27,302,726	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)	130,086,909	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	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	127,726,408	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	127,726,408	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	285,797,851	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,020,475	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,496,437	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	4,493,284	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,010,196	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	78,224,292	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	78,224,292	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	97,234,488	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	188,563,363				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)	188,563,363	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	285,797,851	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0097

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

Worksheet G-1

Date/Time Prepared:  
5/25/2017 11:27 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		147,695,733		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		40,785,047			2.00
3.00	Total (sum of line 1 and line 2)		188,480,780		0	3.00
4.00	CONTRACTUALS REPORTED AS EXP	82,583		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)		82,583		0	10.00
11.00	Subtotal (line 3 plus line 10)		188,563,363		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		188,563,363		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	CONTRACTUALS REPORTED AS EXP		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	Deductions (debit adjustments) (specify)		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: 15-0097

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	18,094,161		18,094,161	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	18,094,161		18,094,161	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,107,091		4,107,091	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,107,091		4,107,091	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	22,201,252		22,201,252	17.00
18.00	Ancillary services	47,144,835	176,795,430	223,940,265	18.00
19.00	Outpatient services	6,433,512	37,857,096	44,290,608	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,250,052	2,250,052	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	MHCD	1,314,870	4,321,541	5,636,411	27.00
27.01	HOSPITALIST	2,040,699	890,472	2,931,171	27.01
27.02	OTHER NONREIMBURSABLE COST CENTERS	4,210	1,556,242	1,560,452	27.02
27.03	PRO FEES	1,507,628	2,526,776	4,034,404	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	80,647,006	226,197,609	306,844,615	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		99,312,841		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		99,312,841		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0097

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

Worksheet G-3

Date/Time Prepared:  
5/25/2017 11:27 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	306,844,615	1.00
2.00	Less contractual allowances and discounts on patients' accounts	204,284,911	2.00
3.00	Net patient revenues (line 1 minus line 2)	102,559,704	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	99,312,841	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,246,863	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,555,460	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	RENTAL INCOME	3,947,106	24.00
24.01	INTEREST INCOME	1,054,690	24.01
24.02	OTHER NON OPERATING INCOME	27,980,928	24.02
25.00	Total other income (sum of lines 6-24)	37,538,184	25.00
26.00	Total (line 5 plus line 25)	40,785,047	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	40,785,047	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0097

Period: From 01/01/2016

Worksheet H

HHA CCN: 15-7418

To 12/31/2016

Date/Time Prepared: 5/25/2017 11:27 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	211,701	59,068	0	0	105,845	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	431,986	0	0	0	431,986	6.00
7.00	Physical Therapy	5,522	423	0	330,310	336,255	7.00
8.00	Occupational Therapy	91,629	0	0	0	91,629	8.00
9.00	Speech Pathology	1,856	0	0	0	1,856	9.00
10.00	Medical Social Services	3,228	0	0	0	3,228	10.00
11.00	Home Health Aide	58,955	0	0	0	58,955	11.00
12.00	Supplies (see instructions)	0	0	0	36,371	36,371	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	804,877	59,491	0	330,310	142,216	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	376,614	-1,272	375,342		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	431,986	0	431,986		6.00
7.00	Physical Therapy	0	336,255	0	336,255		7.00
8.00	Occupational Therapy	0	91,629	0	91,629		8.00
9.00	Speech Pathology	0	1,856	0	1,856		9.00
10.00	Medical Social Services	0	3,228	0	3,228		10.00
11.00	Home Health Aide	0	58,955	0	58,955		11.00
12.00	Supplies (see instructions)	0	36,371	0	36,371		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	1,336,894	-1,272	1,335,622		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: 15-0097 HHA CCN: 15-7418		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part I Date/Time Prepared: 5/25/2017 11:27 am	
				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				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	375,342	0	0	0	375,342	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	431,986	0	0	0	431,986	6.00
7.00	Physical Therapy	336,255	0	0	0	336,255	7.00
8.00	Occupational Therapy	91,629	0	0	0	91,629	8.00
9.00	Speech Pathology	1,856	0	0	0	1,856	9.00
10.00	Medical Social Services	3,228	0	0	0	3,228	10.00
11.00	Home Health Aide	58,955	0	0	0	58,955	11.00
12.00	Supplies (see instructions)	36,371	0	0	0	36,371	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,335,622	0	0	0	1,335,622	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	375,342					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	168,849	600,835				6.00
7.00	Physical Therapy	131,431	467,686				7.00
8.00	Occupational Therapy	35,815	127,444				8.00
9.00	Speech Pathology	725	2,581				9.00
10.00	Medical Social Services	1,262	4,490				10.00
11.00	Home Health Aide	23,044	81,999				11.00
12.00	Supplies (see instructions)	14,216	50,587				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,335,622				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0097

Period: From 01/01/2016

Worksheet H-1

HHA CCN: 15-7418

To 12/31/2016

Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

Home Health  
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-375,342	960,280
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	431,986
7.00	Physical Therapy	0	0	0	0	0	336,255
8.00	Occupational Therapy	0	0	0	0	0	91,629
9.00	Speech Pathology	0	0	0	0	0	1,856
10.00	Medical Social Services	0	0	0	0	0	3,228
11.00	Home Health Aide	0	0	0	0	0	58,955
12.00	Supplies (see instructions)	0	0	0	0	0	36,371
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-375,342	960,280
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		375,342
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.390867

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0097

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

Worksheet H-2 Part I

HHA CCN: 15-7418

Date/Time Prepared: 5/25/2017 11:27 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	
		BLDG & FIXT						
	0	1.00		4.00	5.01	5.02	5.03	
1.00 Administrative and General	0	0		194,565	0	77,536	8,526	1.00
2.00 Skilled Nursing Care	600,835	0		0	0	0	0	2.00
3.00 Physical Therapy	467,686	0		0	0	0	0	3.00
4.00 Occupational Therapy	127,444	0		0	0	0	0	4.00
5.00 Speech Pathology	2,581	0		0	0	0	0	5.00
6.00 Medical Social Services	4,490	0		0	0	0	0	6.00
7.00 Home Health Aide	81,999	0		0	0	0	0	7.00
8.00 Supplies (see instructions)	50,587	0		0	0	0	0	8.00
9.00 Drugs	0	0		0	0	0	0	9.00
10.00 DME	0	0		0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0		0	0	0	0	11.00
12.00 Respiratory Therapy	0	0		0	0	0	0	12.00
13.00 Private Duty Nursing	0	0		0	0	0	0	13.00
14.00 Clinic	0	0		0	0	0	0	14.00
15.00 Health Promotion Activities	0	0		0	0	0	0	15.00
16.00 Day Care Program	0	0		0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0		0	0	0	0	17.00
18.00 Homemaker Service	0	0		0	0	0	0	18.00
19.00 All Others (specify)	0	0		0	0	0	0	19.00
19.50 Telemedicine	0	0		0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,335,622	0		194,565	0	77,536	8,526	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	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
	5.04	5.05	5A.05	5.06	7.00	8.00		
1.00 Administrative and General	12,740	12,461	305,828	39,708	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	600,835	78,010	0	0	0	2.00
3.00 Physical Therapy	0	0	467,686	60,723	0	0	0	3.00
4.00 Occupational Therapy	0	0	127,444	16,547	0	0	0	4.00
5.00 Speech Pathology	0	0	2,581	335	0	0	0	5.00
6.00 Medical Social Services	0	0	4,490	583	0	0	0	6.00
7.00 Home Health Aide	0	0	81,999	10,647	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	50,587	6,568	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	12,740	12,461	1,641,450	213,121	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0097

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7418

To 12/31/2016

Part I  
Date/Time Prepared:  
5/25/2017 11:27 am

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	47,542	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	47,542	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		16.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	14,405	407,483	0	407,483			1.00
2.00	Skilled Nursing Care	0	678,845	0	678,845	183,307	862,152	2.00
3.00	Physical Therapy	0	528,409	0	528,409	142,686	671,095	3.00
4.00	Occupational Therapy	0	143,991	0	143,991	38,882	182,873	4.00
5.00	Speech Pathology	0	2,916	0	2,916	787	3,703	5.00
6.00	Medical Social Services	0	5,073	0	5,073	1,370	6,443	6.00
7.00	Home Health Aide	0	92,646	0	92,646	25,017	117,663	7.00
8.00	Supplies (see instructions)	0	57,155	0	57,155	15,434	72,589	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)	14,405	1,916,518	0	1,916,518	407,483	1,916,518	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.					0.270029		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: 15-0097 HHA CCN: 15-7418	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/25/2017 11:27 am
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING, AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)							
	1.00	4.00						
1.00 Administrative and General	0	804,878	0	12	42,153	2,250,052	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	804,878	0	12	42,153	2,250,052	20.00	
21.00 Total cost to be allocated	0	194,565	0	77,536	8,526	12,740	21.00	
22.00 Unit cost multiplier	0.000000	0.241732	0.000000	6,461.333333	0.202263	0.005662	22.00	
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
	5.05	5A.06	5.06	7.00	8.00	9.00		
1.00 Administrative and General	2,250,052	0	305,828	0	0	0	1.00	
2.00 Skilled Nursing Care	0	0	600,835	0	0	0	2.00	
3.00 Physical Therapy	0	0	467,686	0	0	0	3.00	
4.00 Occupational Therapy	0	0	127,444	0	0	0	4.00	
5.00 Speech Pathology	0	0	2,581	0	0	0	5.00	
6.00 Medical Social Services	0	0	4,490	0	0	0	6.00	
7.00 Home Health Aide	0	0	81,999	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	50,587	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)	2,250,052		1,641,450	0	0	0	20.00	
21.00 Total cost to be allocated	12,461		213,121	0	0	0	21.00	
22.00 Unit cost multiplier	0.005538		0.129837	0.000000	0.000000	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0097  
HHA CCN: 15-7418

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/25/2017 11:27 am

Cost Center Description		Home Health Agency I		PPS				
		DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	26,327	0	0	2,250,052	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	26,327	0	0	2,250,052	20.00
21.00	Total cost to be allocated	0	0	47,542	0	0	14,405	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.805827	0.000000	0.000000	0.006402	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/25/2017 11:27 am
		HHA CCN: 15-7418		

			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 (col. 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	862,152		862,152	5,573	154.70	1.00
2.00	Physical Therapy	3.00	671,095	0	671,095	3,320	202.14	2.00
3.00	Occupational Therapy	4.00	182,873	0	182,873	897	203.87	3.00
4.00	Speech Pathology	5.00	3,703	0	3,703	44	84.16	4.00
5.00	Medical Social Services	6.00	6,443		6,443	60	107.38	5.00
6.00	Home Health Aide	7.00	117,663		117,663	1,470	80.04	6.00
7.00	Total (sum of lines 1-6)		1,843,929	0	1,843,929	11,364		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		26900	0	3,743		8.00
9.00	Physical Therapy		26900	0	2,307		9.00
10.00	Occupational Therapy		26900	0	624		10.00
11.00	Speech Pathology		26900	0	24		11.00
12.00	Medical Social Services		26900	0	33		12.00
13.00	Home Health Aide		26900	0	1,320		13.00
14.00	Total (sum of lines 8-13)			0	8,051		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 (col. 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	72,589	0	72,589	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	3,743		0	579,042	1.00
2.00	Physical Therapy	0	2,307		0	466,337	2.00
3.00	Occupational Therapy	0	624		0	127,215	3.00
4.00	Speech Pathology	0	24		0	2,020	4.00
5.00	Medical Social Services	0	33		0	3,544	5.00
6.00	Home Health Aide	0	1,320		0	105,653	6.00
7.00	Total (sum of lines 1-6)	0	8,051		0	1,283,811	7.00

	6.00	7.00	8.00	9.00	10.00	11.00
--	------	------	------	------	-------	-------

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0097 HHA CCN: 15-7418		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part I Date/Time Prepared: 5/25/2017 11:27 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Covered Charges			Cost of Services					
	Part A	Part B			Part A	Part B			
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance		
	6.00	7.00	8.00	9.00	10.00	11.00			
<b>Supplies and Drugs Cost Computations</b>									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
<b>Cost Center Description</b>									
		Total Program Cost (sum of col.s. 9-10)							
		12.00							
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>									
<b>Cost Per Visit Computation</b>									
1.00	Skilled Nursing Care	579,042							1.00
2.00	Physical Therapy	466,337							2.00
3.00	Occupational Therapy	127,215							3.00
4.00	Speech Pathology	2,020							4.00
5.00	Medical Social Services	3,544							5.00
6.00	Home Health Aide	105,653							6.00
7.00	Total (sum of lines 1-6)	1,283,811							7.00
<b>Cost Center Description</b>									
		12.00							
<b>Limitation Cost Computation</b>									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0097 HHA CCN: 15-7418	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/25/2017 11:27 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.397272	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies	71.00	0.235949	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.344620	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0097 HHA CCN: 15-7418	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/25/2017 11:27 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	989,530
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	106,785
13.00	Total PPS Reimbursement - LUPA Episodes		0	9,567
14.00	Total PPS Reimbursement - PEP Episodes		0	7,105
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	20,911
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	855
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,134,753
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,134,753
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,134,753
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	1,134,753
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,134,753
31.01	Sequestration adjustment (see instructions)		0	22,695
32.00	Interim payments (see instructions)		0	1,112,058
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: 15-0097  
HHA CCN: 15-7418

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

Worksheet H-5  
Date/Time Prepared:  
5/25/2017 11:27 am  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,112,058	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		1,112,058	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		1,112,058	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0097	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/25/2017 11:27 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		694,327	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		4,915	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)		29.44	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		699,242	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00