

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:15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/23/2017 3:04 pm
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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

Date: 5/23/2017 Time: 3:04 pm

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 SCHNECK MEDICAL CENTER (15-0065) 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.

Encryption Information

ECR: Date: 5/23/2017 Time: 3:04 pm
 yRlMpDHR738MBU:9m7MPqLixq4w6V0
 xjd4E01E03n2:ivTgQ2rxGzvxCupN0
 xh5K1tuCCj0qLtyj

PI: Date: 5/23/2017 Time: 3:04 pm
 ZsEeDAWXu8X8619RUOs66KE19t4F10
 3NWM.0wCUL6djRj5Mwg:OYvXF5bdBg
 WIMQ0Dgac0C13:y

(Signed) *Olson Mann*
 Officer or Administrator of Provider(s)
VP FINANCE / CFO
 Title
5.24.17
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	228,950	196,765	0	1.00
2.00	Subprovider - IPF	0	0	0	0	2.00
3.00	Subprovider - IRF	0	0	0	0	3.00
5.00	Swing bed - SNF	0	5,120	4,978	0	5.00
6.00	Swing bed - NF	0	0	0	0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1	0	9.00
200.00	Total	0	234,070	201,742	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 9:42 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 411 WEST TIPTON STREET			PO Box:						1.00	
2.00	City: SEYMOUR			State: IN		Zip Code: 47274-		County: JACKSON		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	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	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		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N	P	N	7.00
8.00	Swing Beds - NF		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N		O	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		JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	O	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				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)						8				21.00
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N			23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			833	503	0	4	1,755	50		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			25.00

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		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		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		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N		N	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	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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N		N	48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		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)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)										
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						N	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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

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		V		XIX					
		1.00		2.00					
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00			
Rural Providers									
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00			
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00			
		Physical		Occupational		Speech		Respiratory	
		1.00		2.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N		N	
								1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N		110.00	
								1.00	
								2.00	
								3.00	
Miscellaneous Cost Reporting Information									
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N						116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N						117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1						118.00	
		Premiums		Losses		Insurance			
		1.00		2.00		3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,026,134		0		0		118.01	
								1.00	
								2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N						118.02	
119.00	DO NOT USE THIS LINE							119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		Y				120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y						121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N						122.00	
Transplant Center Information									
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N						125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 9:42 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		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	N			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
					1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
				Part A	Part B	Title V	Title XIX
				1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
							1.00
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							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
168.01	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 9:42 am
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2016	12/31/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 9:42 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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/21/2017	Y	03/21/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 9:42 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SEAN		TABOR	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3520		STABOR@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 9:42 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR ACCOUNTANT		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: 15-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 9:42 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	86	31,476	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)		86	31,476	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,562	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		93	34,038	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		93				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: 15-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 9:42 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,665	1,025	9,113			1.00
2.00 HMO and other (see instructions)	699	1,755				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	39	0	39			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	221			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,704	1,025	9,373			7.00
8.00 INTENSIVE CARE UNIT	522	130	1,157			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		185	1,641			13.00
14.00 Total (see instructions)	4,226	1,340	12,171	0.00	772.13	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	5,918	356	10,172	0.00	17.99	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	8,467	428	9,822	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	790.12	27.00
28.00 Observation Bed Days		407	1,911			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			138			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	50	94			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: 15-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 9:42 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	963	256	2,807	1.00
2.00 HMO and other (see instructions)				142	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	963	256		2,807	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2017 9:42 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	54,824,580	0	54,824,580	1,643,461.73	33.36
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	637,684	637,684	4,479.00	142.37
4.00	Physician-Part A - Administrative		307,091	0	307,091	1,310.40	234.35
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		7,010,174	0	7,010,174	41,516.60	168.85
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)		8,164,187	1,038	8,165,225	210,317.00	38.82
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		560,754	0	560,754	7,963.25	70.42
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		239,000	0	239,000	1,813.00	131.83
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,405,551	0	9,405,551		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,984,230	0	1,984,230		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		154,963	0	154,963		
22.00	Physician Part A - Administrative		74,626	0	74,626		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,703,541	0	1,703,541		
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 orgainzation 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		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2017 9:42 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	469,746	0	469,746	12,121.20	38.75	26.00
27.00	Administrative & General	5.00	7,303,520	0	7,303,520	234,067.60	31.20	27.00
28.00	Administrative & General under contract (see inst.)		401,724	0	401,724	7,571.00	53.06	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,352,583	0	1,352,583	51,710.53	26.16	30.00
31.00	Laundry & Linen Service	8.00	45,044	0	45,044	3,523.87	12.78	31.00
32.00	Housekeeping	9.00	889,555	0	889,555	66,752.40	13.33	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	694,487	-407,864	286,623	17,469.00	16.41	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	407,864	407,864	24,859.00	16.41	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,265,356	-1,038	2,264,318	65,564.27	34.54	38.00
39.00	Central Services and Supply	14.00	421,599	0	421,599	23,684.27	17.80	39.00
40.00	Pharmacy	15.00	1,168,848	0	1,168,848	30,004.00	38.96	40.00
41.00	Medical Records & Medical Records Library	16.00	987,716	0	987,716	43,655.73	22.63	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	270,246	0	270,246	6,458.40	41.84	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2017 9:42 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	48,216,130	-637,684	47,578,446	1,605,037.13	29.64	1.00
2.00	Excluded area salaries (see instructions)	8,164,187	1,038	8,165,225	210,317.00	38.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,051,943	-638,722	39,413,221	1,394,720.13	28.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	799,754	0	799,754	9,776.25	81.81	4.00
5.00	Subtotal wage-related costs (see inst.)	9,480,177	0	9,480,177	0.00	24.05	5.00
6.00	Total (sum of lines 3 thru 5)	50,331,874	-638,722	49,693,152	1,404,496.38	35.38	6.00
7.00	Total overhead cost (see instructions)	16,270,424	-1,038	16,269,386	587,441.27	27.70	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2017 9:42 am
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,596,740	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		8,056,172	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		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		69,614	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)		406,916	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		12,698	14.00
15.00	'Workers' Compensation Insurance		321,024	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,520,998	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		73,303	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,057,465	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/23/2017 9:42 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			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		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-7155		Period: From 01/01/2016 To 12/31/2016		Worksheet S-4 Date/Time Prepared: 5/23/2017 9:42 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	294.00	0.00	0.00	0.00	
				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)	0.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00	
6.00	Direct Nursing Service			0.00	0.00	0.00	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			0.00	0.00	0.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.00	0.00	0.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.00	0.00	0.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.00	0.00	0.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.00	0.00	0.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			18020			
20.01				31140			
20.02				99915			
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,030	234	49	15	2,328	
22.00	Skilled Nursing Visit Charges	511,499	59,010	12,348	3,780	586,637	
23.00	Physical Therapy Visits	1,418	56	19	17	1,510	
24.00	Physical Therapy Visit Charges	415,422	16,464	5,586	4,998	442,470	
25.00	Occupational Therapy Visits	1,056	72	8	10	1,146	
26.00	Occupational Therapy Visit Charges	308,739	21,168	2,352	2,979	335,238	
27.00	Speech Pathology Visits	72	26	3	0	101	
28.00	Speech Pathology Visit Charges	21,168	7,644	882	0	29,694	
29.00	Medical Social Service Visits	16	2	0	0	18	
30.00	Medical Social Service Visit Charges	5,808	726	0	0	6,534	
31.00	Home Health Aide Visits	675	140	0	0	815	
32.00	Home Health Aide Visit Charges	93,825	19,460	0	0	113,285	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,267	530	79	42	5,918	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,356,461	124,472	21,168	11,757	1,513,858	
36.00	Total Number of Episodes (standard/non outlier)	306		29	2	337	
37.00	Total Number of Outlier Episodes		12		0	12	
38.00	Total Non-Routine Medical Supply Charges	20,185	3,395	1,144	112	24,836	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-7

Date/Time Prepared:
5/23/2017 9:42 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-7

Date/Time Prepared:
5/23/2017 9:42 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	39	39	199.00
200.00	TOTAL		0	39	39	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 99915 99915 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2016 To 12/31/2016	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/23/2017 9:42 am
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		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)
		1.00	2.00	3.00	4.00
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0
11.00	Hospice Routine Home Care	8,305	0	0	8,305
12.00	Hospice Inpatient Respite Care	87	0	0	87
13.00	Hospice General Inpatient Care	75	0	0	75
14.00	Total Hospice Days	8,467	0	0	8,467
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0
16.00	Hospice General Inpatient Care	0	0	0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/23/2017 9:42 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.315314		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,641,362		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		4,029,466		5.00
6.00	Medicaid charges		56,913,759		6.00
7.00	Medicaid cost (line 1 times line 6)		17,945,705		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		5,274,877		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		100,135		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		60,562		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,274,877		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)	1,117,275	1,377,473	2,494,748	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	352,292	434,337	786,629	21.00
22.00	Partial payment by patients approved for charity care	34,585	106,801	141,386	22.00
23.00	Cost of charity care (line 21 minus line 22)	317,707	327,536	645,243	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," 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)		14,311,297		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		258,173		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		14,053,124		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,431,147		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,076,390		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,351,267		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,949,371		5,189,829	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	3,960,989	3,960,989	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	469,746	14,509,862	14,979,608	14,979,798	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,303,520	11,776,817	19,080,337	18,932,177	5.00
7.00	00700	OPERATION OF PLANT	1,352,583	1,995,167	3,347,750	2,917,098	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	45,044	273,732	318,776	318,776	8.00
9.00	00900	HOUSEKEEPING	889,555	261,957	1,151,512	1,151,686	9.00
10.00	01000	DIETARY	694,487	577,615	1,272,102	525,427	10.00
11.00	01100	CAFETERIA	0	0	0	747,091	11.00
13.00	01300	NURSING ADMINISTRATION	2,265,356	792,180	3,057,536	3,056,498	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	421,599	42,560	464,159	478,497	14.00
15.00	01500	PHARMACY	1,168,848	1,610,812	2,779,660	2,782,306	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	987,716	244,146	1,231,862	1,231,862	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	270,246	10,731	280,977	280,977	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	637,684	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,372,629	680,022	7,052,651	5,582,532	30.00
31.00	03100	INTENSIVE CARE UNIT	986,243	73,020	1,059,263	1,081,647	31.00
43.00	04300	NURSERY	0	0	0	338,684	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,648,697	2,042,498	4,691,195	4,777,640	50.00
51.00	05100	RECOVERY ROOM	470,974	6,104	477,078	477,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,261,604	52.00
53.00	05300	ANESTHESIOLOGY	2,880,974	94,619	2,975,593	2,359,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,611,662	1,181,513	3,793,175	3,810,517	54.00
54.01	03630	ULTRA SOUND	240,813	34,775	275,588	276,699	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	84,627	54,768	139,395	140,403	54.02
57.00	05700	CT SCAN	253,225	262,901	516,126	519,887	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	179,495	148,888	328,383	328,888	58.00
60.00	06000	LABORATORY	1,506,278	1,377,748	2,884,026	2,897,542	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	292,478	292,478	292,478	63.00
64.00	06400	INTRAVENOUS THERAPY	250,844	3,636	254,480	260,927	64.00
65.00	06500	RESPIRATORY THERAPY	997,419	66,045	1,063,464	1,100,036	65.00
66.00	06600	PHYSICAL THERAPY	989,027	26,165	1,015,192	1,023,344	66.00
67.00	06700	OCCUPATIONAL THERAPY	311,535	6,858	318,393	319,843	67.00
68.00	06800	SPEECH PATHOLOGY	215,764	6,135	221,899	221,899	68.00
69.00	06900	ELECTROCARDIOLOGY	112,024	103,655	215,679	219,790	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,426,485	10,426,485	8,164,659	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	2,261,826	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,469,422	7,469,422	7,469,422	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	181,381	35,891	217,272	217,360	76.00
76.02	03951	CASE MANAGEMENT	351,763	6,304	358,067	358,241	76.02
76.03	03950	PAIN MANAGEMENT	1,206,231	335,206	1,541,437	1,541,437	76.03
76.97	07697	CARDIAC REHABILITATION	430,510	4,637	435,147	446,241	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	9,940	4,285	14,225	15,131	90.00
90.01	04951	PALLIATIVE HEALTH	237,277	18,421	255,698	255,698	90.01
90.02	09000	VEIN CENTER	392,254	36,785	429,039	431,148	90.02
90.03	09001	OB GYN	2,181,505	64,412	2,245,917	2,253,691	90.03
91.00	09100	EMERGENCY	4,199,666	347,391	4,547,057	4,570,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04952	BEHAVIORAL HEALTH	488,936	11,226	500,162	500,162	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	1,284,188	143,908	1,428,096	1,432,586	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		1,051,618	1,051,618	0	113.00
116.00	11600	HOSPICE	670,624	176,448	847,072	847,072	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,615,205	66,639,217	115,254,422	115,246,742	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,989,567	234,095	3,223,662	3,226,346	192.00
194.00	07950	WELLNESS	0	0	0	1,199	194.00
194.02	07952	EXTERNAL SVCS MARKETING	195,019	696,669	891,688	891,688	194.02
194.03	07953	WASHINGTON CLINIC	206,152	0	206,152	206,152	194.03
194.04	07954	PHYSICIAN OFFICES	822,885	130,081	952,966	953,035	194.04
194.05	07955	INTEGRATED MEDICINE	293,882	17,215	311,097	312,210	194.05
194.06	07956	SURGICAL PROFESSIONAL	634,733	87,043	721,776	721,864	194.06
194.07	07957	PRIMARY CARE	706,280	96,930	803,210	805,737	194.07
194.08	07958	EMPLOYER CLINIC	317,871	477,310	795,181	795,181	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/23/2017 9:42 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
		1.00	2.00	3.00	4.00	5.00
194.09	07959 UROLOGY PROF	42,986	173,342	216,328	0	216,328
200.00	TOTAL (SUM OF LINES 118-199)	54,824,580	68,551,902	123,376,482	0	123,376,482
						194.09
						200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

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

Worksheet A
Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-602,189	4,587,640	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,960,989	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,979,798	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,708,804	14,223,373	5.00
7.00	00700	OPERATION OF PLANT	0	2,917,098	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	318,776	8.00
9.00	00900	HOUSEKEEPING	0	1,151,686	9.00
10.00	01000	DIETARY	-134	525,293	10.00
11.00	01100	CAFETERIA	-378,721	368,370	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,056,498	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	478,497	14.00
15.00	01500	PHARMACY	-162,540	2,619,766	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,297	1,205,565	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	280,977	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-637,684	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-148,166	5,434,366	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,081,647	31.00
43.00	04300	NURSERY	0	338,684	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-586,320	4,191,320	50.00
51.00	05100	RECOVERY ROOM	0	477,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,261,604	52.00
53.00	05300	ANESTHESIOLOGY	-2,243,290	116,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-596,478	3,214,039	54.00
54.01	03630	ULTRA SOUND	0	276,699	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	140,403	54.02
57.00	05700	CT SCAN	-5,160	514,727	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	328,488	58.00
60.00	06000	LABORATORY	-181,324	2,716,218	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	292,478	63.00
64.00	06400	INTRAVENOUS THERAPY	0	260,927	64.00
65.00	06500	RESPIRATORY THERAPY	-93,934	1,006,102	65.00
66.00	06600	PHYSICAL THERAPY	-469	1,022,875	66.00
67.00	06700	OCCUPATIONAL THERAPY	-10	319,833	67.00
68.00	06800	SPEECH PATHOLOGY	0	221,899	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,679	218,111	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,164,659	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	2,261,826	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,469,422	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	217,360	76.00
76.02	03951	CASE MANAGEMENT	-351,763	6,478	76.02
76.03	03950	PAIN MANAGEMENT	-515,422	1,026,015	76.03
76.97	07697	CARDIAC REHABILITATION	0	446,241	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	15,131	90.00
90.01	04951	PALLIATIVE HEALTH	-6,750	248,948	90.01
90.02	09000	VEIN CENTER	-244,019	187,129	90.02
90.03	09001	OB GYN	-1,617,052	636,639	90.03
91.00	09100	EMERGENCY	-1,718,901	2,851,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	0	500,162	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,432,586	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-58	847,014	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,827,164	100,419,578	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,226,346	192.00
194.00	07950	WELLNESS	0	1,199	194.00
194.02	07952	EXTERNAL SVCS MARKETING	0	891,688	194.02
194.03	07953	WASHINGTON CLINIC	0	206,152	194.03
194.04	07954	PHYSICIAN OFFICES	0	953,035	194.04
194.05	07955	INTEGRATED MEDICINE	0	312,210	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	721,864	194.06
194.07	07957	PRIMARY CARE	-425	805,312	194.07
194.08	07958	EMPLOYER CLINIC	0	795,181	194.08
194.09	07959	UROLOGY PROF	0	216,328	194.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/23/2017 9:42 am
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
200.00	TOTAL (SUM OF LINES 118-199)	-14,827,589	108,548,893	200.00	

RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6
Date/Time Prepared:
5/23/2017 9:42 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA						
1.00	CAFETERIA	11.00	407,864	339,227	1.00	
	TOTALS		407,864	339,227		
B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	100,071	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	49,758	2.00	
	TOTALS		0	149,829		
C - BIO-MED						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	190	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,669	2.00	
3.00	HOUSEKEEPING	9.00	0	174	3.00	
4.00	DIETARY	10.00	0	416	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,338	5.00	
6.00	PHARMACY	15.00	0	2,646	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	121,881	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	22,384	8.00	
9.00	NURSERY	43.00	0	8,288	9.00	
10.00	OPERATING ROOM	50.00	0	86,445	10.00	
11.00	ANESTHESIOLOGY	53.00	0	21,855	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,342	12.00	
13.00	ULTRA SOUND	54.01	0	1,111	13.00	
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,008	14.00	
15.00	CT SCAN	57.00	0	3,761	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	105	16.00	
17.00	LABORATORY	60.00	0	13,516	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	6,447	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	36,572	19.00	
20.00	PHYSICAL THERAPY	66.00	0	8,152	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	0	1,450	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	4,111	22.00	
23.00	WOUND CARE (DIABETES CENTER)	76.00	0	88	23.00	
24.00	CASE MANAGEMENT	76.02	0	174	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	11,094	25.00	
26.00	OTHER OUTPATIENT SERVICE COST CENTER	90.00	0	906	26.00	
27.00	VEIN CENTER	90.02	0	2,109	27.00	
28.00	OB GYN	90.03	0	7,774	28.00	
29.00	EMERGENCY	91.00	0	23,514	29.00	
30.00	HOME HEALTH AGENCY	101.00	0	3,452	30.00	
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,684	31.00	
32.00	WELLNESS	194.00	0	1,199	32.00	
33.00	PHYSICIAN OFFICES	194.04	0	69	33.00	
34.00	INTEGRATED MEDICINE	194.05	0	1,113	34.00	
35.00	SURGICAL PROFESSIONAL	194.06	0	88	35.00	
36.00	PRIMARY CARE	194.07	0	2,527	36.00	
	TOTALS		0	430,652		
D - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,911,231	1.00	
	TOTALS		0	3,911,231		
E - BOND INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,051,618	1.00	
	TOTALS		0	1,051,618		
F - NURSERY						
1.00	NURSERY	43.00	330,396	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,261,604	0	2.00	
	TOTALS		1,592,000	0		
G - CRNA						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	637,684	0	1.00	
	TOTALS		637,684	0		
H - HHA MSW						
1.00	HOME HEALTH AGENCY	101.00	1,038	0	1.00	
	TOTALS		1,038	0		
I - IMPLANTABLE DEVICES						
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	2,261,826	1.00	
	TOTALS		0	2,261,826		
500.00	Grand Total: Increases		2,638,586	8,144,383	500.00	

		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	407,864	339,227	0		1.00
	TOTALS		407,864	339,227			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	149,829	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	149,829			
C - BIO-MED							
1.00	OPERATION OF PLANT	7.00	0	430,652	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
	TOTALS		0	430,652			
D - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,911,231	9		1.00
	TOTALS		0	3,911,231			
E - BOND INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,051,618	11		1.00
	TOTALS		0	1,051,618			
F - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,592,000	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,592,000	0			
G - CRNA							
1.00	ANESTHESIOLOGY	53.00	637,684	0	0		1.00
	TOTALS		637,684	0			
H - HHA MSW							
1.00	NURSING ADMINISTRATION	13.00	1,038	0	0		1.00
	TOTALS		1,038	0			
I - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,261,826	0		1.00
	TOTALS		0	2,261,826			
500.00	Grand Total: Decreases		2,638,586	8,144,383			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2017 9:42 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,351,960	674,538	0	674,538	0	1.00
2.00	Land Improvements	4,064,163	20,128	0	20,128	121,545	2.00
3.00	Buildings and Fixtures	81,818,538	3,098,817	0	3,098,817	1,299,450	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	6,388,839	133,647	0	133,647	1,196,783	5.00
6.00	Movable Equipment	52,095,711	3,449,418	0	3,449,418	5,358,433	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	151,719,211	7,376,548	0	7,376,548	7,976,211	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	151,719,211	7,376,548	0	7,376,548	7,976,211	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,026,498	0				1.00
2.00	Land Improvements	3,962,746	0				2.00
3.00	Buildings and Fixtures	83,617,905	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	5,325,703	0				5.00
6.00	Movable Equipment	50,186,696	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	151,119,548	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	151,119,548	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2017 9:42 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	7,949,371	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,949,371	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	7,949,371				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,949,371				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2017 9:42 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	100,932,851	0	100,932,851	0.667901	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	50,186,696	0	50,186,696	0.332099	0	2.00
3.00	Total (sum of lines 1-2)	151,119,547	0	151,119,547	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	4,038,140	-54,718	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,911,231	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,949,371	-54,718	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	504,147	100,071	0	0	4,587,640	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	49,758	0	0	3,960,989	2.00
3.00	Total (sum of lines 1-2)	504,147	149,829	0	0	8,548,629	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0065

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

Worksheet A-8

Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-434,006	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-97,788	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-54,718	CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-5,183	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,121,401			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	-378,721	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees 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	B	-26,297	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-7,007	ADMINISTRATIVE & GENERAL	5.00	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	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-637,684	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0065

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

Worksheet A-8

Date/Time Prepared:
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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		
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0	32.00
33.00 MISC INCOME - A&G	B	-33,650	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 MISC INCOME - PHARMACY	B	-162,540	PHARMACY	15.00	0	33.01
33.02 MISC INCOME - EMERGENCY	B	-151	EMERGENCY	91.00	0	33.02
34.00 UNNECESSARY BORROWING	A	-113,465	CAP REL COSTS-BLDG & FIXT	1.00	11	34.00
35.00 TELEPHONE BENEFITS	A	-240	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00 HAF & PHYS RECRUITMENT	A	-4,556,163	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00 MARKETING - A&G	A	-5,327	ADMINISTRATIVE & GENERAL	5.00	0	37.00
37.01 MARKETING - DIETARY	A	-134	DIETARY	10.00	0	37.01
37.02 MARKETING - A&P	A	-812	ADULTS & PEDIATRICS	30.00	0	37.02
37.03 MARKETING - OPERATING ROOM	A	-420	OPERATING ROOM	50.00	0	37.03
37.04 MARKETING - LABORATORY	A	-202	LABORATORY	60.00	0	37.04
37.05 MARKETING - PHYSICAL THERAPY	A	-469	PHYSICAL THERAPY	66.00	0	37.05
37.06 MARKETING - OCCUPATIONAL THERAPY	A	-10	OCCUPATIONAL THERAPY	67.00	0	37.06
37.07 MARKETING - OB GYN	A	-600	OB GYN	90.03	0	37.07
37.08 MARKETING - PRIMARY CARE	A	-425	PRIMARY CARE	194.07	0	37.08
37.09 MARKETING - EMERGENCY ROOM	A	-608	EMERGENCY	91.00	0	37.09
37.10 MARKETING - HOSPICE	A	-58	HOSPICE	116.00	0	37.10
38.00 BARIATRIC NP	A	-186,064	CASE MANAGEMENT	76.02	0	38.00
39.00 LOBBYING EXPENSES	A	-3,446	ADMINISTRATIVE & GENERAL	5.00	0	39.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,827,589				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: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-2 Date/Time Prepared: 5/23/2017 9:42 am
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	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	30.00	ADULTS & PEDIATRICS	147,354	147,354	0	211,500	0	1.00
2.00	50.00	OPERATING ROOM	585,900	585,900	0	246,400	0	2.00
3.00	53.00	ANESTHESIOLOGY	2,243,290	2,243,290	0	239,400	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	767,723	460,632	307,091	271,900	1,310	4.00
5.00	57.00	CT SCAN	5,160	5,160	0	271,900	0	5.00
6.00	60.00	LABORATORY	358,152	128,152	230,000	211,500	1,741	6.00
7.00	65.00	RESPIRATORY THERAPY	93,934	93,934	0	211,500	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	9,000	0	9,000	211,500	72	8.00
9.00	76.02	CASE MANAGEMENT	165,699	165,699	0	211,500	0	9.00
10.00	76.03	PAIN MANAGEMENT	515,422	515,422	0	211,500	0	10.00
11.00	90.01	PALLIATIVE HEALTH	6,750	6,750	0	211,500	0	11.00
12.00	90.02	VEIN CENTER	244,019	244,019	0	211,500	0	12.00
13.00	90.03	OB GYN	1,616,452	1,616,452	0	237,100	0	13.00
14.00	91.00	EMERGENCY	1,718,142	1,718,142	0	211,500	0	14.00
200.00			8,476,997	7,930,906	546,091		3,123	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	171,245	8,562	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	177,030	8,852	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	7,321	366	0	0	0	8.00
9.00	76.02	CASE MANAGEMENT	0	0	0	0	0	9.00
10.00	76.03	PAIN MANAGEMENT	0	0	0	0	0	10.00
11.00	90.01	PALLIATIVE HEALTH	0	0	0	0	0	11.00
12.00	90.02	VEIN CENTER	0	0	0	0	0	12.00
13.00	90.03	OB GYN	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
200.00			355,596	17,780	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	147,354	1.00
2.00	50.00	OPERATING ROOM	0	0	0	585,900	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	2,243,290	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	171,245	135,846	596,478	4.00
5.00	57.00	CT SCAN	0	0	0	5,160	5.00
6.00	60.00	LABORATORY	0	177,030	52,970	181,122	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	93,934	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	7,321	1,679	1,679	8.00
9.00	76.02	CASE MANAGEMENT	0	0	0	165,699	9.00
10.00	76.03	PAIN MANAGEMENT	0	0	0	515,422	10.00
11.00	90.01	PALLIATIVE HEALTH	0	0	0	6,750	11.00
12.00	90.02	VEIN CENTER	0	0	0	244,019	12.00
13.00	90.03	OB GYN	0	0	0	1,616,452	13.00
14.00	91.00	EMERGENCY	0	0	0	1,718,142	14.00
200.00			0	355,596	190,495	8,121,401	200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 9:42 am
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,587,640	4,587,640			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,960,989		3,960,989		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,979,798	21,898	760	15,002,456	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	14,223,373	440,341	439,432	2,015,822	5.00
7.00 00700	OPERATION OF PLANT	2,917,098	263,409	1,603,902	373,326	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	318,776	16,081	977	12,433	8.00
9.00 00900	HOUSEKEEPING	1,151,686	24,058	2,615	245,526	9.00
10.00 01000	DIETARY	525,293	92,269	18,712	79,111	10.00
11.00 01100	CAFETERIA	368,370	0	0	112,575	11.00
13.00 01300	NURSING ADMINISTRATION	3,056,498	100,642	75,197	624,974	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	478,497	67,150	44,450	116,366	14.00
15.00 01500	PHARMACY	2,619,766	36,266	135,077	322,614	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,205,565	23,623	5,761	272,619	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	280,977	0	0	74,591	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	176,007	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,434,366	760,660	238,905	1,319,501	30.00
31.00 03100	INTENSIVE CARE UNIT	1,081,647	74,858	109,313	272,213	31.00
43.00 04300	NURSERY	338,684	10,329	0	91,193	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,191,320	329,920	458,710	731,067	50.00
51.00 05100	RECOVERY ROOM	477,078	64,772	5,381	129,994	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,261,604	75,600	0	348,215	52.00
53.00 05300	ANESTHESIOLOGY	116,474	1,099	37,212	619,170	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,214,039	331,288	341,289	720,845	54.00
54.01 03630	ULTRA SOUND	276,699	13,320	17,630	66,467	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	140,403	5,778	77	23,358	54.02
57.00 05700	CT SCAN	514,727	15,723	11,714	69,893	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	328,488	11,083	4,598	49,542	58.00
60.00 06000	LABORATORY	2,716,218	72,365	59,457	415,748	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	292,478	6,737	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	260,927	52,360	47,254	69,235	64.00
65.00 06500	RESPIRATORY THERAPY	1,006,102	65,053	25,744	275,298	65.00
66.00 06600	PHYSICAL THERAPY	1,022,875	161,835	14,170	272,981	66.00
67.00 06700	OCCUPATIONAL THERAPY	319,833	6,353	89	85,987	67.00
68.00 06800	SPEECH PATHOLOGY	221,899	5,037	715	59,553	68.00
69.00 06900	ELECTROCARDIOLOGY	218,111	17,615	36,413	30,920	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,164,659	0	0	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,261,826	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,469,422	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	217,360	26,615	306	50,063	76.00
76.02 03951	CASE MANAGEMENT	6,478	27,177	244	97,090	76.02
76.03 03950	PAIN MANAGEMENT	1,026,015	68,697	5,243	332,932	76.03
76.97 07697	CARDIAC REHABILITATION	446,241	28,136	5,048	118,825	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	15,131	0	0	2,744	90.00
90.01 04951	PALLIATIVE HEALTH	248,948	4,027	0	65,491	90.01
90.02 09000	VEIN CENTER	187,129	3,183	3,691	108,266	90.02
90.03 09001	OB GYN	636,639	91,118	99,205	602,117	90.03
91.00 09100	EMERGENCY	2,851,670	185,598	18,463	1,159,150	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIORAL HEALTH	500,162	15,902	12,877	134,951	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,432,586	21,604	918	354,735	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	847,014	29,529	0	185,099	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	100,419,578	3,669,108	3,881,549	13,288,607	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,186	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,226,346	341,860	60,315	825,150	192.00
194.00 07950	WELLNESS	1,199	0	0	0	194.00
194.02 07952	EXTERNAL SVCS MARKETING	891,688	24,671	680	53,827	194.02
194.03 07953	WASHINGTON CLINIC	206,152	53,958	0	56,900	194.03
194.04 07954	PHYSICIAN OFFICES	953,035	58,381	5,565	227,124	194.04
194.05 07955	INTEGRATED MEDICINE	312,210	46,019	1,908	81,114	194.05
194.06 07956	SURGICAL PROFESSIONAL	721,864	34,374	1,644	175,193	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.07 07957 PRIMARY CARE	805,312	256,455	9,177	194,940	1,265,884	194.07
194.08 07958 EMPLOYER CLINIC	795,181	61,052	151	87,736	944,120	194.08
194.09 07959 UROLOGY PROF	216,328	26,576	0	11,865	254,769	194.09
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	108,548,893	4,587,640	3,960,989	15,002,456	108,548,893	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/23/2017 9:42 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,118,968					5.00
7.00	00700	OPERATION OF PLANT	965,714	6,123,449				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,208	25,498	438,973			8.00
9.00	00900	HOUSEKEEPING	266,603	38,145	2,455	1,731,088		9.00
10.00	01000	DIETARY	133,946	146,298	0	45,898	1,041,527	10.00
11.00	01100	CAFETERIA	90,050	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	722,227	159,574	0	50,063	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	132,275	106,471	0	33,403	0	14.00
15.00	01500	PHARMACY	583,001	57,502	0	18,040	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	282,271	37,456	0	11,751	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	66,575	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	32,955	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,451,722	1,206,080	239,059	378,388	924,195	30.00
31.00	03100	INTENSIVE CARE UNIT	287,975	118,693	21,321	37,237	117,332	31.00
43.00	04300	NURSERY	82,422	16,377	9,984	5,138	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,069,308	523,111	45,165	164,115	0	50.00
51.00	05100	RECOVERY ROOM	126,801	102,701	0	32,220	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	315,571	119,868	3,571	37,606	0	52.00
53.00	05300	ANESTHESIOLOGY	144,912	1,743	0	547	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	862,683	525,279	37,398	164,796	0	54.00
54.01	03630	ULTRA SOUND	70,048	21,120	0	6,626	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	31,758	9,161	0	2,874	0	54.02
57.00	05700	CT SCAN	114,599	24,930	0	7,821	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	73,717	17,573	0	5,513	0	58.00
60.00	06000	LABORATORY	611,099	114,740	0	35,997	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	56,024	10,682	0	3,351	0	63.00
64.00	06400	INTRAVENOUS THERAPY	80,470	83,020	0	26,046	0	64.00
65.00	06500	RESPIRATORY THERAPY	256,925	103,147	0	32,360	0	65.00
66.00	06600	PHYSICAL THERAPY	275,585	256,600	21,575	80,503	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,190	10,073	0	3,160	0	67.00
68.00	06800	SPEECH PATHOLOGY	53,775	7,986	0	2,505	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,744	27,930	19,607	8,762	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,528,712	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	423,495	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,398,545	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	55,112	42,199	0	13,239	0	76.00
76.02	03951	CASE MANAGEMENT	24,526	43,091	0	13,519	0	76.02
76.03	03950	PAIN MANAGEMENT	268,288	108,923	0	34,172	0	76.03
76.97	07697	CARDIAC REHABILITATION	112,014	44,611	0	13,996	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	3,347	0	0	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	59,628	6,385	0	2,003	0	90.01
90.02	09000	VEIN CENTER	56,596	5,047	0	1,583	0	90.02
90.03	09001	OB GYN	267,575	144,474	0	45,326	0	90.03
91.00	09100	EMERGENCY	789,177	294,279	38,838	92,324	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	124,304	25,214	0	7,910	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	338,868	34,254	0	10,746	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	198,778	46,820	0	14,689	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,089,118	4,667,055	438,973	1,444,227	1,041,527	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,843	24,079	0	7,554	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	833,888	542,041	0	0	0	192.00
194.00	07950	WELLNESS	224	0	0	0	0	194.00
194.02	07952	EXTERNAL SVCS MARKETING	181,781	39,118	0	12,273	0	194.02
194.03	07953	WASHINGTON CLINIC	59,356	85,553	0	26,841	0	194.03
194.04	07954	PHYSICIAN OFFICES	232,941	92,566	0	29,041	0	194.04
194.05	07955	INTEGRATED MEDICINE	82,618	72,967	0	22,892	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	174,705	54,502	0	17,099	0	194.06
194.07	07957	PRIMARY CARE	237,019	406,627	0	127,571	0	194.07
194.08	07958	EMPLOYER CLINIC	176,773	96,803	0	30,370	0	194.08
194.09	07959	UROLOGY PROF	47,702	42,138	0	13,220	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0065			Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 9:42 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
202.00	TOTAL (sum lines 118-201)	17,118,968	6,123,449	438,973	1,731,088	1,041,527	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/23/2017 9:42 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	570,995					11.00
13.00	01300	NURSING ADMINISTRATION	30,363	4,819,538				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,968	0	989,580			14.00
15.00	01500	PHARMACY	13,895	206,460	1,077	3,993,698		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,218	0	1,266	0	1,860,530	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	2,991	0	137	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,074	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,479	1,180,977	6,857	0	71,479	30.00
31.00	03100	INTENSIVE CARE UNIT	15,363	228,273	734	0	10,263	31.00
43.00	04300	NURSERY	4,906	72,891	0	0	8,363	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,276	657,865	14,291	0	429,866	50.00
51.00	05100	RECOVERY ROOM	6,419	0	184	0	39,759	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,732	278,333	0	0	41,130	52.00
53.00	05300	ANESTHESIOLOGY	7,298	0	440	0	30,082	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,471	467,603	1,934	0	110,428	54.00
54.01	03630	ULTRA SOUND	2,925	0	79	0	23,421	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	951	0	273	0	10,708	54.02
57.00	05700	CT SCAN	3,593	0	174	0	205,994	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,469	0	13	0	64,292	58.00
60.00	06000	LABORATORY	32,409	462,105	2,431	0	301,303	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	4,570	63.00
64.00	06400	INTRAVENOUS THERAPY	3,811	0	176	0	7,311	64.00
65.00	06500	RESPIRATORY THERAPY	16,901	0	702	0	36,528	65.00
66.00	06600	PHYSICAL THERAPY	16,839	250,196	268	0	25,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,058	0	85	0	12,059	67.00
68.00	06800	SPEECH PATHOLOGY	2,774	0	61	0	3,409	68.00
69.00	06900	ELECTROCARDIOLOGY	1,693	25,157	210	0	40,946	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	741,318	0	50,331	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	205,365	0	31,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,993,698	114,711	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	2,830	0	214	0	4,060	76.00
76.02	03951	CASE MANAGEMENT	2,502	0	175	0	976	76.02
76.03	03950	PAIN MANAGEMENT	11,508	0	231	0	17,907	76.03
76.97	07697	CARDIAC REHABILITATION	6,190	0	201	0	1,582	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	124	0	4	0	216	90.00
90.01	04951	PALLIATIVE HEALTH	2,556	0	49	0	2,307	90.01
90.02	09000	VEIN CENTER	3,434	0	202	0	11,904	90.02
90.03	09001	OB GYN	15,835	0	1,648	0	11,592	90.03
91.00	09100	EMERGENCY	49,274	732,126	1,911	0	104,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	3,773	0	92	0	2,192	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	17,334	257,552	544	0	15,831	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,764	0	290	0	13,770	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	502,000	4,819,538	983,636	3,993,698	1,860,530	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,675	0	767	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.02	07952	EXTERNAL SVCS MARKETING	2,947	0	761	0	0	194.02
194.03	07953	WASHINGTON CLINIC	6,209	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	9,114	0	399	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	2,724	0	734	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	4,151	0	80	0	0	194.06
194.07	07957	PRIMARY CARE	10,689	0	760	0	0	194.07
194.08	07958	EMPLOYER CLINIC	5,486	0	2,095	0	0	194.08
194.09	07959	UROLOGY PROF	0	0	348	0	0	194.09
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	570,995	4,819,538	989,580	3,993,698	1,860,530	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period:
From 01/01/2016
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	425,271					18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	211,036				19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	13,291,668	0	13,291,668	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	2,375,222	0	2,375,222	31.00
43.00 04300 NURSERY	0	0	640,287	0	640,287	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	8,659,014	0	8,659,014	50.00
51.00 05100 RECOVERY ROOM	0	0	985,309	0	985,309	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	2,500,230	0	2,500,230	52.00
53.00 05300 ANESTHESIOLOGY	0	211,036	1,170,013	0	1,170,013	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	6,809,053	0	6,809,053	54.00
54.01 03630 ULTRA SOUND	0	0	498,335	0	498,335	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	225,341	0	225,341	54.02
57.00 05700 CT SCAN	0	0	969,168	0	969,168	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	557,288	0	557,288	58.00
60.00 06000 LABORATORY	0	0	4,823,872	0	4,823,872	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	373,842	0	373,842	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	630,610	0	630,610	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	1,818,760	0	1,818,760	65.00
66.00 06600 PHYSICAL THERAPY	0	0	2,398,473	0	2,398,473	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	518,887	0	518,887	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	357,714	0	357,714	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	484,108	0	484,108	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,485,020	0	10,485,020	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	2,922,249	0	2,922,249	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	12,976,376	0	12,976,376	73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0	411,998	0	411,998	76.00
76.02 03951 CASE MANAGEMENT	0	0	215,778	0	215,778	76.02
76.03 03950 PAIN MANAGEMENT	0	0	1,873,916	0	1,873,916	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	776,844	0	776,844	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	570	0	22,136	0	22,136	90.00
90.01 04951 PALLIATIVE HEALTH	11,783	0	403,177	0	403,177	90.01
90.02 09000 VEIN CENTER	15,830	0	396,865	0	396,865	90.02
90.03 09001 OB GYN	72,997	0	1,988,526	0	1,988,526	90.03
91.00 09100 EMERGENCY	0	0	6,317,441	0	6,317,441	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04952 BEHAVIORAL HEALTH	0	0	827,377	0	827,377	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	2,484,972	0	2,484,972	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	1,345,753	0	1,345,753	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	101,180	211,036	93,535,622	0	93,535,622	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	49,662	0	49,662	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	127,580	0	5,985,622	0	5,985,622	192.00
194.00 07950 WELLNESS	0	0	1,423	0	1,423	194.00
194.02 07952 EXTERNAL SVCS MARKETING	13,585	0	1,221,331	0	1,221,331	194.02
194.03 07953 WASHINGTON CLINIC	28,623	0	523,592	0	523,592	194.03
194.04 07954 PHYSICIAN OFFICES	42,015	0	1,650,181	0	1,650,181	194.04
194.05 07955 INTEGRATED MEDICINE	12,556	0	635,742	0	635,742	194.05
194.06 07956 SURGICAL PROFESSIONAL	19,135	0	1,202,747	0	1,202,747	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			PHYSICIAN PRIVATE PRACTICE					
			18.00	19.00	24.00	25.00	26.00	
194.07	07957	PRIMARY CARE	49,276	0	2,097,826	0	2,097,826	194.07
194.08	07958	EMPLOYER CLINIC	25,292	0	1,280,939	0	1,280,939	194.08
194.09	07959	UROLOGY PROF	6,029	0	364,206	0	364,206	194.09
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	425,271	211,036	108,548,893	0	108,548,893	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 9:42 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	21,898	760	22,658	22,658 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	15,418	440,341	439,432	895,191	3,033 5.00
7.00 00700	OPERATION OF PLANT	14,789	263,409	1,603,902	1,882,100	564 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	16,081	977	17,058	19 8.00
9.00 00900	HOUSEKEEPING	5,244	24,058	2,615	31,917	371 9.00
10.00 01000	DIETARY	6,055	92,269	18,712	117,036	120 10.00
11.00 01100	CAFETERIA	0	0	0	0	170 11.00
13.00 01300	NURSING ADMINISTRATION	0	100,642	75,197	175,839	944 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	67,150	44,450	111,600	176 14.00
15.00 01500	PHARMACY	0	36,266	135,077	171,343	487 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	23,623	5,761	29,384	412 16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	113 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	266 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,371	760,660	238,905	1,004,936	1,994 30.00
31.00 03100	INTENSIVE CARE UNIT	4,587	74,858	109,313	188,758	411 31.00
43.00 04300	NURSERY	0	10,329	0	10,329	138 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	167,417	329,920	458,710	956,047	1,105 50.00
51.00 05100	RECOVERY ROOM	0	64,772	5,381	70,153	196 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	75,600	0	75,600	526 52.00
53.00 05300	ANESTHESIOLOGY	0	1,099	37,212	38,311	935 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	331,288	341,289	672,577	1,089 54.00
54.01 03630	ULTRA SOUND	0	13,320	17,630	30,950	100 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,778	77	5,855	35 54.02
57.00 05700	CT SCAN	0	15,723	11,714	27,437	106 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,083	4,598	15,681	75 58.00
60.00 06000	LABORATORY	132,046	72,365	59,457	263,868	628 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,737	0	6,737	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	52,360	47,254	99,614	105 64.00
65.00 06500	RESPIRATORY THERAPY	4,600	65,053	25,744	95,397	416 65.00
66.00 06600	PHYSICAL THERAPY	0	161,835	14,170	176,005	412 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	6,353	89	6,442	130 67.00
68.00 06800	SPEECH PATHOLOGY	0	5,037	715	5,752	90 68.00
69.00 06900	ELECTROCARDIOLOGY	1,440	17,615	36,413	55,468	47 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	20,929	26,615	306	47,850	76 76.00
76.02 03951	CASE MANAGEMENT	0	27,177	244	27,421	147 76.02
76.03 03950	PAIN MANAGEMENT	0	68,697	5,243	73,940	503 76.03
76.97 07697	CARDIAC REHABILITATION	0	28,136	5,048	33,184	180 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	4 90.00
90.01 04951	PALLIATIVE HEALTH	0	4,027	0	4,027	99 90.01
90.02 09000	VEIN CENTER	0	3,183	3,691	6,874	164 90.02
90.03 09001	OB GYN	0	91,118	99,205	190,323	910 90.03
91.00 09100	EMERGENCY	0	185,598	18,463	204,061	1,751 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04952	BEHAVIORAL HEALTH	0	15,902	12,877	28,779	204 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	311	21,604	918	22,833	536 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	66,937	29,529	0	96,466	280 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	445,144	3,669,108	3,881,549	7,995,801	20,067 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,186	0	15,186	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	120	341,860	60,315	402,295	1,247 192.00
194.00 07950	WELLNESS	0	0	0	0	0 194.00
194.02 07952	EXTERNAL SVCS MARKETING	0	24,671	680	25,351	81 194.02
194.03 07953	WASHINGTON CLINIC	0	53,958	0	53,958	86 194.03
194.04 07954	PHYSICIAN OFFICES	120	58,381	5,565	64,066	343 194.04
194.05 07955	INTEGRATED MEDICINE	0	46,019	1,908	47,927	123 194.05
194.06 07956	SURGICAL PROFESSIONAL	0	34,374	1,644	36,018	265 194.06
194.07 07957	PRIMARY CARE	0	256,455	9,177	265,632	295 194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.08 07958 EMPLOYER CLINIC	0	61,052	151	61,203	133	194.08
194.09 07959 UROLOGY PROF	0	26,576	0	26,576	18	194.09
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	445,384	4,587,640	3,960,989	8,994,013	22,658	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 9:42 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	898,224				5.00
7.00	00700	OPERATION OF PLANT	50,670	1,933,334			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,421	8,050	28,548		8.00
9.00	00900	HOUSEKEEPING	13,988	12,044	160	58,480	9.00
10.00	01000	DIETARY	7,028	46,190	0	1,551	171,925
11.00	01100	CAFETERIA	4,725	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	37,894	50,382	0	1,691	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,940	33,616	0	1,128	0
15.00	01500	PHARMACY	30,589	18,155	0	609	0
16.00	01600	MEDICAL RECORDS & LIBRARY	14,810	11,826	0	397	0
18.00	01850	PHYSICIAN PRIVATE PRACTICE	3,493	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,729	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,170	380,792	15,547	12,784	152,557
31.00	03100	INTENSIVE CARE UNIT	15,110	37,474	1,387	1,258	19,368
43.00	04300	NURSERY	4,325	5,171	649	174	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56,105	165,160	2,937	5,544	0
51.00	05100	RECOVERY ROOM	6,653	32,425	0	1,088	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,558	37,846	232	1,270	0
53.00	05300	ANESTHESIOLOGY	7,603	550	0	18	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,264	165,845	2,432	5,567	0
54.01	03630	ULTRA SOUND	3,675	6,668	0	224	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,666	2,892	0	97	0
57.00	05700	CT SCAN	6,013	7,871	0	264	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,868	5,548	0	186	0
60.00	06000	LABORATORY	32,063	36,226	0	1,216	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,939	3,372	0	113	0
64.00	06400	INTRAVENOUS THERAPY	4,222	26,212	0	880	0
65.00	06500	RESPIRATORY THERAPY	13,480	32,566	0	1,093	0
66.00	06600	PHYSICAL THERAPY	14,460	81,015	1,403	2,720	0
67.00	06700	OCCUPATIONAL THERAPY	4,050	3,180	0	107	0
68.00	06800	SPEECH PATHOLOGY	2,821	2,521	0	85	0
69.00	06900	ELECTROCARDIOLOGY	2,977	8,818	1,275	296	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,226	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	22,220	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	73,380	0	0	0	0
76.00	03952	WOUND CARE (DIABETES CENTER)	2,892	13,323	0	447	0
76.02	03951	CASE MANAGEMENT	1,287	13,605	0	457	0
76.03	03950	PAIN MANAGEMENT	14,077	34,390	0	1,154	0
76.97	07697	CARDIAC REHABILITATION	5,877	14,085	0	473	0
OUTPATIENT SERVICE COST CENTERS							
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	176	0	0	0	0
90.01	04951	PALLIATIVE HEALTH	3,129	2,016	0	68	0
90.02	09000	VEIN CENTER	2,969	1,593	0	53	0
90.03	09001	OB GYN	14,039	45,614	0	1,531	0
91.00	09100	EMERGENCY	41,407	92,912	2,526	3,119	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
93.00	04952	BEHAVIORAL HEALTH	6,522	7,961	0	267	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	17,780	10,815	0	363	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	10,430	14,782	0	496	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	791,720	1,473,511	28,548	48,788	171,925
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	149	7,602	0	255	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43,753	171,137	0	0	0
194.00	07950	WELLNESS	12	0	0	0	0
194.02	07952	EXTERNAL SVCS MARKETING	9,538	12,351	0	415	0
194.03	07953	WASHINGTON CLINIC	3,114	27,011	0	907	0
194.04	07954	PHYSICIAN OFFICES	12,222	29,226	0	981	0
194.05	07955	INTEGRATED MEDICINE	4,335	23,038	0	773	0
194.06	07956	SURGICAL PROFESSIONAL	9,167	17,208	0	578	0
194.07	07957	PRIARY CARE	12,436	128,383	0	4,310	0
194.08	07958	EMPLOYER CLINIC	9,275	30,563	0	1,026	0
194.09	07959	UROLOGY PROF	2,503	13,304	0	447	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0065			Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 9:42 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
202.00	TOTAL (sum lines 118-201)	898,224	1,933,334	28,548	58,480	171,925	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 9:42 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	4,895					11.00
13.00	01300	NURSING ADMINISTRATION	260	267,010				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	94	0	153,554			14.00
15.00	01500	PHARMACY	119	11,438	167	232,907		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	173	0	196	0	57,198	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	26	0	21	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	18	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	680	65,428	1,064	0	2,200	30.00
31.00	03100	INTENSIVE CARE UNIT	132	12,647	114	0	316	31.00
43.00	04300	NURSERY	42	4,038	0	0	257	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	380	36,447	2,218	0	13,171	50.00
51.00	05100	RECOVERY ROOM	55	0	29	0	1,223	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	161	15,420	0	0	1,266	52.00
53.00	05300	ANESTHESIOLOGY	63	0	68	0	926	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	270	25,906	300	0	3,398	54.00
54.01	03630	ULTRA SOUND	25	0	12	0	721	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8	0	42	0	330	54.02
57.00	05700	CT SCAN	31	0	27	0	6,339	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21	0	2	0	1,978	58.00
60.00	06000	LABORATORY	278	25,601	377	0	9,272	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	141	63.00
64.00	06400	INTRAVENOUS THERAPY	33	0	27	0	225	64.00
65.00	06500	RESPIRATORY THERAPY	145	0	109	0	1,124	65.00
66.00	06600	PHYSICAL THERAPY	144	13,861	42	0	771	66.00
67.00	06700	OCCUPATIONAL THERAPY	35	0	13	0	371	67.00
68.00	06800	SPEECH PATHOLOGY	24	0	10	0	105	68.00
69.00	06900	ELECTROCARDIOLOGY	15	1,394	33	0	1,260	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	115,031	0	1,549	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	31,867	0	971	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	232,907	3,530	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	24	0	33	0	125	76.00
76.02	03951	CASE MANAGEMENT	21	0	27	0	30	76.02
76.03	03950	PAIN MANAGEMENT	99	0	36	0	551	76.03
76.97	07697	CARDIAC REHABILITATION	53	0	31	0	49	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	1	0	1	0	7	90.00
90.01	04951	PALLIATIVE HEALTH	22	0	8	0	71	90.01
90.02	09000	VEIN CENTER	29	0	31	0	366	90.02
90.03	09001	OB GYN	136	0	256	0	357	90.03
91.00	09100	EMERGENCY	422	40,561	297	0	3,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	32	0	14	0	67	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	149	14,269	84	0	487	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	84	0	45	0	424	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,304	267,010	152,632	232,907	57,198	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	237	0	119	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.02	07952	EXTERNAL SVCS MARKETING	25	0	118	0	0	194.02
194.03	07953	WASHINGTON CLINIC	53	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	78	0	62	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	23	0	114	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	36	0	12	0	0	194.06
194.07	07957	PRIMARY CARE	92	0	118	0	0	194.07
194.08	07958	EMPLOYER CLINIC	47	0	325	0	0	194.08
194.09	07959	UROLOGY PROF	0	0	54	0	0	194.09
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,895	267,010	153,554	232,907	57,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 9:42 am
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	PHYSICIAN PRIVATE PRACTICE						
	18.00	19.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00 00500	ADMINISTRATIVE & GENERAL					5.00	
7.00 00700	OPERATION OF PLANT					7.00	
8.00 00800	LAUNDRY & LINEN SERVICE					8.00	
9.00 00900	HOUSEKEEPING					9.00	
10.00 01000	DIETARY					10.00	
11.00 01100	CAFETERIA					11.00	
13.00 01300	NURSING ADMINISTRATION					13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00 01500	PHARMACY					15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00	
18.00 01850	PHYSICIAN PRIVATE PRACTICE	3,653				18.00	
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	2,013			19.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,714,152	0	1,714,152	30.00	
31.00 03100	INTENSIVE CARE UNIT	0	276,975	0	276,975	31.00	
43.00 04300	NURSERY	0	25,123	0	25,123	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	1,239,114	0	1,239,114	50.00	
51.00 05100	RECOVERY ROOM	0	111,822	0	111,822	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	148,879	0	148,879	52.00	
53.00 05300	ANESTHESIOLOGY	0	48,474	0	48,474	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	922,648	0	922,648	54.00	
54.01 03630	ULTRA SOUND	0	42,375	0	42,375	54.01	
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,925	0	10,925	54.02	
57.00 05700	CT SCAN	0	48,088	0	48,088	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,359	0	27,359	58.00	
60.00 06000	LABORATORY	0	369,529	0	369,529	60.00	
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	13,302	0	13,302	63.00	
64.00 06400	INTRAVENOUS THERAPY	0	131,318	0	131,318	64.00	
65.00 06500	RESPIRATORY THERAPY	0	144,330	0	144,330	65.00	
66.00 06600	PHYSICAL THERAPY	0	290,833	0	290,833	66.00	
67.00 06700	OCCUPATIONAL THERAPY	0	14,328	0	14,328	67.00	
68.00 06800	SPEECH PATHOLOGY	0	11,408	0	11,408	68.00	
69.00 06900	ELECTROCARDIOLOGY	0	71,583	0	71,583	69.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	196,806	0	196,806	71.00	
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	55,058	0	55,058	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	0	309,817	0	309,817	73.00	
76.00 03952	WOUND CARE (DIABETES CENTER)	0	64,770	0	64,770	76.00	
76.02 03951	CASE MANAGEMENT	0	42,995	0	42,995	76.02	
76.03 03950	PAIN MANAGEMENT	0	124,750	0	124,750	76.03	
76.97 07697	CARDIAC REHABILITATION	0	53,932	0	53,932	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	5	194	0	194	90.00	
90.01 04951	PALLIATIVE HEALTH	101	9,541	0	9,541	90.01	
90.02 09000	VEIN CENTER	136	12,215	0	12,215	90.02	
90.03 09001	OB GYN	627	253,793	0	253,793	90.03	
91.00 09100	EMERGENCY	0	390,276	0	390,276	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
93.00 04952	BEHAVIORAL HEALTH	0	43,846	0	43,846	93.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	67,316	0	67,316	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00	
116.00 11600	HOSPICE	0	123,007	0	123,007	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	869	0	7,410,881	0	7,410,881	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,192	0	23,192	190.00	
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,096	619,884	0	619,884	192.00	
194.00 07950	WELLNESS	0	12	0	12	194.00	
194.02 07952	EXTERNAL SVCS MARKETING	117	47,996	0	47,996	194.02	
194.03 07953	WASHINGTON CLINIC	246	85,375	0	85,375	194.03	
194.04 07954	PHYSICIAN OFFICES	361	107,339	0	107,339	194.04	
194.05 07955	INTEGRATED MEDICINE	108	76,441	0	76,441	194.05	
194.06 07956	SURGICAL PROFESSIONAL	164	63,448	0	63,448	194.06	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			PHYSICIAN PRIVATE PRACTICE					
			18.00	19.00	24.00	25.00	26.00	
194.07	07957	PRIMARY CARE	423		411,689	0	411,689	194.07
194.08	07958	EMPLOYER CLINIC	217		102,789	0	102,789	194.08
194.09	07959	UROLOGY PROF	52		42,954	0	42,954	194.09
200.00		Cross Foot Adjustments		2,013	2,013	0	2,013	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,653	2,013	8,994,013	0	8,994,013	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1
Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	358,882				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,943,163			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,713	1,525	54,354,834		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,447	881,216	7,303,520	-17,118,968	5.00
7.00 00700	OPERATION OF PLANT	20,606	3,216,376	1,352,583	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,258	1,960	45,044	0	8.00
9.00 00900	HOUSEKEEPING	1,882	5,243	889,555	0	9.00
10.00 01000	DIETARY	7,218	37,525	286,623	0	10.00
11.00 01100	CAFETERIA	0	0	407,864	0	11.00
13.00 01300	NURSING ADMINISTRATION	7,873	150,796	2,264,318	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,253	89,137	421,599	0	14.00
15.00 01500	PHARMACY	2,837	270,876	1,168,848	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,848	11,553	987,716	0	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	270,246	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	637,684	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	59,505	479,088	4,780,629	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,856	219,210	986,243	0	31.00
43.00 04300	NURSERY	808	0	330,396	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,809	919,875	2,648,697	0	50.00
51.00 05100	RECOVERY ROOM	5,067	10,791	470,974	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,914	0	1,261,604	0	52.00
53.00 05300	ANESTHESIOLOGY	86	74,624	2,243,290	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	25,916	684,404	2,611,662	0	54.00
54.01 03630	ULTRA SOUND	1,042	35,354	240,813	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	155	84,627	0	54.02
57.00 05700	CT SCAN	1,230	23,490	253,225	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	867	9,221	179,495	0	58.00
60.00 06000	LABORATORY	5,661	119,232	1,506,278	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	4,096	94,760	250,844	0	64.00
65.00 06500	RESPIRATORY THERAPY	5,089	51,626	997,419	0	65.00
66.00 06600	PHYSICAL THERAPY	12,660	28,415	989,027	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	497	179	311,535	0	67.00
68.00 06800	SPEECH PATHOLOGY	394	1,433	215,764	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,378	73,020	112,024	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	2,082	613	181,381	0	76.00
76.02 03951	CASE MANAGEMENT	2,126	490	351,763	0	76.02
76.03 03950	PAIN MANAGEMENT	5,374	10,515	1,206,231	0	76.03
76.97 07697	CARDIAC REHABILITATION	2,201	10,124	430,510	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	9,940	0	90.00
90.01 04951	PALLIATIVE HEALTH	315	0	237,277	0	90.01
90.02 09000	VEIN CENTER	249	7,402	392,254	0	90.02
90.03 09001	OB GYN	7,128	198,941	2,181,505	0	90.03
91.00 09100	EMERGENCY	14,519	37,025	4,199,666	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIORAL HEALTH	1,244	25,822	488,936	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,690	1,840	1,285,226	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	2,310	0	670,624	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	287,027	7,783,856	48,145,459	-17,118,968	80,588,789
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	26,743	120,953	2,989,567	0	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.02 07952	EXTERNAL SVCS MARKETING	1,930	1,364	195,019	0	194.02
194.03 07953	WASHINGTON CLINIC	4,221	0	206,152	0	194.03
194.04 07954	PHYSICIAN OFFICES	4,567	11,160	822,885	0	194.04
194.05 07955	INTEGRATED MEDICINE	3,600	3,827	293,882	0	194.05
194.06 07956	SURGICAL PROFESSIONAL	2,689	3,297	634,733	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
194.0707957 PRIMARY CARE	20,062	18,404	706,280	0	1,265,884	194.07	
194.0807958 EMPLOYER CLINIC	4,776	302	317,871	0	944,120	194.08	
194.0907959 UROLOGY PROF	2,079	0	42,986	0	254,769	194.09	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	4,587,640	3,960,989	15,002,456		17,118,968	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	12.783143	0.498666	0.276010		0.187236	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			22,658		898,224	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000417		0.009824	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	302,116				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,258	481,690			8.00	
9.00	00900	HOUSEKEEPING	1,882	2,694	272,233		9.00	
10.00	01000	DIETARY	7,218	0	7,218	34,140	10.00	
11.00	01100	CAFETERIA	0	0	0	1,232,956	11.00	
13.00	01300	NURSING ADMINISTRATION	7,873	0	7,873	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	5,253	0	5,253	0	14.00	
15.00	01500	PHARMACY	2,837	0	2,837	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,848	0	1,848	0	16.00	
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,505	262,323	59,505	30,294	171,627	30.00
31.00	03100	INTENSIVE CARE UNIT	5,856	23,396	5,856	3,846	33,174	31.00
43.00	04300	NURSERY	808	10,956	808	0	10,593	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,809	49,560	25,809	0	95,605	50.00
51.00	05100	RECOVERY ROOM	5,067	0	5,067	0	13,860	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,914	3,918	5,914	0	40,449	52.00
53.00	05300	ANESTHESIOLOGY	86	0	86	0	15,758	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,916	41,037	25,916	0	67,955	54.00
54.01	03630	ULTRA SOUND	1,042	0	1,042	0	6,315	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	0	452	0	2,054	54.02
57.00	05700	CT SCAN	1,230	0	1,230	0	7,758	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	867	0	867	0	5,332	58.00
60.00	06000	LABORATORY	5,661	0	5,661	0	69,980	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	527	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,096	0	4,096	0	8,230	64.00
65.00	06500	RESPIRATORY THERAPY	5,089	0	5,089	0	36,495	65.00
66.00	06600	PHYSICAL THERAPY	12,660	23,674	12,660	0	36,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	497	0	497	0	8,762	67.00
68.00	06800	SPEECH PATHOLOGY	394	0	394	0	5,990	68.00
69.00	06900	ELECTROCARDIOLOGY	1,378	21,515	1,378	0	3,656	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	2,082	0	2,082	0	6,110	76.00
76.02	03951	CASE MANAGEMENT	2,126	0	2,126	0	5,403	76.02
76.03	03950	PAIN MANAGEMENT	5,374	0	5,374	0	24,849	76.03
76.97	07697	CARDIAC REHABILITATION	2,201	0	2,201	0	13,366	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	267	90.00
90.01	04951	PALLIATIVE HEALTH	315	0	315	0	5,519	90.01
90.02	09000	VEIN CENTER	249	0	249	0	7,415	90.02
90.03	09001	OB GYN	7,128	0	7,128	0	34,192	90.03
91.00	09100	EMERGENCY	14,519	42,617	14,519	0	106,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	1,244	0	1,244	0	8,148	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,690	0	1,690	0	37,429	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,310	0	2,310	0	21,083	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	230,261	481,690	227,121	34,140	1,083,976	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	1,188	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,743	0	0	0	59,758	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.02	07952	EXTERNAL SVCS MARKETING	1,930	0	1,930	0	6,363	194.02
194.03	07953	WASHINGTON CLINIC	4,221	0	4,221	0	13,407	194.03
194.04	07954	PHYSICIAN OFFICES	4,567	0	4,567	0	19,680	194.04
194.05	07955	INTEGRATED MEDICINE	3,600	0	3,600	0	5,881	194.05
194.06	07956	SURGICAL PROFESSIONAL	2,689	0	2,689	0	8,963	194.06
194.07	07957	PRIMARY CARE	20,062	0	20,062	0	23,081	194.07
194.08	07958	EMPLOYER CLINIC	4,776	0	4,776	0	11,847	194.08
194.09	07959	UROLOGY PROF	2,079	0	2,079	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
		7.00	8.00	9.00	10.00	11.00	
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)	6,123,449	438,973	1,731,088	1,041,527	570,995	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.268536	0.911318	6.358847	30.507528	0.463111	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,933,334	28,548	58,480	171,925	4,895	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.399310	0.059266	0.214816	5.035882	0.003970	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1
Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	13.00	14.00	15.00	16.00		18.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION	700,405						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	10,898,946					14.00
15.00 01500 PHARMACY	30,004	11,867	100				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	13,945	0	296,642,858			16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	0	1,508	0	0		199,197	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	171,627	75,518	0	11,396,579		0	30.00
31.00 03100 INTENSIVE CARE UNIT	33,174	8,089	0	1,636,313		0	31.00
43.00 04300 NURSERY	10,593	0	0	1,333,366		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	95,605	157,399	0	68,539,416		0	50.00
51.00 05100 RECOVERY ROOM	0	2,030	0	6,339,196		0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	40,449	0	0	6,557,780		0	52.00
53.00 05300 ANESTHESIOLOGY	0	4,841	0	4,796,294		0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	67,955	21,297	0	17,606,466		0	54.00
54.01 03630 ULTRA SOUND	0	867	0	3,734,207		0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	3,011	0	1,707,298		0	54.02
57.00 05700 CT SCAN	0	1,913	0	32,843,409		0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	140	0	10,250,711		0	58.00
60.00 06000 LABORATORY	67,156	26,776	0	48,039,335		0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	728,590		0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	1,943	0	1,165,651		0	64.00
65.00 06500 RESPIRATORY THERAPY	0	7,727	0	5,824,026		0	65.00
66.00 06600 PHYSICAL THERAPY	36,360	2,957	0	3,993,289		0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	939	0	1,922,631		0	67.00
68.00 06800 SPEECH PATHOLOGY	0	676	0	543,578		0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,656	2,315	0	6,528,372		0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,164,659	0	8,024,704		0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	2,261,826	0	5,032,392		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	18,289,381		0	73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	2,361	0	647,332		0	76.00
76.02 03951 CASE MANAGEMENT	0	1,924	0	155,570		0	76.02
76.03 03950 PAIN MANAGEMENT	0	2,545	0	2,855,113		0	76.03
76.97 07697 CARDIAC REHABILITATION	0	2,211	0	252,184		0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	39	0	34,448		267	90.00
90.01 04951 PALLIATIVE HEALTH	0	540	0	367,812		5,519	90.01
90.02 09000 VEIN CENTER	0	2,223	0	1,897,921		7,415	90.02
90.03 09001 OB GYN	0	18,146	0	1,848,264		34,192	90.03
91.00 09100 EMERGENCY	106,397	21,052	0	16,682,286		0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 04952 BEHAVIORAL HEALTH	0	1,013	0	349,525		0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	37,429	5,994	0	2,524,018		0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
116.00 11600 HOSPICE	0	3,194	0	2,195,401		0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	700,405	10,833,485	100	296,642,858		47,393	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	8,446	0	0		59,758	192.00
194.00 07950 WELLNESS	0	0	0	0		0	194.00
194.02 07952 EXTERNAL SVCS MARKETING	0	8,377	0	0		6,363	194.02
194.03 07953 WASHINGTON CLINIC	0	0	0	0		13,407	194.03
194.04 07954 PHYSICIAN OFFICES	0	4,396	0	0		19,680	194.04
194.05 07955 INTEGRATED MEDICINE	0	8,085	0	0		5,881	194.05
194.06 07956 SURGICAL PROFESSIONAL	0	882	0	0		8,963	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	18.00	
194.07	07957 PRIMARY CARE	0	8,367	0	0	23,081	194.07
194.08	07958 EMPLOYER CLINIC	0	23,074	0	0	11,847	194.08
194.09	07959 UROLOGY PROF	0	3,834	0	0	2,824	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,819,538	989,580	3,993,698	1,860,530	425,271	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.881073	0.090796	39,936.980000	0.006272	2.134927	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	267,010	153,554	232,907	57,198	3,653	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.381222	0.014089	2,329.070000	0.000193	0.018339	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet B-1 Date/Time Prepared: 5/23/2017 9:42 am
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	76.00
76.02	03951	CASE MANAGEMENT	76.02
76.03	03950	PAIN MANAGEMENT	76.03
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	90.00
90.01	04951	PALLIATIVE HEALTH	90.01
90.02	09000	VEIN CENTER	90.02
90.03	09001	OB GYN	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04952	BEHAVIORAL HEALTH	93.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	WELLNESS	194.00
194.02	07952	EXTERNAL SVCS MARKETING	194.02
194.03	07953	WASHINGTON CLINIC	194.03
194.04	07954	PHYSICIAN OFFICES	194.04
194.05	07955	INTEGRATED MEDICINE	194.05
194.06	07956	SURGICAL PROFESSIONAL	194.06
194.07	07957	PRIMARY CARE	194.07
194.08	07958	EMPLOYER CLINIC	194.08
194.09	07959	UROLOGY PROF	194.09

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet B-1 Date/Time Prepared: 5/23/2017 9:42 am
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
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)	211,036	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,110.360000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,013	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	20.130000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2017 9:42 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,291,668		13,291,668	0	13,291,668	30.00
31.00	03100	INTENSIVE CARE UNIT	2,375,222		2,375,222	0	2,375,222	31.00
43.00	04300	NURSERY	640,287		640,287	0	640,287	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,659,014		8,659,014	0	8,659,014	50.00
51.00	05100	RECOVERY ROOM	985,309		985,309	0	985,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,500,230		2,500,230	0	2,500,230	52.00
53.00	05300	ANESTHESIOLOGY	1,170,013		1,170,013	0	1,170,013	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,809,053		6,809,053	135,846	6,944,899	54.00
54.01	03630	ULTRA SOUND	498,335		498,335	0	498,335	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	225,341		225,341	0	225,341	54.02
57.00	05700	CT SCAN	969,168		969,168	0	969,168	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	557,288		557,288	0	557,288	58.00
60.00	06000	LABORATORY	4,823,872		4,823,872	52,970	4,876,842	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	373,842		373,842	0	373,842	63.00
64.00	06400	INTRAVENOUS THERAPY	630,610		630,610	0	630,610	64.00
65.00	06500	RESPIRATORY THERAPY	1,818,760	0	1,818,760	0	1,818,760	65.00
66.00	06600	PHYSICAL THERAPY	2,398,473	0	2,398,473	0	2,398,473	66.00
67.00	06700	OCCUPATIONAL THERAPY	518,887	0	518,887	0	518,887	67.00
68.00	06800	SPEECH PATHOLOGY	357,714	0	357,714	0	357,714	68.00
69.00	06900	ELECTROCARDIOLOGY	484,108		484,108	1,679	485,787	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,485,020		10,485,020	0	10,485,020	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,922,249		2,922,249	0	2,922,249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,976,376		12,976,376	0	12,976,376	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	411,998		411,998	0	411,998	76.00
76.02	03951	CASE MANAGEMENT	215,778		215,778	0	215,778	76.02
76.03	03950	PAIN MANAGEMENT	1,873,916		1,873,916	0	1,873,916	76.03
76.97	07697	CARDIAC REHABILITATION	776,844		776,844	0	776,844	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	22,136		22,136	0	22,136	90.00
90.01	04951	PALLIATIVE HEALTH	403,177		403,177	0	403,177	90.01
90.02	09000	VEIN CENTER	396,865		396,865	0	396,865	90.02
90.03	09001	OB GYN	1,988,526		1,988,526	0	1,988,526	90.03
91.00	09100	EMERGENCY	6,317,441		6,317,441	0	6,317,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,297,710		2,297,710	0	2,297,710	92.00
93.00	04952	BEHAVIORAL HEALTH	827,377		827,377	0	827,377	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,484,972		2,484,972		2,484,972	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,345,753		1,345,753		1,345,753	116.00
200.00		Subtotal (see instructions)	95,833,332	0	95,833,332	190,495	96,023,827	200.00
201.00		Less Observation Beds	2,297,710		2,297,710		2,297,710	201.00
202.00		Total (see instructions)	93,535,622	0	93,535,622	190,495	93,726,117	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/23/2017 9:42 am		
			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	9,794,299		9,794,299		30.00			
31.00 03100	INTENSIVE CARE UNIT	1,636,313		1,636,313		31.00			
43.00 04300	NURSERY	1,333,366		1,333,366		43.00			
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	13,228,951	55,310,465	68,539,416	0.126336	50.00			
51.00 05100	RECOVERY ROOM	933,716	5,405,480	6,339,196	0.155431	51.00			
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,220,383	337,397	6,557,780	0.381262	52.00			
53.00 05300	ANESTHESIOLOGY	998,518	3,797,776	4,796,294	0.243941	53.00			
54.00 05400	RADIOLOGY-DIAGNOSTIC	898,378	16,708,088	17,606,466	0.386736	54.00			
54.01 03630	ULTRA SOUND	259,863	3,474,344	3,734,207	0.133451	54.01			
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	72,833	1,634,465	1,707,298	0.131987	54.02			
57.00 05700	CT SCAN	2,710,580	30,132,829	32,843,409	0.029509	57.00			
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	624,942	9,625,769	10,250,711	0.054366	58.00			
60.00 06000	LABORATORY	8,242,006	39,797,329	48,039,335	0.100415	60.00			
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	392,513	336,077	728,590	0.513103	63.00			
64.00 06400	INTRAVENOUS THERAPY	194,778	970,873	1,165,651	0.540994	64.00			
65.00 06500	RESPIRATORY THERAPY	3,719,748	2,104,278	5,824,026	0.312286	65.00			
66.00 06600	PHYSICAL THERAPY	569,286	3,424,003	3,993,289	0.600626	66.00			
67.00 06700	OCCUPATIONAL THERAPY	411,071	1,511,560	1,922,631	0.269884	67.00			
68.00 06800	SPEECH PATHOLOGY	58,763	484,815	543,578	0.658073	68.00			
69.00 06900	ELECTROCARDIOLOGY	832,190	5,696,182	6,528,372	0.074154	69.00			
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,295,730	5,728,974	8,024,704	1.306593	71.00			
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,173,137	2,859,255	5,032,392	0.580688	72.00			
73.00 07300	DRUGS CHARGED TO PATIENTS	4,382,425	13,906,956	18,289,381	0.709503	73.00			
76.00 03952	WOUND CARE (DIABETES CENTER)	32,305	615,027	647,332	0.636455	76.00			
76.02 03951	CASE MANAGEMENT	5,764	149,806	155,570	1.387015	76.02			
76.03 03950	PAIN MANAGEMENT	341	2,854,772	2,855,113	0.656337	76.03			
76.97 07697	CARDIAC REHABILITATION	246	251,938	252,184	3.080465	76.97			
OUTPATIENT SERVICE COST CENTERS									
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	34,448	34,448	0.642592	90.00			
90.01 04951	PALLIATIVE HEALTH	101,000	266,812	367,812	1.096150	90.01			
90.02 09000	VEIN CENTER	0	1,897,921	1,897,921	0.209105	90.02			
90.03 09001	OB GYN	0	1,848,264	1,848,264	1.075889	90.03			
91.00 09100	EMERGENCY	1,275,740	15,406,546	16,682,286	0.378692	91.00			
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	79,425	1,522,855	1,602,280	1.434025	92.00			
93.00 04952	BEHAVIORAL HEALTH	0	349,525	349,525	2.367147	93.00			
OTHER REIMBURSABLE COST CENTERS									
101.00 10100	HOME HEALTH AGENCY	0	2,524,018	2,524,018		101.00			
SPECIAL PURPOSE COST CENTERS									
113.00 11300	INTEREST EXPENSE					113.00			
116.00 11600	HOSPICE	0	2,195,401	2,195,401		116.00			
200.00	Subtotal (see instructions)	63,478,610	233,164,248	296,642,858		200.00			
201.00	Less Observation Beds					201.00			
202.00	Total (see instructions)	63,478,610	233,164,248	296,642,858		202.00			

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 9:42 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.126336		50.00
51.00	05100 RECOVERY ROOM	0.155431		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.381262		52.00
53.00	05300 ANESTHESIOLOGY	0.243941		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.394452		54.00
54.01	03630 ULTRA SOUND	0.133451		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.131987		54.02
57.00	05700 CT SCAN	0.029509		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.054366		58.00
60.00	06000 LABORATORY	0.101518		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.513103		63.00
64.00	06400 INTRAVENOUS THERAPY	0.540994		64.00
65.00	06500 RESPIRATORY THERAPY	0.312286		65.00
66.00	06600 PHYSICAL THERAPY	0.600626		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.269884		67.00
68.00	06800 SPEECH PATHOLOGY	0.658073		68.00
69.00	06900 ELECTROCARDIOLOGY	0.074412		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.306593		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.580688		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.709503		73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.636455		76.00
76.02	03951 CASE MANAGEMENT	1.387015		76.02
76.03	03950 PAIN MANAGEMENT	0.656337		76.03
76.97	07697 CARDIAC REHABILITATION	3.080465		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.642592		90.00
90.01	04951 PALLIATIVE HEALTH	1.096150		90.01
90.02	09000 VEIN CENTER	0.209105		90.02
90.03	09001 OB GYN	1.075889		90.03
91.00	09100 EMERGENCY	0.378692		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.434025		92.00
93.00	04952 BEHAVIORAL HEALTH	2.367147		93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 9:42 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	13,291,668		13,291,668	0	13,291,668	30.00
31.00	03100 INTENSIVE CARE UNIT	2,375,222		2,375,222	0	2,375,222	31.00
43.00	04300 NURSERY	640,287		640,287	0	640,287	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,659,014		8,659,014	0	8,659,014	50.00
51.00	05100 RECOVERY ROOM	985,309		985,309	0	985,309	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,500,230		2,500,230	0	2,500,230	52.00
53.00	05300 ANESTHESIOLOGY	1,170,013		1,170,013	0	1,170,013	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,809,053		6,809,053	135,846	6,944,899	54.00
54.01	03630 ULTRA SOUND	498,335		498,335	0	498,335	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	225,341		225,341	0	225,341	54.02
57.00	05700 CT SCAN	969,168		969,168	0	969,168	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	557,288		557,288	0	557,288	58.00
60.00	06000 LABORATORY	4,823,872		4,823,872	52,970	4,876,842	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	373,842		373,842	0	373,842	63.00
64.00	06400 INTRAVENOUS THERAPY	630,610		630,610	0	630,610	64.00
65.00	06500 RESPIRATORY THERAPY	1,818,760	0	1,818,760	0	1,818,760	65.00
66.00	06600 PHYSICAL THERAPY	2,398,473	0	2,398,473	0	2,398,473	66.00
67.00	06700 OCCUPATIONAL THERAPY	518,887	0	518,887	0	518,887	67.00
68.00	06800 SPEECH PATHOLOGY	357,714	0	357,714	0	357,714	68.00
69.00	06900 ELECTROCARDIOLOGY	484,108		484,108	1,679	485,787	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,485,020		10,485,020	0	10,485,020	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,922,249		2,922,249	0	2,922,249	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,976,376		12,976,376	0	12,976,376	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	411,998		411,998	0	411,998	76.00
76.02	03951 CASE MANAGEMENT	215,778		215,778	0	215,778	76.02
76.03	03950 PAIN MANAGEMENT	1,873,916		1,873,916	0	1,873,916	76.03
76.97	07697 CARDIAC REHABILITATION	776,844		776,844	0	776,844	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	22,136		22,136	0	22,136	90.00
90.01	04951 PALLIATIVE HEALTH	403,177		403,177	0	403,177	90.01
90.02	09000 VEIN CENTER	396,865		396,865	0	396,865	90.02
90.03	09001 OB GYN	1,988,526		1,988,526	0	1,988,526	90.03
91.00	09100 EMERGENCY	6,317,441		6,317,441	0	6,317,441	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,297,710		2,297,710	0	2,297,710	92.00
93.00	04952 BEHAVIORAL HEALTH	827,377		827,377	0	827,377	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	2,484,972		2,484,972		2,484,972	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,345,753		1,345,753		1,345,753	116.00
200.00	Subtotal (see instructions)	95,833,332	0	95,833,332	190,495	96,023,827	200.00
201.00	Less Observation Beds	2,297,710		2,297,710		2,297,710	201.00
202.00	Total (see instructions)	93,535,622	0	93,535,622	190,495	93,726,117	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/23/2017 9:42 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00	9.00	10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,794,299		9,794,299			30.00
31.00	03100	INTENSIVE CARE UNIT	1,636,313		1,636,313			31.00
43.00	04300	NURSERY	1,333,366		1,333,366			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,228,951	55,310,465	68,539,416	0.126336	0.000000	50.00
51.00	05100	RECOVERY ROOM	933,716	5,405,480	6,339,196	0.155431	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,220,383	337,397	6,557,780	0.381262	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	998,518	3,797,776	4,796,294	0.243941	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	898,378	16,708,088	17,606,466	0.386736	0.000000	54.00
54.01	03630	ULTRA SOUND	259,863	3,474,344	3,734,207	0.133451	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	72,833	1,634,465	1,707,298	0.131987	0.000000	54.02
57.00	05700	CT SCAN	2,710,580	30,132,829	32,843,409	0.029509	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	624,942	9,625,769	10,250,711	0.054366	0.000000	58.00
60.00	06000	LABORATORY	8,242,006	39,797,329	48,039,335	0.100415	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	392,513	336,077	728,590	0.513103	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	194,778	970,873	1,165,651	0.540994	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,719,748	2,104,278	5,824,026	0.312286	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	569,286	3,424,003	3,993,289	0.600626	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	411,071	1,511,560	1,922,631	0.269884	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	58,763	484,815	543,578	0.658073	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	832,190	5,696,182	6,528,372	0.074154	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,295,730	5,728,974	8,024,704	1.306593	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,173,137	2,859,255	5,032,392	0.580688	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,382,425	13,906,956	18,289,381	0.709503	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	32,305	615,027	647,332	0.636455	0.000000	76.00
76.02	03951	CASE MANAGEMENT	5,764	149,806	155,570	1.387015	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	341	2,854,772	2,855,113	0.656337	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	246	251,938	252,184	3.080465	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	34,448	34,448	0.642592	0.000000	90.00
90.01	04951	PALLIATIVE HEALTH	101,000	266,812	367,812	1.096150	0.000000	90.01
90.02	09000	VEIN CENTER	0	1,897,921	1,897,921	0.209105	0.000000	90.02
90.03	09001	OB GYN	0	1,848,264	1,848,264	1.075889	0.000000	90.03
91.00	09100	EMERGENCY	1,275,740	15,406,546	16,682,286	0.378692	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	79,425	1,522,855	1,602,280	1.434025	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	0	349,525	349,525	2.367147	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,524,018	2,524,018			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,195,401	2,195,401			116.00
200.00		Subtotal (see instructions)	63,478,610	233,164,248	296,642,858			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	63,478,610	233,164,248	296,642,858			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 9:42 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	03630	ULTRA SOUND	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	54.02
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.000000	76.00
76.02	03951	CASE MANAGEMENT	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	90.00
90.01	04951	PALLIATIVE HEALTH	0.000000	90.01
90.02	09000	VEIN CENTER	0.000000	90.02
90.03	09001	OB GYN	0.000000	90.03
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 5/23/2017 9:42 am		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,714,152	4,750	1,709,402	11,024	155.06	30.00	
31.00	INTENSIVE CARE UNIT	276,975		276,975	1,157	239.39	31.00	
43.00	NURSERY	25,123		25,123	1,641	15.31	43.00	
200.00	Total (Lines 30-199)	2,016,250		2,011,500	13,822		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,665	568,295					30.00
31.00	INTENSIVE CARE UNIT	522	124,962					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	4,187	693,257					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/23/2017 9:42 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,239,114	68,539,416	0.018079	5,571,339	100,724	50.00
51.00	05100	RECOVERY ROOM	111,822	6,339,196	0.017640	385,005	6,791	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	148,879	6,557,780	0.022703	4,199	95	52.00
53.00	05300	ANESTHESIOLOGY	48,474	4,796,294	0.010107	381,691	3,858	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	922,648	17,606,466	0.052404	495,953	25,990	54.00
54.01	03630	ULTRA SOUND	42,375	3,734,207	0.011348	108,380	1,230	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	10,925	1,707,298	0.006399	51,149	327	54.02
57.00	05700	CT SCAN	48,088	32,843,409	0.001464	1,646,124	2,410	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,359	10,250,711	0.002669	350,609	936	58.00
60.00	06000	LABORATORY	369,529	48,039,335	0.007692	4,301,585	33,088	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	13,302	728,590	0.018257	206,126	3,763	63.00
64.00	06400	INTRAVENOUS THERAPY	131,318	1,165,651	0.112656	94,440	10,639	64.00
65.00	06500	RESPIRATORY THERAPY	144,330	5,824,026	0.024782	1,583,900	39,252	65.00
66.00	06600	PHYSICAL THERAPY	290,833	3,993,289	0.072830	307,712	22,411	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,328	1,922,631	0.007452	222,179	1,656	67.00
68.00	06800	SPEECH PATHOLOGY	11,408	543,578	0.020987	37,861	795	68.00
69.00	06900	ELECTROCARDIOLOGY	71,583	6,528,372	0.010965	502,204	5,507	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	196,806	8,024,704	0.024525	1,112,109	27,274	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	55,058	5,032,392	0.010941	906,847	9,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	309,817	18,289,381	0.016940	1,955,748	33,130	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	64,770	647,332	0.100057	15,604	1,561	76.00
76.02	03951	CASE MANAGEMENT	42,995	155,570	0.276371	0	0	76.02
76.03	03950	PAIN MANAGEMENT	124,750	2,855,113	0.043694	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	53,932	252,184	0.213860	246	53	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	194	34,448	0.005632	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	9,541	367,812	0.025940	443	11	90.01
90.02	09000	VEIN CENTER	12,215	1,897,921	0.006436	0	0	90.02
90.03	09001	OB GYN	253,793	1,848,264	0.137314	0	0	90.03
91.00	09100	EMERGENCY	390,276	16,682,286	0.023395	655,477	15,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	296,322	1,602,280	0.184938	44,354	8,203	92.00
93.00	04952	BEHAVIORAL HEALTH	43,846	349,525	0.125445	0	0	93.00
200.00		Total (lines 50-199)	5,500,630	279,159,461		20,941,284	354,961	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/23/2017 9:42 am	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	0	0	0	0	
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,024	0.00	3,665	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,157	0.00	522	0	31.00	
43.00	04300	NURSERY	1,641	0.00	0	0	43.00	
200.00		Total (lines 30-199)	13,822		4,187	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0065

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0	0	0	0	76.00
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09000	VEIN CENTER	0	0	0	0	0	90.02
90.03	09001	OB GYN	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 9:42 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	68,539,416	0.000000	0.000000	5,571,339	50.00
51.00	05100	RECOVERY ROOM	0	6,339,196	0.000000	0.000000	385,005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,557,780	0.000000	0.000000	4,199	52.00
53.00	05300	ANESTHESIOLOGY	0	4,796,294	0.000000	0.000000	381,691	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,606,466	0.000000	0.000000	495,953	54.00
54.01	03630	ULTRA SOUND	0	3,734,207	0.000000	0.000000	108,380	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,707,298	0.000000	0.000000	51,149	54.02
57.00	05700	CT SCAN	0	32,843,409	0.000000	0.000000	1,646,124	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,250,711	0.000000	0.000000	350,609	58.00
60.00	06000	LABORATORY	0	48,039,335	0.000000	0.000000	4,301,585	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	728,590	0.000000	0.000000	206,126	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,165,651	0.000000	0.000000	94,440	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,824,026	0.000000	0.000000	1,583,900	65.00
66.00	06600	PHYSICAL THERAPY	0	3,993,289	0.000000	0.000000	307,712	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,922,631	0.000000	0.000000	222,179	67.00
68.00	06800	SPEECH PATHOLOGY	0	543,578	0.000000	0.000000	37,861	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,528,372	0.000000	0.000000	502,204	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,024,704	0.000000	0.000000	1,112,109	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	5,032,392	0.000000	0.000000	906,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,289,381	0.000000	0.000000	1,955,748	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	647,332	0.000000	0.000000	15,604	76.00
76.02	03951	CASE MANAGEMENT	0	155,570	0.000000	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	0	2,855,113	0.000000	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	252,184	0.000000	0.000000	246	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	34,448	0.000000	0.000000	0	90.00
90.01	04951	PALLIATIVE HEALTH	0	367,812	0.000000	0.000000	443	90.01
90.02	09000	VEIN CENTER	0	1,897,921	0.000000	0.000000	0	90.02
90.03	09001	OB GYN	0	1,848,264	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	16,682,286	0.000000	0.000000	655,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,602,280	0.000000	0.000000	44,354	92.00
93.00	04952	BEHAVIORAL HEALTH	0	349,525	0.000000	0.000000	0	93.00
200.00		Total (Lines 50-199)	0	279,159,461			20,941,284	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 9:42 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	11,934,947	0		50.00
51.00	05100 RECOVERY ROOM	0	1,149,895	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	702,988	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,693,158	0		54.00
54.01	03630 ULTRA SOUND	0	807,315	0		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	594,699	0		54.02
57.00	05700 CT SCAN	0	7,001,233	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,505,169	0		58.00
60.00	06000 LABORATORY	0	5,711,004	0		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	111,077	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	252,718	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	285,904	0		65.00
66.00	06600 PHYSICAL THERAPY	0	15,574	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	89,479	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	2,191	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,580,342	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,172,710	0		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	586,558	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,626,692	0		73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0	315,794	0		76.00
76.02	03951 CASE MANAGEMENT	0	0	0		76.02
76.03	03950 PAIN MANAGEMENT	0	0	0		76.03
76.97	07697 CARDIAC REHABILITATION	0	108,855	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	50,898	0		90.00
90.01	04951 PALLIATIVE HEALTH	0	288,971	0		90.01
90.02	09000 VEIN CENTER	0	0	0		90.02
90.03	09001 OB GYN	0	0	0		90.03
91.00	09100 EMERGENCY	0	2,380,207	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	359,868	0		92.00
93.00	04952 BEHAVIORAL HEALTH	0	92,864	0		93.00
200.00	Total (Lines 50-199)	0	45,421,110	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 9:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.126336	11,934,947	0	0	1,507,813	50.00
51.00	05100 RECOVERY ROOM	0.155431	1,149,895	0	0	178,729	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.381262	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.243941	702,988	0	0	171,488	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.386736	2,693,158	0	0	1,041,541	54.00
54.01	03630 ULTRA SOUND	0.133451	807,315	0	0	107,737	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.131987	594,699	0	233	78,493	54.02
57.00	05700 CT SCAN	0.029509	7,001,233	0	466	206,599	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.054366	2,505,169	0	75	136,196	58.00
60.00	06000 LABORATORY	0.100415	5,711,004	1,200	0	573,470	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.513103	111,077	0	0	56,994	63.00
64.00	06400 INTRAVENOUS THERAPY	0.540994	252,718	0	0	136,719	64.00
65.00	06500 RESPIRATORY THERAPY	0.312286	285,904	0	0	89,284	65.00
66.00	06600 PHYSICAL THERAPY	0.600626	15,574	0	0	9,354	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.269884	89,479	0	0	24,149	67.00
68.00	06800 SPEECH PATHOLOGY	0.658073	2,191	0	0	1,442	68.00
69.00	06900 ELECTROCARDIOLOGY	0.074154	1,580,342	0	241	117,189	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.306593	1,172,710	0	0	1,532,255	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.580688	586,558	0	0	340,607	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.709503	4,626,692	0	14,770	3,282,652	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.636455	315,794	0	0	200,989	76.00
76.02	03951 CASE MANAGEMENT	1.387015	0	0	0	0	76.02
76.03	03950 PAIN MANAGEMENT	0.656337	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	3.080465	108,855	0	0	335,324	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.642592	50,898	0	0	32,707	90.00
90.01	04951 PALLIATIVE HEALTH	1.096150	288,971	0	0	316,756	90.01
90.02	09000 VEIN CENTER	0.209105	0	0	0	0	90.02
90.03	09001 OB GYN	1.075889	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.378692	2,380,207	0	0	901,365	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.434025	359,868	0	0	516,060	92.00
93.00	04952 BEHAVIORAL HEALTH	2.367147	92,864	0	0	219,823	93.00
200.00	Subtotal (see instructions)		45,421,110	1,200	15,785	12,115,735	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		45,421,110	1,200	15,785	12,115,735	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 9:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
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
54.01 03630	ULTRA SOUND	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	31	54.02
57.00 05700	CT SCAN	0	14	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4	58.00
60.00 06000	LABORATORY	120	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	18	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	10,479	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	0	76.00
76.02 03951	CASE MANAGEMENT	0	0	76.02
76.03 03950	PAIN MANAGEMENT	0	0	76.03
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.00
90.01 04951	PALLIATIVE HEALTH	0	0	90.01
90.02 09000	VEIN CENTER	0	0	90.02
90.03 09001	OB GYN	0	0	90.03
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	0	0	93.00
200.00	Subtotal (see instructions)	120	10,546	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	120	10,546	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 9:42 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.126336	0	0	1,184,869	0
51.00 05100 RECOVERY ROOM	0.155431	0	0	139,923	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.381262	0	0	23,621	0
53.00 05300 ANESTHESIOLOGY	0.243941	0	0	152,856	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.386736	0	0	218,787	0
54.01 03630 ULTRA SOUND	0.133451	0	0	76,757	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.131987	0	0	24,212	0
57.00 05700 CT SCAN	0.029509	0	0	180,634	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.054366	0	0	184,956	0
60.00 06000 LABORATORY	0.100415	0	0	452,765	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.513103	0	0	5,557	0
64.00 06400 INTRAVENOUS THERAPY	0.540994	0	0	20,929	0
65.00 06500 RESPIRATORY THERAPY	0.312286	0	0	55,001	0
66.00 06600 PHYSICAL THERAPY	0.600626	0	0	53,620	0
67.00 06700 OCCUPATIONAL THERAPY	0.269884	0	0	38,546	0
68.00 06800 SPEECH PATHOLOGY	0.658073	0	0	17,657	0
69.00 06900 ELECTROCARDIOLOGY	0.074154	0	0	103,653	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.306593	0	0	204,925	0
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.580688	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.709503	0	0	195,052	0
76.00 03952 WOUND CARE (DIABETES CENTER)	0.636455	0	0	15,527	0
76.02 03951 CASE MANAGEMENT	1.387015	0	0	0	0
76.03 03950 PAIN MANAGEMENT	0.656337	0	0	149,237	0
76.97 07697 CARDIAC REHABILITATION	3.080465	0	0	1,235	0
OUTPATIENT SERVICE COST CENTERS					
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0.642592	0	0	1,098	0
90.01 04951 PALLIATIVE HEALTH	1.096150	0	0	5,785	0
90.02 09000 VEIN CENTER	0.209105	0	0	43,067	0
90.03 09001 OB GYN	1.075889	0	0	0	0
91.00 09100 EMERGENCY	0.378692	0	0	51,334	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.434025	0	0	139,642	0
93.00 04952 BEHAVIORAL HEALTH	2.367147	0	0	26,675	0
200.00	Subtotal (see instructions)	0	0	3,767,920	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)			3,767,920	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part V Date/Time Prepared: 5/23/2017 9:42 am	
		Title XIX		Hospital		Cost	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	149,692			50.00
51.00	05100	RECOVERY ROOM	0	21,748			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,006			52.00
53.00	05300	ANESTHESIOLOGY	0	37,288			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,613			54.00
54.01	03630	ULTRA SOUND	0	10,243			54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	3,196			54.02
57.00	05700	CT SCAN	0	5,330			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,055			58.00
60.00	06000	LABORATORY	0	45,464			60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,851			63.00
64.00	06400	INTRAVENOUS THERAPY	0	11,322			64.00
65.00	06500	RESPIRATORY THERAPY	0	17,176			65.00
66.00	06600	PHYSICAL THERAPY	0	32,206			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,403			67.00
68.00	06800	SPEECH PATHOLOGY	0	11,620			68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,686			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	267,754			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	138,390			73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	9,882			76.00
76.02	03951	CASE MANAGEMENT	0	0			76.02
76.03	03950	PAIN MANAGEMENT	0	97,950			76.03
76.97	07697	CARDIAC REHABILITATION	0	3,804			76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	706			90.00
90.01	04951	PALLIATIVE HEALTH	0	6,341			90.01
90.02	09000	VEIN CENTER	0	9,006			90.02
90.03	09001	OB GYN	0	0			90.03
91.00	09100	EMERGENCY	0	19,440			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	200,250			92.00
93.00	04952	BEHAVIORAL HEALTH	0	63,144			93.00
200.00		Subtotal (see instructions)	0	1,286,566			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,286,566			202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 9:42 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,284	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,024	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)		9,113	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		39	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		221	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,665	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)		39	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		212.56	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		129.14	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)		13,291,668	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)		8,290	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)		28,540	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)		36,830	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		13,254,838	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,254,838	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,202.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,406,649	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)		4,406,649	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 9:42 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	2,375,222	1,157	2,052.91	522	1,071,619	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)					6,228,417	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,706,685	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)					693,257	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					354,961	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,048,218	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,658,467	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)					8,290	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)					8,290	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)					1,911	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,202.36	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,297,710	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 9:42 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	1,714,152	13,291,668	0.128964	2,297,710	296,322	90.00
91.00	Nursing School cost	0	13,291,668	0.000000	2,297,710	0	91.00
92.00	Allied health cost	0	13,291,668	0.000000	2,297,710	0	92.00
93.00	All other Medical Education	0	13,291,668	0.000000	2,297,710	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 9:42 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,284	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,024	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)		9,113	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		39	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		221	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,025	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,641	15.00
16.00	Nursery days (title V or XIX only)		185	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		212.56	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		129.14	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)		13,291,668	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)		8,290	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)		28,540	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)		36,830	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		13,254,838	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,254,838	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,202.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,232,419	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,232,419	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 9:42 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)	640,287	1,641	390.18	185	72,183	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,375,222	1,157	2,052.91	130	266,878	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)					515,053	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,086,533	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,911	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,202.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,297,710	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 9:42 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	1,714,152	13,291,668	0.128964	2,297,710	296,322	90.00
91.00	Nursing School cost	0	13,291,668	0.000000	2,297,710	0	91.00
92.00	Allied health cost	0	13,291,668	0.000000	2,297,710	0	92.00
93.00	All other Medical Education	0	13,291,668	0.000000	2,297,710	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 9:42 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,537,095	30.00
31.00	03100	INTENSIVE CARE UNIT		686,710	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126336	5,571,339	703,861 50.00
51.00	05100	RECOVERY ROOM	0.155431	385,005	59,842 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.381262	4,199	1,601 52.00
53.00	05300	ANESTHESIOLOGY	0.243941	381,691	93,110 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.394452	495,953	195,630 54.00
54.01	03630	ULTRA SOUND	0.133451	108,380	14,463 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.131987	51,149	6,751 54.02
57.00	05700	CT SCAN	0.029509	1,646,124	48,575 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054366	350,609	19,061 58.00
60.00	06000	LABORATORY	0.101518	4,301,585	436,688 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.513103	206,126	105,764 63.00
64.00	06400	INTRAVENOUS THERAPY	0.540994	94,440	51,091 64.00
65.00	06500	RESPIRATORY THERAPY	0.312286	1,583,900	494,630 65.00
66.00	06600	PHYSICAL THERAPY	0.600626	307,712	184,820 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.269884	222,179	59,963 67.00
68.00	06800	SPEECH PATHOLOGY	0.658073	37,861	24,915 68.00
69.00	06900	ELECTROCARDIOLOGY	0.074412	502,204	37,370 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.306593	1,112,109	1,453,074 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.580688	906,847	526,595 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.709503	1,955,748	1,387,609 73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.636455	15,604	9,931 76.00
76.02	03951	CASE MANAGEMENT	1.387015	0	0 76.02
76.03	03950	PAIN MANAGEMENT	0.656337	0	0 76.03
76.97	07697	CARDIAC REHABILITATION	3.080465	246	758 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.642592	0	0 90.00
90.01	04951	PALLIATIVE HEALTH	1.096150	443	486 90.01
90.02	09000	VEIN CENTER	0.209105	0	0 90.02
90.03	09001	OB GYN	1.075889	0	0 90.03
91.00	09100	EMERGENCY	0.378692	655,477	248,224 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.434025	44,354	63,605 92.00
93.00	04952	BEHAVIORAL HEALTH	2.367147	0	0 93.00
200.00		Total (sum of lines 50-94 and 96-98)		20,941,284	6,228,417 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		20,941,284	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 15-U065		Date/Time Prepared: 5/23/2017 9:42 am	
		Title XVIII	Swing Beds - SNF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126336	0	50.00
51.00	05100	RECOVERY ROOM	0.155431	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.381262	0	52.00
53.00	05300	ANESTHESIOLOGY	0.243941	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.386736	0	54.00
54.01	03630	ULTRA SOUND	0.133451	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.131987	0	54.02
57.00	05700	CT SCAN	0.029509	4,200	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054366	0	58.00
60.00	06000	LABORATORY	0.100415	5,985	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.513103	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.540994	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.312286	1,755	65.00
66.00	06600	PHYSICAL THERAPY	0.600626	9,661	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.269884	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.658073	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074154	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.306593	903	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.580688	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.709503	13,001	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.636455	92	76.00
76.02	03951	CASE MANAGEMENT	1.387015	0	76.02
76.03	03950	PAIN MANAGEMENT	0.656337	0	76.03
76.97	07697	CARDIAC REHABILITATION	3.080465	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.642592	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.096150	0	90.01
90.02	09000	VEIN CENTER	0.209105	0	90.02
90.03	09001	OB GYN	1.075889	0	90.03
91.00	09100	EMERGENCY	0.378692	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.434025	0	92.00
93.00	04952	BEHAVIORAL HEALTH	2.367147	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		35,597	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)		35,597	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 9:42 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		171,151	30.00
31.00	03100	INTENSIVE CARE UNIT		52,010	31.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126336	277,977	35,119 50.00
51.00	05100	RECOVERY ROOM	0.155431	22,438	3,488 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.381262	438,728	167,270 52.00
53.00	05300	ANESTHESIOLOGY	0.243941	83,252	20,309 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.386736	21,039	8,137 54.00
54.01	03630	ULTRA SOUND	0.133451	7,232	965 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.131987	326	43 54.02
57.00	05700	CT SCAN	0.029509	67,344	1,987 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054366	16,646	905 58.00
60.00	06000	LABORATORY	0.100415	248,193	24,922 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.513103	9,970	5,116 63.00
64.00	06400	INTRAVENOUS THERAPY	0.540994	5,672	3,069 64.00
65.00	06500	RESPIRATORY THERAPY	0.312286	107,471	33,562 65.00
66.00	06600	PHYSICAL THERAPY	0.600626	5,902	3,545 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.269884	4,332	1,169 67.00
68.00	06800	SPEECH PATHOLOGY	0.658073	601	396 68.00
69.00	06900	ELECTROCARDIOLOGY	0.074154	24,312	1,803 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.306593	72,408	94,608 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.580688	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.709503	113,656	80,639 73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.636455	910	579 76.00
76.02	03951	CASE MANAGEMENT	1.387015	0	0 76.02
76.03	03950	PAIN MANAGEMENT	0.656337	186	122 76.03
76.97	07697	CARDIAC REHABILITATION	3.080465	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.642592	0	0 90.00
90.01	04951	PALLIATIVE HEALTH	1.096150	2,001	2,193 90.01
90.02	09000	VEIN CENTER	0.209105	0	0 90.02
90.03	09001	OB GYN	1.075889	0	0 90.03
91.00	09100	EMERGENCY	0.378692	64,277	24,341 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.434025	534	766 92.00
93.00	04952	BEHAVIORAL HEALTH	2.367147	0	0 93.00
200.00		Total (sum of lines 50-94 and 96-98)		1,595,407	515,053 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		1,595,407	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2016	Worksheet D-3	
		Component CCN: 15-U065	To 12/31/2016	Date/Time Prepared: 5/23/2017 9:42 am	
Cost Center Description		Title XIX	Swing Beds - NF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126336	0	50.00
51.00	05100	RECOVERY ROOM	0.155431	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.381262	0	52.00
53.00	05300	ANESTHESIOLOGY	0.243941	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.386736	0	54.00
54.01	03630	ULTRA SOUND	0.133451	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.131987	0	54.02
57.00	05700	CT SCAN	0.029509	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054366	0	58.00
60.00	06000	LABORATORY	0.100415	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.513103	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.540994	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.312286	0	65.00
66.00	06600	PHYSICAL THERAPY	0.600626	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.269884	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.658073	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074154	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.306593	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.580688	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.709503	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.636455	0	76.00
76.02	03951	CASE MANAGEMENT	1.387015	0	76.02
76.03	03950	PAIN MANAGEMENT	0.656337	0	76.03
76.97	07697	CARDIAC REHABILITATION	3.080465	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.642592	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.096150	0	90.01
90.02	09000	VEIN CENTER	0.209105	0	90.02
90.03	09001	OB GYN	1.075889	0	90.03
91.00	09100	EMERGENCY	0.378692	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.434025	0	92.00
93.00	04952	BEHAVIORAL HEALTH	2.367147	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 9:42 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,117,242	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		1,980,203	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)		326,560	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)		87.07	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.90	31.00
32.00	Sum of lines 30 and 31		29.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.79	33.00
34.00	Disproportionate share adjustment (see instructions)		244,685	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 9:42 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		625,002	557,424 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		467,898	140,502 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		608,400	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		8,277,090	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		8,277,090	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		621,807	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)		8,898,897	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		8,898,897	61.00
62.00	Deductibles billed to program beneficiaries		980,000	62.00
63.00	Coinurance billed to program beneficiaries		11,592	63.00
64.00	Allowable bad debts (see instructions)		77,290	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		50,239	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		39,412	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		7,957,544	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)		53,836	70.93
70.94	HRR adjustment amount (see instructions)		-1,782	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 9:42 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	316,768	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	3,499	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)		8,329,865	71.00
71.01	Sequestration adjustment (see instructions)		166,597	71.01
72.00	Interim payments		7,934,318	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)		228,950	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		491,405	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2017 9:42 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	5,117,242	0	5,117,242		5,117,242	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,980,203	0		1,980,203	1,980,203	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	326,560	0	239,776	86,784	326,560	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
Indirect Medical Education Adjustment								
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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	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
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1379	0.1379	0.1379	0.1379		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	244,685	0	176,417	68,268	244,685	11.00
11.01	Uncompensated care payments	36.00	608,400	0	467,898	140,502	608,400	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	8,277,090	0	6,001,333	2,275,757	8,277,090	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	8,277,090	0	6,001,333	2,275,757	8,277,090	15.00
16.00	Payment for inpatient program capital	50.00	621,807	0	449,227	172,580	621,807	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2017 9:42 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	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	6,450,560	2,448,337	8,898,897	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	563,196	0	405,157	158,039	563,196	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	58,611	0	44,070	14,541	58,611	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	621,807	0	449,227	172,580	621,807	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				0.049107	0.001429		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			316,768		316,768	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				3,499	3,499	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: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2017 9:42 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 (cols. 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	5,117,242	5,117,242		5,117,242	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,980,203		1,980,203	1,980,203	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	326,560	239,776	86,784	326,560	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
Indirect Medical Education Adjustment							
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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1379	0.1379	0.1379		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	244,685	176,417	68,268	244,685	11.00
11.01	Uncompensated care payments	36.00	608,400	467,898	140,502	608,400	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	8,277,090	6,001,333	2,275,757	8,277,090	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	8,277,090	6,001,333	2,275,757	8,277,090	15.00
16.00	Payment for inpatient program capital	50.00	621,807	449,227	172,580	621,807	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	SUBTOTAL			6,450,560	2,448,337	8,898,897	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2017 9:42 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	563,196	405,157	158,039	563,196	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	58,611	44,070	14,541	58,611	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	621,807	449,227	172,580	621,807	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	316,768	316,768		316,768	27.00
28.00	Low volume adjustment prior to October 1	70.96					28.00
29.00	Low volume adjustment on or after October 1	70.97	3,499		3,499	3,499	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	53,836	38,396	15,440	53,836	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	-1,782	0	-1,782	-1,782	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: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 9:42 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,666	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		12,115,735	2.00
3.00	PPS payments		8,866,911	3.00
4.00	Outlier payment (see instructions)		211,266	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)		10,666	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		16,985	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)		16,985	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		16,985	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,319	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)		10,666	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)		9,078,177	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,888,021	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)		7,200,822	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)		7,200,822	30.00
31.00	Primary payer payments		15,801	31.00
32.00	Subtotal (line 30 minus line 31)		7,185,021	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		304,045	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		197,629	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		238,931	36.00
37.00	Subtotal (see instructions)		7,382,650	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-586	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)		895	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,383,236	40.00
40.01	Sequestration adjustment (see instructions)		147,665	40.01
41.00	Interim payments		7,038,806	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		196,765	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0065		Period: From 01/01/2016 To 12/31/2016		Worksheet E-1 Part I Date/Time Prepared: 5/23/2017 9:42 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		7,934,318		7,038,806	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,934,318		7,038,806	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		228,950		196,765	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		8,163,268		7,235,571	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part I Date/Time Prepared: 5/23/2017 9:42 am		
		Component CCN: 15-U065	Title XVIII	Swing Beds - SNF	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		5,328		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,328		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		5,120		4,978	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,448		4,978	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: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/23/2017 9:42 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		2,807	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		4,187	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		699	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		10,270	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		296,642,858	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		2,494,748	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 - SWING BEDS		Provider CCN: 15-0065 Component CCN: 15-U065	Period: From 01/01/2016 To 12/31/2016	Worksheet E-2 Date/Time Prepared: 5/23/2017 9:42 am	
		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		6,724	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)				3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		39	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		6,724	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		6,724	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		6,724	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)		1,288	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		5,436	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT		0		16.55
17.00	Allowable bad debts (see instructions)		8,038	7,816	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		5,225	5,080	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		10,661	5,080	19.00
19.01	Sequestration adjustment (see instructions)		213	102	19.01
20.00	Interim payments		5,328	0	20.00
21.00	Tentative settlement (for contractor use only)		0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		5,120	4,978	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet E-2
		Component CCN: 15-U065	Date/Time Prepared: 5/23/2017 9:42 am	
		Title XIX	Swing Beds - NF	Cost
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)		0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days		0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	8.00
9.00	Primary payer payments (see instructions)		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	11.00
12.00	Subtotal (line 10 minus line 11)		0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)		0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT		0	16.55
17.00	Allowable bad debts (see instructions)		0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	18.00
19.00	Total (see instructions)		0	19.00
19.01	Sequestration adjustment (see instructions)		0	19.01
20.00	Interim payments		0	20.00
21.00	Tentative settlement (for contractor use only)		0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	23.00

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

Provider CCN: 15-0065

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

Worksheet G

Date/Time Prepared:
5/23/2017 9:42 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	42,656,601	0	0	0	1.00
2.00	Temporary investments	8,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	63,580,888	0	0	0	4.00
5.00	Other receivable	16,765,460	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-48,650,224	0	0	0	6.00
7.00	Inventory	3,861,350	0	0	0	7.00
8.00	Prepaid expenses	1,650,232	0	0	0	8.00
9.00	Other current assets	13,508,890	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)	101,373,197	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,026,498	0	0	0	12.00
13.00	Land improvements	3,962,746	0	0	0	13.00
14.00	Accumulated depreciation	-2,535,966	0	0	0	14.00
15.00	Buildings	83,617,903	0	0	0	15.00
16.00	Accumulated depreciation	-38,461,429	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	5,325,703	0	0	0	19.00
20.00	Accumulated depreciation	-4,120,671	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	46,411,273	0	0	0	23.00
24.00	Accumulated depreciation	-35,729,632	0	0	0	24.00
25.00	Minor equipment depreciable	3,775,424	0	0	0	25.00
26.00	Accumulated depreciation	-3,334,438	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)	66,937,411	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,303,804	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	149,145,917	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	158,449,721	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	326,760,329	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,081,537	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,961,117	0	0	0	38.00
39.00	Payroll taxes payable	24,264	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,066,918	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,353,826	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,572,784	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	36,926,610	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,993,528	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	276,766,801				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)	276,766,801	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	326,760,329	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0065

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

Worksheet G-1

Date/Time Prepared:
5/23/2017 9:42 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		249,140,045		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,399,258				2.00
3.00	Total (sum of line 1 and line 2)		262,539,303		0		3.00
4.00	RECONCILE TO CONSOLIDATED B.S.	14,227,503		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		14,227,503		0		10.00
11.00	Subtotal (line 3 plus line 10)		276,766,806		0		11.00
12.00	ROUNDING	5		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		5		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		276,766,801		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	RECONCILE TO CONSOLIDATED B.S.		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	ROUNDING		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: 15-0065

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2017 9:42 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	11,572,372		11,572,372	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	11,572,372		11,572,372	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,636,313		1,636,313	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)	1,636,313		1,636,313	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	13,208,685		13,208,685	17.00
18.00	Ancillary services	51,088,217	214,513,457	265,601,674	18.00
19.00	Outpatient services	4,851,911	25,019,695	29,871,606	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		2,524,018	2,524,018	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,229,671	2,229,671	26.00
27.00	NONREIMBURSABLE COST CENTERS	2,675,774	11,020,981	13,696,755	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	71,824,587	255,307,822	327,132,409	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		123,376,482		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)		123,376,482		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet G-3 Date/Time Prepared: 5/23/2017 9:42 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	327,132,409	1.00
2.00	Less contractual allowances and discounts on patients' accounts	198,468,041	2.00
3.00	Net patient revenues (line 1 minus line 2)	128,664,368	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	123,376,482	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,287,886	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	931,725	6.00
7.00	Income from investments	3,674,206	7.00
8.00	Revenues from telephone and other miscellaneous communication services	6,840	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	89,390	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	378,721	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	164,938	17.00
18.00	Revenue from sale of medical records and abstracts	36,944	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	9,550	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	7,007	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	54,718	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT REVENUE	1,562,567	24.00
24.01	GRANT REVENUE	160,697	24.01
24.02	MISCELLANEOUS REVENUE	428,557	24.02
24.03	INREALIZED GAIN/LOSS	-5,222	24.03
24.04	EHR INCENTIVE	610,734	24.04
25.00	Total other income (sum of lines 6-24)	8,111,372	25.00
26.00	Total (line 5 plus line 25)	13,399,258	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)	13,399,258	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet H

HHA CCN: 15-7155

To 12/31/2016

Date/Time Prepared: 5/23/2017 9:42 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	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	371,022	0	1,089	23,628	117,058	512,797	5.00
HHA REIMBURSABLE SERVICES							
6.00	424,070	0	0	0	0	424,070	6.00
7.00	237,177	0	0	0	0	237,177	7.00
8.00	179,737	0	0	0	0	179,737	8.00
9.00	19,704	0	0	0	0	19,704	9.00
10.00	0	0	0	0	0	0	10.00
11.00	52,478	0	0	0	0	52,478	11.00
12.00	0	0	0	0	2,133	2,133	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	1,284,188	0	1,089	23,628	119,191	1,428,096	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	3,452	3,452	0	3,452			3.00
4.00	0	0	0	0			4.00
5.00	0	512,797	0	512,797			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	424,070	0	424,070			6.00
7.00	0	237,177	0	237,177			7.00
8.00	0	179,737	0	179,737			8.00
9.00	0	19,704	0	19,704			9.00
10.00	1,038	1,038	0	1,038			10.00
11.00	0	52,478	0	52,478			11.00
12.00	0	2,133	0	2,133			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	4,490	1,432,586	0	1,432,586			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: 15-0065 HHA CCN: 15-7155		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part I Date/Time Prepared: 5/23/2017 9:42 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				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	3,452	0	0	3,452	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	512,797	0	0	3,452	0	516,249
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	424,070	0	0	0	0	424,070
7.00	Physical Therapy	237,177	0	0	0	0	237,177
8.00	Occupational Therapy	179,737	0	0	0	0	179,737
9.00	Speech Pathology	19,704	0	0	0	0	19,704
10.00	Medical Social Services	1,038	0	0	0	0	1,038
11.00	Home Health Aide	52,478	0	0	0	0	52,478
12.00	Supplies (see instructions)	2,133	0	0	0	0	2,133
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Tel emedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,432,586	0	0	3,452	0	1,432,586
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	516,249					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	238,914	662,984				6.00
7.00	Physical Therapy	133,621	370,798				7.00
8.00	Occupational Therapy	101,261	280,998				8.00
9.00	Speech Pathology	11,101	30,805				9.00
10.00	Medical Social Services	585	1,623				10.00
11.00	Home Health Aide	29,565	82,043				11.00
12.00	Supplies (see instructions)	1,202	3,335				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,432,586				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet H-1

HHA CCN: 15-7155

To 12/31/2016

Part II
Date/Time Prepared:
5/23/2017 9:42 am

Home Health Agency I

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
	1.00	2.00						3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	4,000			0		1.00	
2.00	Capital Related - Movable Equipment		1,840		0		2.00	
3.00	Plant Operation & Maintenance	0	0	4,000	0		3.00	
4.00	Transportation (see instructions)	0	0	0	0		4.00	
5.00	Administrative and General	4,000	1,840	4,000	0	-516,249	916,337	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	424,070	6.00
7.00	Physical Therapy	0	0	0	0	0	237,177	7.00
8.00	Occupational Therapy	0	0	0	0	0	179,737	8.00
9.00	Speech Pathology	0	0	0	0	0	19,704	9.00
10.00	Medical Social Services	0	0	0	0	0	1,038	10.00
11.00	Home Health Aide	0	0	0	0	0	52,478	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	2,133	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,000	1,840	4,000	0	-516,249	916,337	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	3,452	0		516,249	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.863000	0.000000		0.563383	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part I Date/Time Prepared: 5/23/2017 9:42 am
		HHA CCN: 15-7155	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	21,604	918	102,406	124,928	23,391	1.00
2.00 Skilled Nursing Care	662,984	0	0	117,048	780,032	146,051	2.00
3.00 Physical Therapy	370,798	0	0	65,463	436,261	81,684	3.00
4.00 Occupational Therapy	280,998	0	0	49,609	330,607	61,902	4.00
5.00 Speech Pathology	30,805	0	0	5,439	36,244	6,786	5.00
6.00 Medical Social Services	1,623	0	0	286	1,909	357	6.00
7.00 Home Health Aide	82,043	0	0	14,484	96,527	18,073	7.00
8.00 Supplies (see instructions)	3,335	0	0	0	3,335	624	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)	1,432,586	21,604	918	354,735	1,809,843	338,868	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
	1.00 Administrative and General	34,254	0	10,746	0	3,756	
2.00 Skilled Nursing Care	0	0	0	0	7,102	105,542	2.00
3.00 Physical Therapy	0	0	0	0	2,961	43,991	3.00
4.00 Occupational Therapy	0	0	0	0	2,033	30,201	4.00
5.00 Speech Pathology	0	0	0	0	181	2,684	5.00
6.00 Medical Social Services	0	0	0	0	15	220	6.00
7.00 Home Health Aide	0	0	0	0	1,286	19,102	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)	34,254	0	10,746	0	17,334	257,552	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7155

To 12/31/2016

Part I
Date/Time Prepared: 5/23/2017 9:42 am

Home Health Agency I

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
	14.00	15.00	16.00	18.00	19.00	24.00	
1.00 Administrative and General	0	0	15,831	0	0	268,718	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,038,727	2.00
3.00 Physical Therapy	0	0	0	0	0	564,897	3.00
4.00 Occupational Therapy	0	0	0	0	0	424,743	4.00
5.00 Speech Pathology	0	0	0	0	0	45,895	5.00
6.00 Medical Social Services	0	0	0	0	0	2,501	6.00
7.00 Home Health Aide	0	0	0	0	0	134,988	7.00
8.00 Supplies (see instructions)	544	0	0	0	0	4,503	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)	544	0	15,831	0	0	2,484,972	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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	268,718					1.00
2.00 Skilled Nursing Care	0	1,038,727	125,944	1,164,671			2.00
3.00 Physical Therapy	0	564,897	68,493	633,390			3.00
4.00 Occupational Therapy	0	424,743	51,500	476,243			4.00
5.00 Speech Pathology	0	45,895	5,565	51,460			5.00
6.00 Medical Social Services	0	2,501	303	2,804			6.00
7.00 Home Health Aide	0	134,988	16,367	151,355			7.00
8.00 Supplies (see instructions)	0	4,503	546	5,049			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
19.50 Telemedicine	0	0	0	0			19.50
20.00 Total (sum of lines 1-19) (2)	0	2,484,972	268,718	2,484,972			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.			0.121249				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: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/23/2017 9:42 am
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	1,690	1,840	371,022	0	124,928	1,690	1.00
2.00 Skilled Nursing Care	0	0	424,070	0	780,032	0	2.00
3.00 Physical Therapy	0	0	237,177	0	436,261	0	3.00
4.00 Occupational Therapy	0	0	179,737	0	330,607	0	4.00
5.00 Speech Pathology	0	0	19,704	0	36,244	0	5.00
6.00 Medical Social Services	0	0	1,038	0	1,909	0	6.00
7.00 Home Health Aide	0	0	52,478	0	96,527	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	3,335	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)	1,690	1,840	1,285,226		1,809,843	1,690	20.00
21.00 Total cost to be allocated	21,604	918	354,735		338,868	34,254	21.00
22.00 Unit cost multiplier	12.783432	0.498913	0.276010		0.187236	20.268639	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATIVE (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	1,690	0	8,111	8,111	0	1.00
2.00 Skilled Nursing Care	0	0	0	15,338	15,338	0	2.00
3.00 Physical Therapy	0	0	0	6,393	6,393	0	3.00
4.00 Occupational Therapy	0	0	0	4,389	4,389	0	4.00
5.00 Speech Pathology	0	0	0	390	390	0	5.00
6.00 Medical Social Services	0	0	0	32	32	0	6.00
7.00 Home Health Aide	0	0	0	2,776	2,776	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	5,994	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	1,690	0	37,429	37,429	5,994	20.00
21.00 Total cost to be allocated	0	10,746	0	17,334	257,552	544	21.00
22.00 Unit cost multiplier	0.000000	6.358580	0.000000	0.463117	6.881082	0.090757	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0065	Period: From 01/01/2016	Worksheet H-2 Part II Date/Time Prepared: 5/23/2017 9:42 am
	HHA CCN: 15-7155	To 12/31/2016	
		Home Health Agency I	PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)			
	15.00	16.00	18.00	19.00		
1.00 Administrative and General	0	2,524,018	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	2,524,018	0	0		20.00
21.00 Total cost to be allocated	0	15,831	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.006272	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0065	Period: 01/01/2016	Worksheet H-3
		HHA CCN: 15-7155	To 12/31/2016	Part I
		Title XVIII		Date/Time Prepared: 5/23/2017 9:42 am
		Home Health Agency I		PPS

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,164,671		1,164,671	3,977	292.85	1.00
2.00	Physical Therapy	3.00	633,390	0	633,390	2,716	233.21	2.00
3.00	Occupational Therapy	4.00	476,243	0	476,243	1,827	260.67	3.00
4.00	Speech Pathology	5.00	51,460	0	51,460	175	294.06	4.00
5.00	Medical Social Services	6.00	2,804		2,804	32	87.63	5.00
6.00	Home Health Aide	7.00	151,355		151,355	1,445	104.74	6.00
7.00	Total (sum of lines 1-6)		2,479,923	0	2,479,923	10,172		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits			Ratio (col. 3 ÷ col. 4)
			Part A	Part B		
				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		18020	0	94		8.00
8.01	Skilled Nursing Care		31140	0	59		8.01
8.02	Skilled Nursing Care		99915	0	2,175		8.02
9.00	Physical Therapy		18020	0	35		9.00
9.01	Physical Therapy		31140	0	31		9.01
9.02	Physical Therapy		99915	0	1,444		9.02
10.00	Occupational Therapy		18020	0	33		10.00
10.01	Occupational Therapy		31140	0	14		10.01
10.02	Occupational Therapy		99915	0	1,099		10.02
11.00	Speech Pathology		18020	0	0		11.00
11.01	Speech Pathology		31140	0	0		11.01
11.02	Speech Pathology		99915	0	101		11.02
12.00	Medical Social Services		18020	0	2		12.00
12.01	Medical Social Services		31140	0	0		12.01
12.02	Medical Social Services		99915	0	16		12.02
13.00	Home Health Aide		18020	0	14		13.00
13.01	Home Health Aide		31140	0	16		13.01
13.02	Home Health Aide		99915	0	785		13.02
14.00	Total (sum of lines 8-13)			0	5,918		14.00

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

Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	5,049	0	5,049	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,328		0	681,755	1.00
2.00	Physical Therapy	0	1,510		0	352,147	2.00
3.00	Occupational Therapy	0	1,146		0	298,728	3.00
4.00	Speech Pathology	0	101		0	29,700	4.00
5.00	Medical Social Services	0	18		0	1,577	5.00
6.00	Home Health Aide	0	815		0	85,363	6.00
7.00	Total (sum of lines 1-6)	0	5,918		0	1,449,270	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0065	Period: From 01/01/2016	Worksheet H-3
				HHA CCN: 15-7155	To 12/31/2016	Part I
				Title XVIII	Home Health Agency I	Date/Time Prepared: 5/23/2017 9:42 am
						PPS

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
14.00	Total (sum of lines 8-13)					14.00

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

Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0	0	15.00
16.00	Cost of Drugs		0	0	0	16.00

Cost Center Description	Total Program Cost (sum of col.s. 9-10)					
	12.00					

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation						
1.00	Skilled Nursing Care	681,755				1.00
2.00	Physical Therapy	352,147				2.00
3.00	Occupational Therapy	298,728				3.00
4.00	Speech Pathology	29,700				4.00
5.00	Medical Social Services	1,577				5.00
6.00	Home Health Aide	85,363				6.00
7.00	Total (sum of lines 1-6)	1,449,270				7.00

Cost Center Description	12.00					
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Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/23/2017 9:42 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	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.600626	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.269884	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.658073	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	1.306593	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.709503	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2017 9:42 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
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	911,722
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	37,017
13.00	Total PPS Reimbursement - LUPA Episodes		0	11,076
14.00	Total PPS Reimbursement - PEP Episodes		0	4,922
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	4,241
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
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	968,978
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	968,978
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	968,978
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	968,978
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	968,978
31.01	Sequestration adjustment (see instructions)		0	19,380
32.00	Interim payments (see instructions)		0	949,599
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	-1
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: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet H-5
	HHA CCN: 15-7155	Home Health Agency I	Date/Time Prepared: 5/23/2017 9:42 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		949,599	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		949,599	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		1	6.02
7.00	Total Medicare program liability (see instructions)		0		949,598	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1529

To 12/31/2016

Date/Time Prepared: 5/23/2017 9:42 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		12,000	12,000	0	12,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		74,798	74,798	0	74,798	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	42,410	50,225	92,635	0	92,635	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	15,769	15,769	0	15,769	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	13,290	0	13,290	0	13,290	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	8,920	8,920	0	8,920	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	62,724	1,201	63,925	0	63,925	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	339,843	0	339,843	0	339,843	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	90,047	0	90,047	0	90,047	33.00
34.00	SPIRITUAL COUNSELING**	30,016	0	30,016	0	30,016	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	89,507	0	89,507	0	89,507	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	10,282	10,282	0	10,282	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	3,194	3,194	0	3,194	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	2,788	0	2,788	0	2,788	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	58	58	0	58	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	670,625	176,447	847,072	0	847,072	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS	Provider CCN: 15-0065	Period: From 01/01/2016	Worksheet 0
	Hospice CCN: 15-1529	To 12/31/2016	Date/Time Prepared: 5/23/2017 9:42 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	12,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	74,798	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	92,635	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	15,769	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	13,290	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	8,920	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	63,925	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	339,843	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	90,047	33.00
34.00	SPIRITUAL COUNSELING**	0	30,016	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	89,507	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	10,282	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	3,194	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	2,788	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	-58	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-58	847,014	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2016 To 12/31/2016	Worksheet 0-2 Date/Time Prepared: 5/23/2017 9:42 am
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	61,134	1,170	62,304	0	62,304	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	331,228	0	331,228	0	331,228	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	87,764	0	87,764	0	87,764	33.00
34.00	SPIRITUAL COUNSELING	29,255	0	29,255	0	29,255	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	87,238	0	87,238	0	87,238	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	10,022	10,022	0	10,022	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,113	3,113	0	3,113	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	2,717	0	2,717	0	2,717	46.00
100.00	TOTAL *	599,336	14,305	613,641	0	613,641	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	62,304	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	331,228	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	87,764	33.00
34.00	SPIRITUAL COUNSELING	0	29,255	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	87,238	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	10,022	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,113	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	2,717	46.00
100.00	TOTAL *	0	613,641	100.00

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

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

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-3

Hospice CCN: 15-1529

To 12/31/2016

Date/Time Prepared: 5/23/2017 9:42 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	715	14	729	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	3,875	0	3,875	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,027	0	1,027	0	33.00
34.00	SPIRITUAL COUNSELING	342	0	342	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,021	0	1,021	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN					38.00
39.00	PATIENT TRANSPORTATION	0	117	117	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	36	36	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	32	0	32	0	46.00
100.00	TOTAL *	7,012	167	7,179	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	729
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	3,875
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	1,027
34.00	SPIRITUAL COUNSELING	0	342
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,021
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN		
39.00	PATIENT TRANSPORTATION	0	117
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	36
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	32
100.00	TOTAL *	0	7,179

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

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

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-4

Hospice CCN: 15-1529

To 12/31/2016

Date/Time Prepared:
5/23/2017 9:42 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	875	17	892	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	4,740	0	4,740	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,256	0	1,256	0	33.00
34.00	SPIRITUAL COUNSELING	419	0	419	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,248	0	1,248	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN					38.00
39.00	PATIENT TRANSPORTATION	0	143	143	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	45	45	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	39	0	39	0	46.00
100.00	TOTAL *	8,577	205	8,782	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	892
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	4,740
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	1,256
34.00	SPIRITUAL COUNSELING	0	419
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,248
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN		
39.00	PATIENT TRANSPORTATION	0	143
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	45
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	39
100.00	TOTAL *	0	8,782

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

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

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-5

Hospice CCN: 15-1529

To 12/31/2016

Date/Time Prepared: 5/23/2017 9:42 am

Descriptions		Hospice I			
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of col.s. 1 + 2)	
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	12,000	29,529	41,529	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	74,798	0	74,798	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	185,099	185,099	3.00
4.00	ADMINISTRATIVE & GENERAL	92,635	208,542	301,177	4.00
5.00	PLANT OPERATION & MAINTENANCE	15,769	46,820	62,589	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	14,689	14,689	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	13,290	0	13,290	9.00
10.00	ROUTINE MEDICAL SUPPLIES	8,920	290	9,210	10.00
11.00	MEDICAL RECORDS	0	13,770	13,770	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	613,641	0	613,641	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	7,179	0	7,179	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,782	0	8,782	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	847,014	498,739	1,345,753	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2016

Part I
Date/Time Prepared:
5/23/2017 9:42 am

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	41,529	41,529				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	74,798		74,798			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	185,099	0	0	185,099		3.00
4.00	ADMINISTRATIVE & GENERAL	301,177	7,802	0	11,706	320,685	4.00
5.00	PLANT OPERATION & MAINTENANCE	62,589	0	0	0	62,589	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	14,689	0	0	0	14,689	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	13,290	2,571	0	3,668	19,529	9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,210	1,079	74,798	0	85,087	10.00
11.00	MEDICAL RECORDS	13,770	0	0	0	13,770	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	11,236	0	0	11,236	15.00
16.00	OTHER GENERAL SERVICE	0	5,142	0	0	5,142	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	3,811	0	0	3,811	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	613,641			165,423	779,064	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	7,179	0	0	1,935	9,114	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,782	0	0	2,367	11,149	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	9,888	0	0	9,888	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,345,753	41,529	74,798	185,099	1,345,753	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2016

Part I
Date/Time Prepared:
5/23/2017 9:42 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	320,685					4.00
5.00 PLANT OPERATION & MAINTENANCE	19,581	82,170				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	4,595	0		19,284		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	6,110	6,263		1,657		9.00
10.00 ROUTINE MEDICAL SUPPLIES	26,619	2,628		695		10.00
11.00 MEDICAL RECORDS	4,308	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	0	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	3,515	27,376		7,244		15.00
16.00 OTHER GENERAL SERVICE	1,609	12,527		3,314		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	1,192	9,286		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	243,724					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	2,851	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	3,488	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	3,093	24,090		6,374		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	320,685	82,170	0	19,284	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0065	Period: From 01/01/2016	Worksheet 0-6
		Hospice CCN: 15-1529	To 12/31/2016	Part I
				Date/Time Prepared: 5/23/2017 9:42 am

Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	33,559				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	115,029			10.00
11.00	MEDICAL RECORDS	0		18,078		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	10,067	112,828	17,732	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	10,068	1,182	186	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	10,068	1,019	160	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	3,356			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	33,559	115,029	18,078	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2016

Part I
Date/Time Prepared:
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Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	49,371				15.00
16.00	0		22,592			16.00
17.00				14,289		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	48,427	22,160		1,234,002	51.00
52.00	0	507	232	7,674	31,814	52.00
53.00	0	437	200	6,615	33,136	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		46,801	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	49,371	22,592	14,289	1,345,753	100.00

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

Provider CCN: 15-0065

Period:

Worksheet 0-6

Hospice CCN: 15-1529

From 01/01/2016
To 12/31/2016

Part II
Date/Time Prepared:
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Cost Center Descriptions		Hospice I					
		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,310					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		66,397				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	670,625			3.00
4.00	ADMINISTRATIVE & GENERAL	434	0	42,410	-320,685	1,025,068	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	62,589	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	14,689	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	143	0	13,290	0	19,529	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60	66,397	0	0	85,087	10.00
11.00	MEDICAL RECORDS	0	0	0	0	13,770	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	625	0	0	0	11,236	15.00
16.00	OTHER GENERAL SERVICE	286	0	0	0	5,142	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	212	0	0	0	3,811	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			599,336	0	779,064	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	7,012	0	9,114	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	8,577	0	11,149	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	550	0	0	0	9,888	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	41,529	74,798	185,099		320,685	100.00
101.00	UNIT COST MULTIPLIER	17.977922	1.126527	0.276010		0.312843	101.00

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

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2016

Part II
Date/Time Prepared:
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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,876					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		1,664			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	143		143		100	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60		60		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	625		625		0	15.00
16.00	OTHER GENERAL SERVICE	286		286		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	212		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					30	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	30	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	30	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	550		550		10	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	82,170		19,284		33,559	100.00
101.00	UNIT COST MULTIPLIER	43.800640	0.000000	11.588942	0.000000	335.590000	101.00

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

Provider CCN: 15-0065

Period:

Worksheet 0-6

Hospice CCN: 15-1529

From 01/01/2016
To 12/31/2016

Part II
Date/Time Prepared:
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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	8,467					10.00
11.00	MEDICAL RECORDS		8,467				11.00
12.00	STAFF TRANSPORTATION			84,450			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	8,305	8,305	84,450	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	87	87	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	75	75	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	115,029	18,078	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	13.585567	2.135113	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2016

Part II
Date/Time Prepared:
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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (TIME SPENT)	PATIENT/RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT				3.00
4.00	ADMINISTRATIVE & GENERAL				4.00
5.00	PLANT OPERATION & MAINTENANCE				5.00
6.00	LAUNDRY & LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	ROUTINE MEDICAL SUPPLIES				10.00
11.00	MEDICAL RECORDS				11.00
12.00	STAFF TRANSPORTATION				12.00
13.00	VOLUNTEER SERVICE COORDINATION				13.00
14.00	PHARMACY				14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	8,467			15.00
16.00	OTHER GENERAL SERVICE		8,467		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			162	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	8,305	8,305		51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	87	87	87	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	75	75	75	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0		60.00
61.00	VOLUNTEER PROGRAM		0		61.00
62.00	FUNDRAISING		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0		63.00
64.00	PALLIATIVE CARE PROGRAM		0		64.00
65.00	OTHER PHYSICIAN SERVICES		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING		0		67.00
68.00	TELEHEALTH/TELEMONITORING		0		68.00
69.00	THRIFT STORE		0		69.00
70.00	NURSING FACILITY ROOM & BOARD		0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER				99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	49,371	22,592	14,289	100.00
101.00	UNIT COST MULTIPLIER	5.830991	2.668241	88.203704	101.00

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

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-7

Hospice CCN: 15-1529

To 12/31/2016

Date/Time Prepared: 5/23/2017 9:42 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.600626	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.269884	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.658073	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.709503	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.100415	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.306593	0	0	0	7.00
8.00	BEHAVIORAL HEALTH	93.00	2.367147	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	WOUND CARE (DIABETES CENTER)	76.00	0.636455	0	0	0	10.00
10.02	CASE MANAGEMENT	76.02	1.387015	0	0	0	10.02
10.03	PAIN MANAGEMENT	76.03	0.656337	0	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	3.080465	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	BEHAVIORAL HEALTH	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	WOUND CARE (DIABETES CENTER)	0	0	0	0	0	10.00
10.02	CASE MANAGEMENT	0	0	0	0	0	10.02
10.03	PAIN MANAGEMENT	0	0	0	0	0	10.03
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0065

Period: From 01/01/2016

Worksheet 0-8

Hospice CCN: 15-1529

To 12/31/2016

Date/Time Prepared: 5/23/2017 9:42 am

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,234,002
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			8,305
8.00	Total average cost per diem (line 6 divided by line 7)			148.59
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	8,305	0	0
10.00	Program cost (line 8 times line 9)	1,234,040	0	0
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			31,814
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			87
13.00	Total average cost per diem (line 11 divided by line 12)			365.68
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	87	0	0
15.00	Program cost (line 13 times line 14)	31,814	0	0
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			33,136
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			75
18.00	Total average cost per diem (line 16 divided by line 17)			441.81
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	75	0	0
20.00	Program cost (line 18 times line 19)	33,136	0	0
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,298,952
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			8,467
23.00	Average cost per diem (line 21 divided by line 22)			153.41

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0065	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/23/2017 9:42 am
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		563,196	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		58,611	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)		28.69	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		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)		621,807	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00