

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 2/28/2017 11:49 am
--	-----------------------	---	---

**PART I - COST REPORT STATUS**

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

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

Date: 2/28/2017 Time: 11:49 am

**PART II - CERTIFICATION**

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

**RECEIVED**  
MAR 01 2017

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 FLOYD MEMORIAL HOSPITAL & HEALTH SVS ( 15-0044 ) for the cost reporting period beginning 01/01/2016 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 2/28/2017 Time: 11:49 am  
 9.ayvi.xZnBSvxxdtgiesMBafNBNQO  
 jTV4s0BDsc:GqZ29v3gjst2MchYSvc  
 krXK1G5IIP0z1W0g  
 PI: Date: 2/28/2017 Time: 11:49 am  
 8FJmNRGsXlJgOpJPBLS7ru81F8ufc0  
 jekQw05M3dJDTUcG525FGPiAtDUQBU  
 T29Y00ANJG04ERWR

(Signed) *Steph D. Ogilvy*  
 Officer or Administrator of Provider(s)  
 Title CFO  
 Date 2-28-17

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	212,643	49,709	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	212,643	49,709	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/28/2017 11:45 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1850 STATE STREET			PO Box:						1.00
2.00	City: NEW ALBANY			State: IN		Zip Code: 47150-4990		County: FLOYD		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FLOYD MEMORIAL HOSPITAL & HEALTH SVS	150044	31140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	FLOYD MEMORIAL HOSPITAL & HEALTH SVS	157152	31140		07/01/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016		09/30/2016		20.00
21.00	Type of Control (see instructions)					9				21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	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.	563	2,760	182	136	2,728	272			24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/28/2017 11:45 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		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)		N		N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		Y		N	40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/28/2017 11:45 am	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
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
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
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	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/28/2017 11:45 am		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
					1.00	
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/28/2017 11:45 am	
		V 1.00	XIX 2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			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	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,425,368	56,812		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		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
<b>Transplant Center Information</b>							
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: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 2/28/2017 11:45 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				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	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	161.00
161.10	CORF		N	N	N	N	161.10
						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	
		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)					0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 2/28/2017 11:45 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2016	03/31/2016	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: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 2/28/2017 11:45 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	01/04/2017	Y	01/04/2017		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: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/28/2017 11:45 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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	
<b>Home Office Costs</b>					
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	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD, LLP		BKD, LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LVCOSTREPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 2/28/2017 11:45 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD, LLP		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: 15-0044

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 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	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	199	54,526	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)		199	54,526	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	4,384	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		215	58,910	0.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		215				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: 15-0044

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	18,902	484	37,172			1.00
2.00 HMO and other (see instructions)	5,296	5,806				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	18,902	484	37,172			7.00
8.00 INTENSIVE CARE UNIT	1,930	50	3,783			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		29	2,191			13.00
14.00 Total (see instructions)	20,832	563	43,146	0.00	2,276.09	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	15,092	0	23,093	0.00	38.33	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	551			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	2,314.42	27.00
28.00 Observation Bed Days		461	8,512			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	272	586			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: 15-0044

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,568	113	10,600	1.00
2.00 HMO and other (see instructions)			995	1,350		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	4,568	113	10,600	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet S-3 Part II Date/Time Prepared: 2/28/2017 11:45 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	113,279,219	0	113,279,219	3,613,798.10	31.35	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		38,750,484	-83,433	38,667,051	922,866.16	41.90	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		1,217,192	0	1,217,192	20,713.74	58.76	11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		26,700	0	26,700	237.00	112.66	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		25,638,881	0	25,638,881			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		10,802,776	0	10,802,776			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/28/2017 11:45 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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	2,724,502	0	2,724,502	101,076.30	26.95	26.00
27.00	Administrative & General	5.00	9,709,155	76,479	9,785,634	311,856.60	31.38	27.00
28.00	Administrative & General under contract (see inst.)		401,279	0	401,279	5,351.26	74.99	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,572,440	0	1,572,440	65,423.81	24.03	30.00
31.00	Laundry & Linen Service	8.00	63,920	0	63,920	4,926.01	12.98	31.00
32.00	Housekeeping	9.00	1,384,977	0	1,384,977	99,713.22	13.89	32.00
33.00	Housekeeping under contract (see instructions)		28,507	0	28,507	2,313.58	12.32	33.00
34.00	Dietary	10.00	1,679,802	0	1,679,802	99,686.73	16.85	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	0	0	0	0.00	0.00	38.00
39.00	Central Services and Supply	14.00	850,120	0	850,120	49,018.91	17.34	39.00
40.00	Pharmacy	15.00	2,944,032	-16,458	2,927,574	65,054.36	45.00	40.00
41.00	Medical Records & Medical Records Library	16.00	3,182,656	0	3,182,656	117,028.55	27.20	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/28/2017 11:45 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	113,709,005	0	113,709,005	3,621,462.94	31.40	1.00
2.00	Excluded area salaries (see instructions)	38,750,484	-83,433	38,667,051	922,866.16	41.90	2.00
3.00	Subtotal salaries (line 1 minus line 2)	74,958,521	83,433	75,041,954	2,698,596.78	27.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,243,892	0	1,243,892	20,950.74	59.37	4.00
5.00	Subtotal wage-related costs (see inst.)	25,638,881	0	25,638,881	0.00	34.17	5.00
6.00	Total (sum of lines 3 thru 5)	101,841,294	83,433	101,924,727	2,719,547.52	37.48	6.00
7.00	Total overhead cost (see instructions)	24,541,390	60,021	24,601,411	921,449.33	26.70	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2017 11:45 am
-----------------------------	-----------------------	---	---

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,341,730	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	16,068,942	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	11,622,941	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	-290,731	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	22,867	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)	227,728	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	241,123	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,953,444	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	41,162	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	212,451	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	36,441,657	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet S-3 Part V Date/Time Prepared: 2/28/2017 11:45 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		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0044 Component CCN: 15-7152		Period: From 01/01/2016 To 09/30/2016		Worksheet S-4 Date/Time Prepared: 2/28/2017 11:45 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			FLOYD		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	1,136	165	1,081	2,382	
2.00	Unduplicated Census Count (see instructions)	0.00	826.00	120.00	786.00	1,732.00	
				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			12.90	0.00	12.90	
6.00	Direct Nursing Service			14.05	0.00	14.05	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			6.72	0.00	6.72	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			2.08	0.00	2.08	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.71	0.00	0.71	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.44	0.00	0.44	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			1.53	0.00	1.53	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			31140			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,909	151	250	124	7,434	
22.00	Skilled Nursing Visit Charges	1,327,961	28,475	50,835	24,105	1,431,376	
23.00	Physical Therapy Visits	4,048	49	79	58	4,234	
24.00	Physical Therapy Visit Charges	761,830	9,065	17,135	11,090	799,120	
25.00	Occupational Therapy Visits	1,289	40	3	21	1,353	
26.00	Occupational Therapy Visit Charges	223,525	6,500	555	3,615	234,195	
27.00	Speech Pathology Visits	281	34	4	4	323	
28.00	Speech Pathology Visit Charges	52,075	6,290	830	740	59,935	
29.00	Medical Social Service Visits	172	5	3	4	184	
30.00	Medical Social Service Visit Charges	37,840	1,100	660	880	40,480	
31.00	Home Health Aide Visits	1,414	141	1	8	1,564	
32.00	Home Health Aide Visit Charges	113,120	11,280	80	640	125,120	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,113	420	340	219	15,092	
34.00	Other Charges	18,956	309	612	3,141	23,018	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,535,307	63,019	70,707	44,211	2,713,244	
36.00	Total Number of Episodes (standard/non outlier)	960		123	21	1,104	
37.00	Total Number of Outlier Episodes		9		1	10	
38.00	Total Non-Routine Medical Supply Charges	50,743	1,498	1,898	931	55,070	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 2/28/2017 11:45 am	
			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.233594	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			17,811,556	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?			Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			90,129,098	6.00
7.00	Medicaid cost (line 1 times line 6)			21,053,617	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)			3,242,061	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			275,184	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			64,281	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)			64,281	16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			3,306,342	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)	797,478	129,248	926,726	
21.00	Cost of patients approved for charity care (line 1 times line 20)	186,286	30,192	216,478	
22.00	Partial payment by patients approved for charity care	16,228	0	16,228	
23.00	Cost of charity care (line 21 minus line 22)	170,058	30,192	200,250	
				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)			18,614,022	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			743,381	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			17,870,641	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,174,475	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,374,725	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,681,067	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		6,742,174	6,742,174	62,983	6,805,157	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,819,020	6,819,020	0	6,819,020	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,724,502	17,705,114	20,429,616	20,526,301	40,955,917	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,709,155	22,866,303	32,575,458	-1,771,311	30,804,147	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,572,440	4,110,103	5,682,543	-312,420	5,370,123	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	63,920	700,824	764,744	-13,426	751,318	8.00
9.00	00900	HOUSEKEEPING	1,384,977	957,239	2,342,216	-273,707	2,068,509	9.00
10.00	01000	DIETARY	1,679,802	1,335,783	3,015,585	-296,411	2,719,174	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	850,120	1,547,782	2,397,902	-207,613	2,190,289	14.00
15.00	01500	PHARMACY	2,944,032	11,560,439	14,504,471	-11,169,467	3,335,004	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,182,656	867,122	4,049,778	-639,162	3,410,616	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	26,314	26,314	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	15,553,040	7,867,157	23,420,197	-3,161,248	20,258,949	30.00
31.00	03100	INTENSIVE CARE UNIT	2,385,444	992,435	3,377,879	-737,682	2,640,197	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	661,687	661,687	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,012,123	13,917,219	19,929,342	-12,040,797	7,888,545	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,614,770	934,815	3,549,585	-2,362,606	1,186,979	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,112,941	5,599,387	12,712,328	-2,207,964	10,504,364	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	447,912	466,233	914,145	-220,480	693,665	57.00
58.00	05800	MRI	279,466	282,466	561,932	-181,082	380,850	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,116,105	7,592,273	9,708,378	-7,807,232	1,901,146	59.00
60.00	06000	LABORATORY	3,085,351	6,036,946	9,122,297	-642,624	8,479,673	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	475,363	11,943,883	12,419,246	-11,856,494	562,752	64.00
65.00	06500	RESPIRATORY THERAPY	1,578,353	721,627	2,299,980	-484,081	1,815,899	65.00
66.00	06600	PHYSICAL THERAPY	2,400,163	1,435,980	3,836,143	-466,095	3,370,048	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	184,024	52,302	236,326	-37,053	199,273	68.00
69.00	06900	ELECTROCARDIOLOGY	1,684,914	935,136	2,620,050	-359,883	2,260,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49,818	11,312	61,130	-10,049	51,081	70.00
70.01	07001	SLEEP DISORDER	560,961	181,135	742,096	-113,588	628,508	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	9,837,769	9,837,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,763,609	12,763,609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,028,047	22,028,047	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	285,776	108,722	394,498	-56,420	338,078	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	397,574	1,120,033	1,517,607	-680,085	837,522	90.00
91.00	09100	EMERGENCY	3,193,033	1,546,805	4,739,838	-1,076,413	3,663,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

2/28/2017 11:45 am

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

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

Worksheet A

Date/Time Prepared:  
2/28/2017 11:45 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	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,119,383	805,656	2,925,039	-416,955	2,508,084	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	76,648,118	137,763,425	214,411,543	6,304,362	220,715,905	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	42,949	10,785	53,734	-8,746	44,988	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	30,127,442	9,974,014	40,101,456	-4,899,636	35,201,820	192.00
192.01	19201	OTHER NRCC	700,769	3,491,633	4,192,402	-233,140	3,959,262	192.01
192.02	19202	LTC	5,527,637	9,433,163	14,960,800	-792,068	14,168,732	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	232,304	1,139,103	1,371,407	-370,772	1,000,635	194.00
200.00		TOTAL (SUM OF LINES 118-199)	113,279,219	161,812,123	275,091,342	0	275,091,342	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet A Date/Time Prepared: 2/28/2017 11:45 am
---	--	-----------------------	---	--

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-490,144	6,315,013	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,819,020	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-306,877	40,649,040	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,954,292	20,849,855	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-6,647	5,363,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	751,318	8.00
9.00	00900	HOUSEKEEPING	0	2,068,509	9.00
10.00	01000	DIETARY	-1,061,669	1,657,505	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-46,380	2,143,909	14.00
15.00	01500	PHARMACY	-456,679	2,878,325	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-13,483	3,397,133	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	26,314	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,802,156	17,456,793	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,640,197	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	661,687	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-166,955	7,721,590	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,160	1,184,819	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-803,367	9,700,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	693,665	57.00
58.00	05800	MRI	0	380,850	58.00
59.00	05900	CARDIAC CATHETERIZATION	-106,375	1,794,771	59.00
60.00	06000	LABORATORY	-33,028	8,446,645	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	-138,352	424,400	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,815,899	65.00
66.00	06600	PHYSICAL THERAPY	-3,592	3,366,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	-3,752	195,521	68.00
69.00	06900	ELECTROCARDIOLOGY	-4,554	2,255,613	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	51,081	70.00
70.01	07001	SLEEP DISORDER	0	628,508	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	9,837,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,763,609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,028,047	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-22,503	315,575	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	837,522	90.00
91.00	09100	EMERGENCY	-329	3,663,096	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00

2/28/2017 11:45 am

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

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

Worksheet A  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-10,011	2,498,073	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		<b>SUBTOTALS (SUM OF LINES 1-117)</b>	<b>-16,433,305</b>	<b>204,282,600</b>	<b>118.00</b>
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100	RESEARCH	0	44,988	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	35,201,820	192.00
192.01	19201	OTHER NRCC	0	3,959,262	192.01
192.02	19202	LTC	0	14,168,732	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MARKETING	0	1,000,635	194.00
200.00		<b>TOTAL (SUM OF LINES 118-199)</b>	<b>-16,433,305</b>	<b>258,658,037</b>	<b>200.00</b>

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,028,047	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	O		0	22,028,047	
<b>B - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,763,609	1.00
	O		0	12,763,609	
<b>C - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	22,601,378	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	O		0	22,601,378	
<b>D - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	62,983	1.00
	O		0	62,983	
<b>E - MASSAGE</b>					
1.00	PHYSICAL THERAPY	66.00	23,412	0	1.00
	O		23,412	0	
<b>F - MARKETING</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	99,891	225,731	1.00
	O		99,891	225,731	
<b>G - NURSERY</b>					
1.00	ADULTS & PEDIATRICS	30.00	836,297	86,894	1.00
2.00	NURSERY	43.00	599,406	62,281	2.00
	O		1,435,703	149,175	
<b>H - PHARMACY RESIDENCY</b>					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	16,458	9,856	1.00
	TOTALS		16,458	9,856	
<b>I - BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,527,126	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00

Provider CCN: 15-0044

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

Worksheet A-6  
Date/Time Prepared:  
2/28/2017 11:45 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	TOTALS		0	20,527,126		
500.00	Grand Total: Increases		1,575,464	78,367,905		500.00

RECLASSIFICATIONS

Provider CCN: 15-0044

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

Worksheet A-6  
Date/Time Prepared:  
2/28/2017 11:45 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - DRUGS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	825	0		1.00
2.00	PHARMACY	15.00	0	10,399,713	0		2.00
3.00	OPERATING ROOM	50.00	0	6,309	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,904	0		4.00
5.00	INTRAVENOUS THERAPY	64.00	0	11,588,796	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	23,709	0		6.00
7.00	CARDIAC REHABILITATION	76.97	0	60	0		7.00
8.00	CLINIC	90.00	0	731	0		8.00
	O		0	22,028,047			
<b>B - IMPLANTS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	12,763,609	0		1.00
	O		0	12,763,609			
<b>C - SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	38,338	0		1.00
2.00	PHARMACY	15.00	0	156,177	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	929	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,001,449	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	268,755	0		5.00
6.00	OPERATING ROOM	50.00	0	10,844,643	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	264,622	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	941,954	0		8.00
9.00	CT SCAN	57.00	0	129,438	0		9.00
10.00	MRI	58.00	0	125,134	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	7,393,092	0		11.00
12.00	LABORATORY	60.00	0	29,275	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	176,214	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	169,895	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	14,251	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	7,542	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	442	0		17.00
18.00	SLEEP DISORDER	70.01	0	568	0		18.00
19.00	CARDIAC REHABILITATION	76.97	0	178	0		19.00
20.00	CLINIC	90.00	0	600,917	0		20.00
21.00	EMERGENCY	91.00	0	437,565	0		21.00
	O		0	22,601,378			
<b>D - PROPERTY INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	62,983	12		1.00
	O		0	62,983			
<b>E - MESSAGE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	23,412	0	0		1.00
	O		23,412	0			
<b>F - MARKETING</b>							
1.00	MARKETING	194.00	99,891	225,731	0		1.00
	O		99,891	225,731			
<b>G - NURSERY</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,435,703	149,175	0		1.00
2.00		0.00	0	0	0		2.00
	O		1,435,703	149,175			
<b>H - PHARMACY RESIDENCY</b>							
1.00	PHARMACY	15.00	16,458	9,856	0		1.00
	TOTALS		16,458	9,856			
<b>I - BENEFITS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,010,538	0		1.00
2.00	OPERATION OF PLANT	7.00	0	312,420	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	13,426	0		3.00
4.00	HOUSEKEEPING	9.00	0	273,707	0		4.00
5.00	DIETARY	10.00	0	296,411	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	169,275	0		6.00
7.00	PHARMACY	15.00	0	587,263	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	638,233	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	3,082,990	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	468,927	0		10.00
11.00	OPERATING ROOM	50.00	0	1,189,845	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	513,106	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,258,106	0		13.00
14.00	CT SCAN	57.00	0	91,042	0		14.00
15.00	MRI	58.00	0	55,948	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	414,140	0		16.00
17.00	LABORATORY	60.00	0	613,349	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	91,484	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	314,186	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	475,256	0		20.00

2/28/2017 11:45 am

RECLASSIFICATIONS

Provider CCN: 15-0044

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

Worksheet A-6

Date/Time Prepared:  
2/28/2017 11:45 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
21.00	SPEECH PATHOLOGY	68.00	0	37,053	0		21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	328,632	0		22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,607	0		23.00	
24.00	SLEEP DISORDER	70.01	0	113,020	0		24.00	
25.00	CARDIAC REHABILITATION	76.97	0	56,182	0		25.00	
26.00	CLINIC	90.00	0	78,437	0		26.00	
27.00	EMERGENCY	91.00	0	638,848	0		27.00	
28.00	HOME HEALTH AGENCY	101.00	0	416,955	0		28.00	
29.00	RESEARCH	191.00	0	8,746	0		29.00	
30.00	PHYSICIANS PRIVATE OFFICES	192.00	0	4,899,636	0		30.00	
31.00	OTHER NRCC	192.01	0	233,140	0		31.00	
32.00	LTC	192.02	0	792,068	0		32.00	
33.00	MARKETING	194.00	0	45,150	0		33.00	
	TOTALS		0	20,527,126				
500.00	Grand Total: Decreases		1,575,464	78,367,905			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,258,517	179,434	0	179,434	1.00
2.00	Land Improvements	3,751,699	859,004	0	859,004	2.00
3.00	Buildings and Fixtures	135,782,616	0	0	0	3.00
4.00	Building Improvements	4,528,086	200,878	0	200,878	4.00
5.00	Fixed Equipment	17,734,857	1,240,079	0	1,240,079	5.00
6.00	Movable Equipment	141,016,923	8,256,097	0	8,256,097	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	309,072,698	10,735,492	0	10,735,492	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	309,072,698	10,735,492	0	10,735,492	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,437,951	0			1.00
2.00	Land Improvements	4,610,703	0			2.00
3.00	Buildings and Fixtures	135,000,707	0			3.00
4.00	Building Improvements	4,728,964	0			4.00
5.00	Fixed Equipment	18,974,936	0			5.00
6.00	Movable Equipment	149,273,020	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	319,026,281	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	319,026,281	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
2/28/2017 11:45 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	3,110,049	0	3,632,125	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,819,020	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,929,069	0	3,632,125	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	6,742,174				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,819,020				2.00
3.00	Total (sum of lines 1-2)	0	13,561,194				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
2/28/2017 11:45 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	169,753,261	0	169,753,261	0.532098	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	149,273,020	0	149,273,020	0.467902	0	2.00
3.00	Total (sum of lines 1-2)	319,026,281	0	319,026,281	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	3,110,049	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,819,020	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,929,069	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,141,981	62,983	0	0	6,315,013	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,819,020	2.00
3.00	Total (sum of lines 1-2)	3,141,981	62,983	0	0	13,134,033	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0044

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

Worksheet A-8

Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-373,692		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-31,975		ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,350,264				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	-1,043,823		DIETARY	10.00	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	-13,483		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			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)	A	-445,428		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: 15-0044

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

Worksheet A-8

Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 RADIOLOGY - COPY FEES	B	-2,700	RADIOLOGY-DIAGNOSTIC	54.00		0	33.00
33.01		0		0.00		0	33.01
33.02 EMPLOYEE BENEFITS - MISC REVENUE	B	-95	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.02
33.03 A & G - MISC REVENUE	B	-122,053	ADMINISTRATIVE & GENERAL	5.00		0	33.03
33.04 PLANT OPERATIONS - MISC REVENUE	B	-6,647	OPERATION OF PLANT	7.00		0	33.04
33.05 DIETARY - MISC REVENUE	B	-17,846	DIETARY	10.00		0	33.05
33.06 CENTRAL SUPPLY - MISC REVENUE	B	-46,380	CENTRAL SERVICES & SUPPLY	14.00		0	33.06
33.07 PHARMACY - MISC REVENUE	B	-456,679	PHARMACY	15.00		0	33.07
33.08 ADULTS AND PEDI - MISC REVENUE	B	-6,464	ADULTS & PEDIATRICS	30.00		0	33.08
33.09 SURGERY - MISC REVENUE	B	-166,955	OPERATING ROOM	50.00		0	33.09
33.10 LABOR AND DELIVERY - MISC REVENUE	B	-2,160	DELIVERY ROOM & LABOR ROOM	52.00		0	33.10
33.11 RADIOLOGY - MISC REVENUE	B	100,742	RADIOLOGY-DIAGNOSTIC	54.00		0	33.11
33.12 CARDIAC CATH - MISC REVENUE	B	-106,375	CARDIAC CATHETERIZATION	59.00		0	33.12
33.13 LABORATORY - MISC REVENUE	B	-33,028	LABORATORY	60.00		0	33.13
33.14 IV THERAPY - MISC REVENUE	B	-138,352	INTRAVENOUS THERAPY	64.00		0	33.14
33.15 PHYSICAL THERAPY - MISC REVENUE	B	-10	PHYSICAL THERAPY	66.00		0	33.15
33.16 SPEECH THERAPY - MISC REVENUE	B	-3,752	SPEECH PATHOLOGY	68.00		0	33.16
33.17 RADIOLOGY - MISC REVENUE	B	-4,554	ELECTROCARDIOLOGY	69.00		0	33.17
33.18 CARDIAC REHAB - MISC REVENUE	B	-22,503	CARDIAC REHABILITATION	76.97		0	33.18
33.19 INTEREST INCOME	A	-490,144	CAP REL COSTS-BLDG & FIXT	1.00		11	33.19
33.20 LOBBYING DUES	A	-12,233	ADMINISTRATIVE & GENERAL	5.00		0	33.20
33.21 EMPLOYEE BENEFITS - ADVERTISING	A	-265	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.21
33.22 ADMIN - ADVERTISING	A	-83,037	ADMINISTRATIVE & GENERAL	5.00		0	33.22
33.23 PHYSICAL THERAPY - ADVERTISING	A	-3,582	PHYSICAL THERAPY	66.00		0	33.23
33.24 ER - ADVERTISING	A	-329	EMERGENCY	91.00		0	33.24
33.25 HOME HEALTH - ADVERTISING	A	-10,011	HOME HEALTH AGENCY	101.00		0	33.25
33.26 EMPLOYEE BENEFITS - NONALLOWABLE EXP	A	-306,517	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.26
33.27 ADMIN - NONALLOWABLE EXPENSES	A	-217,052	ADMINISTRATIVE & GENERAL	5.00		0	33.27
33.28 HAF FEE - HOSPITAL	A	-9,114,250	ADMINISTRATIVE & GENERAL	5.00		0	33.28
33.29 HAF FEE - CANCER CARE INSTITUTE	A	-901,409	RADIOLOGY-DIAGNOSTIC	54.00		0	33.29
33.30		0		0.00		0	33.30
33.31		0		0.00		0	33.31
33.32		0		0.00		0	33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,433,305					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: 15-0044

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

Worksheet A-8-2

Date/Time Prepared:  
2/28/2017 11:45 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,370,660	2,343,960	26,700	179,000	237	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,370,660	2,343,960	26,700		237	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	20,396	1,020	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			20,396	1,020	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	20,396	6,304	2,350,264		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	20,396	6,304	2,350,264		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	6,315,013	6,315,013				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	6,819,020		6,819,020			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	40,649,040	139,484	16,224	40,804,748		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	20,849,855	335,731	3,452,713	3,611,789	28,250,088	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	5,363,476	94,859	134,588	580,373	6,173,296	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	751,318	89,978	4,454	23,592	869,342	8.00
9.00 00900 HOUSEKEEPING	2,068,509	22,739	9,202	511,183	2,611,633	9.00
10.00 01000 DIETARY	1,657,505	34,782	69,160	620,000	2,381,447	10.00
11.00 01100 CAFETERIA	0	197,306	0	0	197,306	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,143,909	224,114	37,999	313,772	2,719,794	14.00
15.00 01500 PHARMACY	2,878,325	51,265	33,429	1,080,541	4,043,560	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,397,133	100,867	4,153	1,174,690	4,676,843	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
23.00 02300 PARAMEDICAL PRGM-PHARMACY RESIDENCY	26,314	1,251	811	6,074	34,450	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	17,456,793	2,023,957	881,523	6,049,157	26,411,430	30.00
31.00 03100 INTENSIVE CARE UNIT	2,640,197	181,607	19,348	880,446	3,721,598	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	661,687	43,443	15,645	221,235	942,010	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	7,721,590	582,392	533,434	2,219,020	11,056,436	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,184,819	356,834	40,773	435,183	2,017,609	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,700,997	391,643	429,026	2,625,323	13,146,989	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	693,665	49,395	131,588	165,320	1,039,968	57.00
58.00 05800 MRI	380,850	22,601	118,445	103,148	625,044	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,794,771	154,702	306,751	781,035	3,037,259	59.00
60.00 06000 LABORATORY	8,446,645	241,519	81,745	1,138,775	9,908,684	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	424,400	0	0	175,452	599,852	64.00
65.00 06500 RESPIRATORY THERAPY	1,815,899	32,596	45,225	582,556	2,476,276	65.00
66.00 06600 PHYSICAL THERAPY	3,366,456	4,468	10,660	894,520	4,276,104	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	195,521	7,905	0	67,922	271,348	68.00
69.00 06900 ELECTROCARDIOLOGY	2,255,613	124,403	74,017	621,887	3,075,920	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	51,081	98,158	1,398	18,387	169,024	70.00
70.01 07001 SLEEP DISORDER	628,508	53,685	14,184	207,046	903,423	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	9,837,769	0	0	0	9,837,769	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	12,763,609	0	0	0	12,763,609	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	22,028,047	0	0	0	22,028,047	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	315,575	49,395	15,001	105,477	485,448	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	837,522	77,413	4,340	146,741	1,066,016	90.00
91.00 09100 EMERGENCY	3,663,096	397,445	80,254	1,178,520	5,319,315	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

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			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	2,498,073	0	21,093	782,245	3,301,411
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	204,282,600	6,185,937	6,587,183	27,321,409	190,438,348
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100 RESEARCH	44,988	0	0	15,852	60,840
192.00	19200 PHYSICIANS PRIVATE OFFICES	35,201,820	44,831	225,682	11,119,766	46,592,099
192.01	19201 OTHER NRCC	3,959,262	63,239	2,900	258,648	4,284,049
192.02	19202 LTC	14,168,732	0	3,255	2,040,201	16,212,188
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
194.00	07950 MARKETING	1,000,635	21,006	0	48,872	1,070,513
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	258,658,037	6,315,013	6,819,020	40,804,748	258,658,037

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet B Part I Date/Time Prepared: 2/28/2017 11:45 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	28,250,088				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	756,902	0	6,930,198		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	106,589	0	108,542	1,084,473	8.00	
9.00	00900	HOUSEKEEPING	320,210	0	27,430	47,141	3,006,414	9.00
10.00	01000	DIETARY	291,987	0	41,957	46,623	18,566	10.00
11.00	01100	CAFETERIA	24,191	0	238,013	0	105,320	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	333,471	0	270,352	0	119,630	14.00
15.00	01500	PHARMACY	495,777	0	61,842	481	27,365	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	573,423	0	121,677	0	53,841	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	4,224	0	1,509	12	668	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,238,279	0	2,441,530	461,433	1,080,364	30.00
31.00	03100	INTENSIVE CARE UNIT	456,301	0	219,074	49,529	96,939	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	115,499	0	52,405	13,006	23,189	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,355,619	0	702,547	116,979	310,874	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	247,377	0	430,454	28,184	190,474	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,611,939	0	472,445	66,138	209,055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	127,509	0	59,586	11,864	26,367	57.00
58.00	05800	MRI	76,636	0	27,264	12,927	12,064	58.00
59.00	05900	CARDIAC CATHETERIZATION	372,395	0	186,620	52,528	82,578	59.00
60.00	06000	LABORATORY	1,214,894	0	291,347	68	128,920	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	73,547	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	303,614	0	39,321	0	17,399	65.00
66.00	06600	PHYSICAL THERAPY	524,289	0	5,390	25,098	2,385	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	33,270	0	9,536	0	4,220	68.00
69.00	06900	ELECTROCARDIOLOGY	377,135	0	150,068	0	66,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,724	0	118,410	0	52,396	70.00
70.01	07001	SLEEP DISORDER	110,768	0	64,760	12,037	28,656	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,206,199	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,564,933	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,700,837	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	59,520	0	59,586	0	26,367	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	130,703	0	93,384	5,032	41,322	90.00
91.00	09100	EMERGENCY	652,196	0	479,443	124,514	212,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

2/28/2017 11:45 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	404,783	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,885,740	0	6,774,492	1,073,594	2,937,515	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	7,460	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	5,712,610	0	54,080	10,779	23,930	192.00
192.01	19201	OTHER NRCC	525,263	0	76,286	100	33,756	192.01
192.02	19202	LTC	1,987,760	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	131,255	0	25,340	0	11,213	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	28,250,088	0	6,930,198	1,084,473	3,006,414	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 2/28/2017 11:45 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,780,580					10.00
11.00	01100	CAFETERIA	0	564,830				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,026	0	0	3,457,273	14.00
15.00	01500	PHARMACY	0	18,614	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33,486	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	167	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,455,885	180,497	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	122,000	23,076	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	73,791	5,344	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,230	58,415	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,926	10,995	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,355	28,635	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,397	4,591	0	0	0	57.00
58.00	05800	MRI	0	2,481	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,294	0	0	0	59.00
60.00	06000	LABORATORY	0	35,919	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	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	17,548	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,560	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,353	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,923	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	592	0	0	0	70.00
70.01	07001	SLEEP DISORDER	419	5,390	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	1,504,854	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,952,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,605	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	20	4,513	0	0	0	90.00
91.00	09100	EMERGENCY	53,557	34,135	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

2/28/2017 11:45 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	17,124	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,780,580	543,283	0	0	3,457,273	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	383	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	18,027	0	0	0	192.00
192.01	19201	OTHER NRCC	0	2,077	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	1,060	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,780,580	564,830	0	0	3,457,273	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet B Part I Date/Time Prepared: 2/28/2017 11:45 am	
Cost Center	Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal
		15.00	16.00	17.00	23.00	24.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	4,647,639				15.00
16.00	01600	0	5,459,270			16.00
17.00	01700	0	0	0		17.00
23.00	02300	0	0	0	41,030	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	4,865,009	0	0	41,134,427
31.00	03100	0	0	0	0	4,688,517
32.00	03200	0	0	0	0	0
33.00	03300	0	0	0	0	0
34.00	03400	0	0	0	0	0
40.00	04000	0	0	0	0	0
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	0	0	0	0	1,225,244
44.00	04400	0	0	0	0	0
45.00	04500	0	0	0	0	0
46.00	04600	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	356,556	0	0	13,961,656
51.00	05100	0	0	0	0	0
52.00	05200	0	0	0	0	2,992,019
53.00	05300	0	0	0	0	0
54.00	05400	0	19,809	0	0	15,557,365
55.00	05500	0	0	0	0	0
56.00	05600	0	0	0	0	0
57.00	05700	0	0	0	0	1,271,282
58.00	05800	0	0	0	0	756,416
59.00	05900	0	0	0	0	3,750,674
60.00	06000	0	0	0	0	11,579,832
60.01	06001	0	0	0	0	0
61.00	06100	0	0	0	0	0
62.00	06200	0	0	0	0	0
63.00	06300	0	0	0	0	0
64.00	06400	0	0	0	0	673,399
65.00	06500	0	27,732	0	0	2,881,890
66.00	06600	0	19,809	0	0	4,865,635
67.00	06700	0	0	0	0	0
68.00	06800	0	0	0	0	319,727
69.00	06900	0	19,809	0	0	3,702,260
70.00	07000	0	0	0	0	361,146
70.01	07001	0	0	0	0	1,125,453
71.00	07100	0	0	0	0	12,548,822
72.00	07200	0	0	0	0	16,280,961
73.00	07300	4,647,639	0	0	41,030	29,417,553
74.00	07400	0	0	0	0	0
75.00	07500	0	0	0	0	0
76.00	03950	0	0	0	0	0
76.97	07697	0	0	0	0	632,526
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	0	0	0	0	0
89.00	08900	0	0	0	0	0
90.00	09000	0	0	0	0	1,340,990
91.00	09100	0	150,546	0	0	7,025,857
92.00	09200	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	0	0	0	0	0
95.00	09500	0	0	0	0	0
96.00	09600	0	0	0	0	0
97.00	09700	0	0	0	0	0

2/28/2017 11:45 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	3,723,318	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,647,639	5,459,270	0	41,030	181,816,969	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	68,683	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	52,411,525	192.00
192.01	19201	OTHER NRCC	0	0	0	0	4,921,531	192.01
192.02	19202	LTC	0	0	0	0	18,199,948	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	1,239,381	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,647,639	5,459,270	0	41,030	258,658,037	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
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
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41,134,427	31.00
32.00	03200	CORONARY CARE UNIT	4,688,517	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,225,244	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	13,961,656	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,992,019	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,557,365	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	1,271,282	57.00
58.00	05800	MRI	756,416	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,750,674	59.00
60.00	06000	LABORATORY	11,579,832	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400	INTRAVENOUS THERAPY	673,399	64.00
65.00	06500	RESPIRATORY THERAPY	2,881,890	65.00
66.00	06600	PHYSICAL THERAPY	4,865,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	319,727	68.00
69.00	06900	ELECTROCARDIOLOGY	3,702,260	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	361,146	70.00
70.01	07001	SLEEP DISORDER	1,125,453	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	12,548,822	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,280,961	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,417,553	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION/DIABETES	0	76.00
76.97	07697	CARDIAC REHABILITATION	632,526	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	1,340,990	90.00
91.00	09100	EMERGENCY	7,025,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00

2/28/2017 11:45 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	3,723,318	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	181,816,969	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100 RESEARCH	0	68,683	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	52,411,525	192.00
192.01	19201 OTHER NRCC	0	4,921,531	192.01
192.02	19202 LTC	0	18,199,948	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	1,239,381	194.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	258,658,037	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/28/2017 11:45 am
-------------------------------------	--	-----------------------	---	---

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	139,484	16,224	155,708	155,708 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	335,731	3,452,713	3,788,444	13,778 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	94,859	134,588	229,447	2,214 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	89,978	4,454	94,432	90 8.00
9.00 00900	HOUSEKEEPING	0	22,739	9,202	31,941	1,950 9.00
10.00 01000	DIETARY	0	34,782	69,160	103,942	2,365 10.00
11.00 01100	CAFETERIA	0	197,306	0	197,306	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	224,114	37,999	262,113	1,197 14.00
15.00 01500	PHARMACY	0	51,265	33,429	84,694	4,122 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	100,867	4,153	105,020	4,481 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	1,251	811	2,062	23 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,023,957	881,523	2,905,480	23,076 30.00
31.00 03100	INTENSIVE CARE UNIT	0	181,607	19,348	200,955	3,359 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	43,443	15,645	59,088	844 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	582,392	533,434	1,115,826	8,465 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	356,834	40,773	397,607	1,660 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	391,643	429,026	820,669	10,015 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	49,395	131,588	180,983	631 57.00
58.00 05800	MRI	0	22,601	118,445	141,046	393 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	154,702	306,751	461,453	2,979 59.00
60.00 06000	LABORATORY	0	241,519	81,745	323,264	4,344 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	669 64.00
65.00 06500	RESPIRATORY THERAPY	0	32,596	45,225	77,821	2,222 65.00
66.00 06600	PHYSICAL THERAPY	0	4,468	10,660	15,128	3,412 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	7,905	0	7,905	259 68.00
69.00 06900	ELECTROCARDIOLOGY	0	124,403	74,017	198,420	2,372 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	98,158	1,398	99,556	70 70.00
70.01 07001	SLEEP DISORDER	0	53,685	14,184	67,869	790 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	NUTRITION/DIABETES	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	49,395	15,001	64,396	402 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	77,413	4,340	81,753	560 90.00
91.00 09100	EMERGENCY	0	397,445	80,254	477,699	4,496 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00

2/28/2017 11:45 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2017 11:45 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			
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	21,093	21,093	2,984	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	6,185,937	6,587,183	12,773,120	104,222	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	60	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	44,831	225,682	270,513	42,470	192.00
192.01 19201 OTHER NRCC	0	63,239	2,900	66,139	987	192.01
192.02 19202 LTC	0	0	3,255	3,255	7,783	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	0	21,006	0	21,006	186	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	6,315,013	6,819,020	13,134,033	155,708	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 2/28/2017 11:45 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	3,802,222					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	101,872	0	333,533			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,346	0	5,224	114,092		8.00
9.00	00900	HOUSEKEEPING	43,097	0	1,320	4,959	83,267	9.00
10.00	01000	DIETARY	39,299	0	2,019	4,905	514	10.00
11.00	01100	CAFETERIA	3,256	0	11,455	0	2,917	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,882	0	13,011	0	3,313	14.00
15.00	01500	PHARMACY	66,727	0	2,976	51	758	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	77,177	0	5,856	0	1,491	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	568	0	73	1	18	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	435,841	0	117,505	48,546	29,924	30.00
31.00	03100	INTENSIVE CARE UNIT	61,414	0	10,543	5,211	2,685	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	15,545	0	2,522	1,368	642	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	182,453	0	33,812	12,307	8,610	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,295	0	20,717	2,965	5,275	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	216,952	0	22,738	6,958	5,790	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	17,162	0	2,868	1,248	730	57.00
58.00	05800	MRI	10,314	0	1,312	1,360	334	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,121	0	8,982	5,526	2,287	59.00
60.00	06000	LABORATORY	163,513	0	14,022	7	3,571	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	9,899	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	40,864	0	1,892	0	482	65.00
66.00	06600	PHYSICAL THERAPY	70,564	0	259	2,640	66	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,478	0	459	0	117	68.00
69.00	06900	ELECTROCARDIOLOGY	50,759	0	7,222	0	1,839	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,789	0	5,699	0	1,451	70.00
70.01	07001	SLEEP DISORDER	14,908	0	3,117	1,266	794	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	162,343	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	210,625	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	363,507	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,011	0	2,868	0	730	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	17,591	0	4,494	529	1,144	90.00
91.00	09100	EMERGENCY	87,779	0	23,074	13,100	5,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

2/28/2017 11:45 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.10	09910	CORF	0	0	0	0	0	0 99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	54,480	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00	11600	HOSPICE	0	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,676,431	0	326,039	112,947	81,358	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	0 190.00
191.00	19100	RESEARCH	1,004	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	768,892	0	2,603	1,134	663	192.00
192.01	19201	OTHER NRCC	70,695	0	3,671	11	935	192.01
192.02	19202	LTC	267,534	0	0	0	0	0 192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00	07950	MARKETING	17,666	0	1,220	0	311	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	3,802,222	0	333,533	114,092	83,267	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/28/2017 11:45 am			
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	153,044					10.00
11.00	01100	CAFETERIA	0	214,934				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,337	0	0	329,853	14.00
15.00	01500	PHARMACY	0	7,083	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,742	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	63	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	135,172	68,688	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,715	8,781	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,061	2,034	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	233	22,228	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,684	4,184	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130	10,896	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	77	1,747	0	0	0	57.00
58.00	05800	MRI	0	944	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,342	0	0	0	59.00
60.00	06000	LABORATORY	0	13,668	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	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	6,677	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,779	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	515	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,917	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	225	0	0	0	70.00
70.01	07001	SLEEP DISORDER	23	2,051	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	143,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	186,281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	611	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1	1,717	0	0	0	90.00
91.00	09100	EMERGENCY	2,948	12,989	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

2/28/2017 11:45 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	6,516	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	153,044	206,734	0	0	329,853	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	146	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	6,860	0	0	0	192.00
192.01	19201	OTHER NRCC	0	790	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	404	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	153,044	214,934	0	0	329,853	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/28/2017 11:45 am	
Cost Center	Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal
		15.00	16.00	17.00	23.00	24.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	166,411				15.00
16.00	01600	0	206,767			16.00
17.00	01700	0	0	0		17.00
23.00	02300	0	0	0	2,808	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	184,261	0		3,948,493
31.00	03100	0	0	0		299,663
32.00	03200	0	0	0		0
33.00	03300	0	0	0		0
34.00	03400	0	0	0		0
40.00	04000	0	0	0		0
41.00	04100	0	0	0		0
42.00	04200	0	0	0		0
43.00	04300	0	0	0		86,104
44.00	04400	0	0	0		0
45.00	04500	0	0	0		0
46.00	04600	0	0	0		0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	13,504	0		1,397,438
51.00	05100	0	0	0		0
52.00	05200	0	0	0		469,387
53.00	05300	0	0	0		0
54.00	05400	0	750	0		1,094,898
55.00	05500	0	0	0		0
56.00	05600	0	0	0		0
57.00	05700	0	0	0		205,446
58.00	05800	0	0	0		155,703
59.00	05900	0	0	0		538,690
60.00	06000	0	0	0		522,389
60.01	06001	0	0	0		0
61.00	06100	0	0	0		0
62.00	06200	0	0	0		0
63.00	06300	0	0	0		0
64.00	06400	0	0	0		10,568
65.00	06500	0	1,050	0		131,008
66.00	06600	0	750	0		97,598
67.00	06700	0	0	0		0
68.00	06800	0	0	0		13,733
69.00	06900	0	750	0		266,279
70.00	07000	0	0	0		109,790
70.01	07001	0	0	0		90,818
71.00	07100	0	0	0		305,915
72.00	07200	0	0	0		396,906
73.00	07300	166,411	0	0		529,918
74.00	07400	0	0	0		0
75.00	07500	0	0	0		0
76.00	03950	0	0	0		0
76.97	07697	0	0	0		77,018
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	0	0	0		0
89.00	08900	0	0	0		0
90.00	09000	0	0	0		107,789
91.00	09100	0	5,702	0		633,663
92.00	09200	0	0	0		0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	0	0	0		0
95.00	09500	0	0	0		0
96.00	09600	0	0	0		0
97.00	09700	0	0	0		0

2/28/2017 11:45 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
99.00	09900	CMHC	0	0	0		0	99.00
99.10	09910	CORF	0	0	0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		85,073	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0		0	105.00
106.00	10600	HEART ACQUISITION	0	0	0		0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0		0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		0	115.00
116.00	11600	HOSPICE	0	0	0		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	166,411	206,767	0	0	11,574,287	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0		0	190.00
191.00	19100	RESEARCH	0	0	0		1,210	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		1,093,135	192.00
192.01	19201	OTHER NRCC	0	0	0		143,228	192.01
192.02	19202	LTC	0	0	0		278,572	192.02
193.00	19300	NONPAID WORKERS	0	0	0		0	193.00
194.00	07950	MARKETING	0	0	0		40,793	194.00
200.00		Cross Foot Adjustments				2,808	2,808	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	166,411	206,767	0	2,808	13,134,033	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/28/2017 11:45 am
-------------------------------------	--	-----------------------	---	---

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
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
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,948,493	31.00
32.00	03200	CORONARY CARE UNIT	299,663	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	86,104	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	1,397,438	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	469,387	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,094,898	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	205,446	57.00
58.00	05800	MRI	155,703	58.00
59.00	05900	CARDIAC CATHETERIZATION	538,690	59.00
60.00	06000	LABORATORY	522,389	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400	INTRAVENOUS THERAPY	10,568	64.00
65.00	06500	RESPIRATORY THERAPY	131,008	65.00
66.00	06600	PHYSICAL THERAPY	97,598	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,733	68.00
69.00	06900	ELECTROCARDIOLOGY	266,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	109,790	70.00
70.01	07001	SLEEP DISORDER	90,818	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	305,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	396,906	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	529,918	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION/DIABETES	0	76.00
76.97	07697	CARDIAC REHABILITATION	77,018	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	107,789	90.00
91.00	09100	EMERGENCY	633,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00

2/28/2017 11:45 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	85,073	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	11,574,287	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100	RESEARCH	0	1,210	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,093,135	192.00
192.01	19201	OTHER NRCC	0	143,228	192.01
192.02	19202	LTC	0	278,572	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MARKETING	0	40,793	194.00
200.00		Cross Foot Adjustments	0	2,808	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	13,134,033	202.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet B-1 Date/Time Prepared: 2/28/2017 11:45 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	5A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	459,352					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,405,497				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,146	15,240	110,554,717			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,421	3,243,332	9,785,634	-28,250,088	230,407,949	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,900	126,426	1,572,440	0	6,173,296	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,545	4,184	63,920	0	869,342	8.00
9.00	00900	HOUSEKEEPING	1,654	8,644	1,384,977	0	2,611,633	9.00
10.00	01000	DIETARY	2,530	64,966	1,679,802	0	2,381,447	10.00
11.00	01100	CAFETERIA	14,352	0	0	0	197,306	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,302	35,695	850,120	0	2,719,794	14.00
15.00	01500	PHARMACY	3,729	31,402	2,927,574	0	4,043,560	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,337	3,901	3,182,656	0	4,676,843	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMEDICAL PRGM-PHARMACY RESIDENCY	91	762	16,458	0	34,450	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	147,222	828,065	16,389,337	0	26,411,430	30.00
31.00	03100	INTENSIVE CARE UNIT	13,210	18,175	2,385,444	0	3,721,598	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,160	14,696	599,406	0	942,010	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	42,363	501,085	6,012,123	0	11,056,436	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,956	38,300	1,179,067	0	2,017,609	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,488	403,009	7,112,941	0	13,146,989	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,593	123,608	447,912	0	1,039,968	57.00
58.00	05800	MRI	1,644	111,262	279,466	0	625,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,253	288,149	2,116,105	0	3,037,259	59.00
60.00	06000	LABORATORY	17,568	76,788	3,085,351	0	9,908,684	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	475,363	0	599,852	64.00
65.00	06500	RESPIRATORY THERAPY	2,371	42,482	1,578,353	0	2,476,276	65.00
66.00	06600	PHYSICAL THERAPY	325	10,014	2,423,575	0	4,276,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	575	0	184,024	0	271,348	68.00
69.00	06900	ELECTROCARDIOLOGY	9,049	69,528	1,684,914	0	3,075,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,140	1,313	49,818	0	169,024	70.00
70.01	07001	SLEEP DISORDER	3,905	13,324	560,961	0	903,423	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	9,837,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,763,609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,028,047	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,593	14,091	285,776	0	485,448	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,631	4,077	397,574	0	1,066,016	90.00
91.00	09100	EMERGENCY	28,910	75,387	3,193,033	0	5,319,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

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

Worksheet B-1

Date/Time Prepared:  
2/28/2017 11:45 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	5A
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
99.00	09900	CMHC	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	19,814	2,119,383	0	3,301,411	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	449,963	6,187,719	74,023,507	-28,250,088	162,188,260	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	42,949	0	60,840	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,261	211,996	30,127,442	0	46,592,099	192.00
192.01	19201	OTHER NRCC	4,600	2,724	700,769	0	4,284,049	192.01
192.02	19202	LTC	0	3,058	5,527,637	0	16,212,188	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	1,528	0	132,413	0	1,070,513	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,315,013	6,819,020	40,804,748		28,250,088	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.747655	1.064558	0.369091		0.122609	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			155,708		3,802,222	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001408		0.016502	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet B-1	
Date/Time Prepared: 2/28/2017 11:45 am							
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	417,885			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,545	1,224,676		8.00
9.00	00900	HOUSEKEEPING	0	1,654	53,235	409,686	9.00
10.00	01000	DIETARY	0	2,530	52,650	2,530	139,348
11.00	01100	CAFETERIA	0	14,352	0	14,352	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,302	0	16,302	0
15.00	01500	PHARMACY	0	3,729	543	3,729	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,337	0	7,337	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	91	13	91	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	147,222	521,090	147,222	123,076
31.00	03100	INTENSIVE CARE UNIT	0	13,210	55,932	13,210	6,114
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	3,160	14,687	3,160	3,698
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	42,363	132,102	42,363	212
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,956	31,828	25,956	3,354
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,488	74,688	28,488	118
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	3,593	13,398	3,593	70
58.00	05800	MRI	0	1,644	14,598	1,644	0
59.00	05900	CARDIAC CATHETERIZATION	0	11,253	59,319	11,253	0
60.00	06000	LABORATORY	0	17,568	77	17,568	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	2,371	0	2,371	0
66.00	06600	PHYSICAL THERAPY	0	325	28,343	325	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	575	0	575	0
69.00	06900	ELECTROCARDIOLOGY	0	9,049	0	9,049	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,140	0	7,140	0
70.01	07001	SLEEP DISORDER	0	3,905	13,593	3,905	21
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	3,593	0	3,593	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	5,631	5,683	5,631	1
91.00	09100	EMERGENCY	0	28,910	140,612	28,910	2,684
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0

2/28/2017 11:45 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

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

Worksheet B-1

Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	408,496	1,212,391	400,297	139,348	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	3,261	12,172	3,261	0	192.00
192.01	19201	OTHER NRCC	0	4,600	113	4,600	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	1,528	0	1,528	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	6,930,198	1,084,473	3,006,414	2,780,580	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	16.583984	0.885518	7.338337	19.954215	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	333,533	114,092	83,267	153,044	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.798145	0.093161	0.203246	1.098286	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet B-1 Date/Time Prepared: 2/28/2017 11:45 am			
Cost Center	Description	CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,974,023					11.00
12.00	01200	0	0				12.00
13.00	01300	0	0	0			13.00
14.00	01400	49,019	0	0	22,601,378		14.00
15.00	01500	65,054	0	0	0	100	15.00
16.00	01600	117,029	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	582	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	630,821	0	0	0	0	30.00
31.00	03100	80,650	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	18,678	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	204,153	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	38,428	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	100,075	0	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	16,044	0	0	0	0	57.00
58.00	05800	8,670	0	0	0	0	58.00
59.00	05900	67,430	0	0	0	0	59.00
60.00	06000	125,534	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	61,328	0	0	0	0	65.00
66.00	06600	43,895	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	4,729	0	0	0	0	68.00
69.00	06900	45,163	0	0	0	0	69.00
70.00	07000	2,069	0	0	0	0	70.00
70.01	07001	18,836	0	0	0	0	70.01
71.00	07100	0	0	0	9,837,769	0	71.00
72.00	07200	0	0	0	12,763,609	0	72.00
73.00	07300	0	0	0	0	100	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	5,611	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	15,773	0	0	0	0	90.00
91.00	09100	119,297	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00

2/28/2017 11:45 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

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

Worksheet B-1

Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	59,848	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,898,716	0	0	22,601,378	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	1,340	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	63,002	0	0	0	0	192.00
192.01	19201	OTHER NRCC	7,259	0	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	3,706	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	564,830	0	0	3,457,273	4,647,639	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.286131	0.000000	0.000000	0.152967	46,476.390000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	214,934	0	0	329,853	166,411	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.108881	0.000000	0.000000	0.014594	1,664.110000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

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

Worksheet B-1  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
		16.00	17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600	1,378			16.00
17.00	01700	0	0		17.00
23.00	02300	0	0	1,000	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	1,228	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	90	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	5	0	0	54.00
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	0	0	0	63.00
64.00	06400	0	0	0	64.00
65.00	06500	7	0	0	65.00
66.00	06600	5	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	5	0	0	69.00
70.00	07000	0	0	0	70.00
70.01	07001	0	0	0	70.01
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	1,000	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03950	0	0	0	76.00
76.97	07697	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
91.00	09100	38	0	0	91.00
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00

2/28/2017 11:45 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

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

Worksheet B-1

Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
			16.00	17.00	23.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,378	0	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	192.00
192.01	19201	OTHER NRCC	0	0	0	192.01
192.02	19202	LTC	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	194.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,459,270	0	41,030	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,961.734398	0.000000	41.030000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	206,767	0	2,808	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	150.048621	0.000000	2.808000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		41,134,427	6,304	41,140,731	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,688,517	0	4,688,517	31.00	
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		1,225,244	0	1,225,244	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	04500 NURSING FACILITY		0	0	0	45.00	
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		13,961,656	0	13,961,656	50.00	
51.00	05100 RECOVERY ROOM		0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,992,019	0	2,992,019	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,557,365	0	15,557,365	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIO SOTOPE		0	0	0	56.00	
57.00	05700 CT SCAN		1,271,282	0	1,271,282	57.00	
58.00	05800 MRI		756,416	0	756,416	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,750,674	0	3,750,674	59.00	
60.00	06000 LABORATORY		11,579,832	0	11,579,832	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM		0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD		0	0	0	62.00	
63.00	06300 BLOOD STORING PROCESSING & TRA		0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY		673,399	0	673,399	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,881,890	0	2,881,890	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,865,635	0	4,865,635	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	319,727	0	319,727	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,702,260	0	3,702,260	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		361,146	0	361,146	70.00	
70.01	07001 SLEEP DISORDER		1,125,453	0	1,125,453	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		12,548,822	0	12,548,822	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		16,280,961	0	16,280,961	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		29,417,553	0	29,417,553	73.00	
74.00	07400 RENAL DIALYSIS		0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	03950 NUTRITION/DIABETES		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		632,526	0	632,526	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		1,340,990	0	1,340,990	90.00	
91.00	09100 EMERGENCY		7,025,857	0	7,025,857	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		7,665,482	0	7,665,482	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00	
99.00	09900 CMHC		0	0	0	99.00	
99.10	09910 CORF		0	0	0	99.10	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	10100 HOME HEALTH AGENCY		3,723,318	0	3,723,318	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00	
106.00	10600 HEART ACQUISITION		0	0	0	106.00	
107.00	10700 LIVER ACQUISITION		0	0	0	107.00	
108.00	10800 LUNG ACQUISITION		0	0	0	108.00	
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
114.00	11400 UTILIZATION REVIEW-SNF		0	0	0	114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00	

2/28/2017 11:45 am

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col . 26)	Therapy Limit Adj .	Costs			
				Total Costs	RCE	Total Costs	
					Disal lowance		
1.00	2.00	3.00	4.00	5.00			
116.00	11600	HOSPICE	0	0	0	0	116.00
200.00		Subtotal (see instructions)	189,482,451	0	189,482,451	6,304	200.00
201.00		Less Observation Beds	7,665,482		7,665,482		201.00
202.00		Total (see instructions)	181,816,969	0	181,816,969	6,304	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/28/2017 11:45 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	40,166,885		40,166,885				30.00
31.00	03100	INTENSIVE CARE UNIT	6,503,906		6,503,906				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,209,412		2,209,412				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	53,069,368	54,853,330	107,922,698	0.129367	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,016,406	759,177	4,775,583	0.626524	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,856,348	46,922,043	58,778,391	0.264678	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	12,305,535	23,988,646	36,294,181	0.035027	0.000000		57.00
58.00	05800	MRI	5,728,530	16,288,974	22,017,504	0.034355	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	37,407,802	42,830,695	80,238,497	0.046744	0.000000		59.00
60.00	06000	LABORATORY	38,871,573	49,699,143	88,570,716	0.130741	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	30,445	3,642,767	3,673,212	0.183327	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	15,534,919	2,446,124	17,981,043	0.160274	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,483,705	17,520,129	22,003,834	0.221127	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	745,660	255,814	1,001,474	0.319256	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,629,140	31,113,726	45,742,866	0.080936	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126,180	544,924	671,104	0.538137	0.000000		70.00
70.01	07001	SLEEP DISORDER	99,889	7,900,542	8,000,431	0.140674	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	11,919,441	8,998,000	20,917,441	0.599921	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,322,354	5,711,114	16,033,468	1.015436	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,850,242	86,012,481	131,862,723	0.223092	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1,666	1,440,399	1,442,065	0.438625	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	622,945	4,415,728	5,038,673	0.266140	0.000000		90.00
91.00	09100	EMERGENCY	11,444,990	31,713,519	43,158,509	0.162792	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,632,511	7,379,128	9,011,639	0.850620	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	4,328,702	4,328,702				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044			Period: From 01/01/2016 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/28/2017 11:45 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		
200.00	Subtotal (see instructions)	329,579,852	448,765,105	778,344,957			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	329,579,852	448,765,105	778,344,957			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/28/2017 11:45 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					PPS
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.129367		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.626524		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.264678		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.035027		57.00
58.00	05800	MRI	0.034355		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046744		59.00
60.00	06000	LABORATORY	0.130741		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.183327		64.00
65.00	06500	RESPIRATORY THERAPY	0.160274		65.00
66.00	06600	PHYSICAL THERAPY	0.221127		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.319256		68.00
69.00	06900	ELECTROCARDIOLOGY	0.080936		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.538137		70.00
70.01	07001	SLEEP DISORDER	0.140674		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.599921		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.015436		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223092		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.438625		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.266140		90.00
91.00	09100	EMERGENCY	0.162792		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.850620		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00

2/28/2017 11:45 am

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/28/2017 11:45 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	41,134,427	41,134,427	6,304	41,140,731	30.00
31.00	03100 INTENSIVE CARE UNIT	4,688,517	4,688,517	0	4,688,517	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	1,225,244	1,225,244	0	1,225,244	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	13,961,656	13,961,656	0	13,961,656	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,992,019	2,992,019	0	2,992,019	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,557,365	15,557,365	0	15,557,365	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600 RADIO SOTOPE	0	0	0	0	56.00
57.00	05700 CT SCAN	1,271,282	1,271,282	0	1,271,282	57.00
58.00	05800 MRI	756,416	756,416	0	756,416	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,750,674	3,750,674	0	3,750,674	59.00
60.00	06000 LABORATORY	11,579,832	11,579,832	0	11,579,832	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	673,399	673,399	0	673,399	64.00
65.00	06500 RESPIRATORY THERAPY	2,881,890	2,881,890	0	2,881,890	65.00
66.00	06600 PHYSICAL THERAPY	4,865,635	4,865,635	0	4,865,635	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	319,727	319,727	0	319,727	68.00
69.00	06900 ELECTROCARDIOLOGY	3,702,260	3,702,260	0	3,702,260	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	361,146	361,146	0	361,146	70.00
70.01	07001 SLEEP DISORDER	1,125,453	1,125,453	0	1,125,453	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	12,548,822	12,548,822	0	12,548,822	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,280,961	16,280,961	0	16,280,961	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,417,553	29,417,553	0	29,417,553	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	632,526	632,526	0	632,526	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	1,340,990	1,340,990	0	1,340,990	90.00
91.00	09100 EMERGENCY	7,025,857	7,025,857	0	7,025,857	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	7,665,482	7,665,482	0	7,665,482	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	3,723,318	3,723,318	0	3,723,318	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00

2/28/2017 11:45 am

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

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			
116.00	11600	HOSPICE	0	0	0	0	116.00
200.00		Subtotal (see instructions)	189,482,451	0	189,482,451	6,304	200.00
201.00		Less Observation Beds	7,665,482		7,665,482		201.00
202.00		Total (see instructions)	181,816,969	0	181,816,969	6,304	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/28/2017 11:45 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	40,166,885		40,166,885				30.00
31.00	03100	INTENSIVE CARE UNIT	6,503,906		6,503,906				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,209,412		2,209,412				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	53,069,368	54,853,330	107,922,698	0.129367	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,016,406	759,177	4,775,583	0.626524	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,856,348	46,922,043	58,778,391	0.264678	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	12,305,535	23,988,646	36,294,181	0.035027	0.000000		57.00
58.00	05800	MRI	5,728,530	16,288,974	22,017,504	0.034355	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	37,407,802	42,830,695	80,238,497	0.046744	0.000000		59.00
60.00	06000	LABORATORY	38,871,573	49,699,143	88,570,716	0.130741	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	30,445	3,642,767	3,673,212	0.183327	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	15,534,919	2,446,124	17,981,043	0.160274	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,483,705	17,520,129	22,003,834	0.221127	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	745,660	255,814	1,001,474	0.319256	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,629,140	31,113,726	45,742,866	0.080936	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126,180	544,924	671,104	0.538137	0.000000		70.00
70.01	07001	SLEEP DISORDER	99,889	7,900,542	8,000,431	0.140674	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	11,919,441	8,998,000	20,917,441	0.599921	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,322,354	5,711,114	16,033,468	1.015436	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,850,242	86,012,481	131,862,723	0.223092	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1,666	1,440,399	1,442,065	0.438625	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	622,945	4,415,728	5,038,673	0.266140	0.000000		90.00
91.00	09100	EMERGENCY	11,444,990	31,713,519	43,158,509	0.162792	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,632,511	7,379,128	9,011,639	0.850620	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	4,328,702	4,328,702				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044			Period: From 01/01/2016 To 09/30/2016		Worksheet C Part I Date/Time Prepared: 2/28/2017 11:45 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		
200.00	Subtotal (see instructions)	329,579,852	448,765,105	778,344,957			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	329,579,852	448,765,105	778,344,957			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/28/2017 11:45 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	SLEEP DISORDER	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00

2/28/2017 11:45 am

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 2/28/2017 11:45 am
		Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)		202.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part I Date/Time Prepared: 2/28/2017 11:45 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	3,948,493	0	3,948,493	45,684	86.43	30.00
31.00	INTENSIVE CARE UNIT	299,663		299,663	3,783	79.21	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	86,104		86,104	2,191	39.30	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,334,260		4,334,260	51,658		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	18,902	1,633,700		30.00
31.00	INTENSIVE CARE UNIT	1,930	152,875		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	20,832	1,786,575		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 2/28/2017 11:45 am
--	--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII							
Hospital							
PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,397,438	107,922,698	0.012949	25,859,264	334,852	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	469,387	4,775,583	0.098289	95,599	9,396	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,094,898	58,778,391	0.018628	5,518,075	102,791	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	205,446	36,294,181	0.005661	6,372,487	36,075	57.00
58.00	05800 MRI	155,703	22,017,504	0.007072	2,790,261	19,733	58.00
59.00	05900 CARDIAC CATHETERIZATION	538,690	80,238,497	0.006714	18,394,996	123,504	59.00
60.00	06000 LABORATORY	522,389	88,570,716	0.005898	19,761,699	116,555	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	10,568	3,673,212	0.002877	28,540	82	64.00
65.00	06500 RESPIRATORY THERAPY	131,008	17,981,043	0.007286	8,888,405	64,761	65.00
66.00	06600 PHYSICAL THERAPY	97,598	22,003,834	0.004435	2,503,057	11,101	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	13,733	1,001,474	0.013713	489,674	6,715	68.00
69.00	06900 ELECTROCARDIOLOGY	266,279	45,742,866	0.005821	8,092,613	47,107	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	109,790	671,104	0.163596	63,722	10,425	70.00
70.01	07001 SLEEP DISORDER	90,818	8,000,431	0.011352	47,161	535	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	305,915	20,917,441	0.014625	5,261,746	76,953	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	396,906	16,033,468	0.024755	5,213,797	129,068	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	529,918	131,862,723	0.004019	22,773,652	91,527	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	77,018	1,442,065	0.053408	1,666	89	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	107,789	5,038,673	0.021392	422,927	9,047	90.00
91.00	09100 EMERGENCY	633,663	43,158,509	0.014682	6,061,738	88,998	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	735,695	9,011,639	0.081638	957,563	78,174	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	7,890,649	725,136,052		139,598,642	1,357,488	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part III Date/Time Prepared: 2/28/2017 11:45 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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,684	0.00	18,902	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,783	0.00	1,930	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	2,191	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	51,658		20,832	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/28/2017 11:45 am
--	-----------------------	---------------------------------------	--

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP DISORDER	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	41,030	0	41,030	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	41,030	0	41,030	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/28/2017 11:45 am
--	-----------------------	---------------------------------------	--

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	107,922,698	0.000000	0.000000	25,859,264	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,775,583	0.000000	0.000000	95,599	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,778,391	0.000000	0.000000	5,518,075	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	36,294,181	0.000000	0.000000	6,372,487	57.00
58.00	05800 MRI	0	22,017,504	0.000000	0.000000	2,790,261	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	80,238,497	0.000000	0.000000	18,394,996	59.00
60.00	06000 LABORATORY	0	88,570,716	0.000000	0.000000	19,761,699	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,673,212	0.000000	0.000000	28,540	64.00
65.00	06500 RESPIRATORY THERAPY	0	17,981,043	0.000000	0.000000	8,888,405	65.00
66.00	06600 PHYSICAL THERAPY	0	22,003,834	0.000000	0.000000	2,503,057	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,001,474	0.000000	0.000000	489,674	68.00
69.00	06900 ELECTROCARDIOLOGY	0	45,742,866	0.000000	0.000000	8,092,613	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	671,104	0.000000	0.000000	63,722	70.00
70.01	07001 SLEEP DISORDER	0	8,000,431	0.000000	0.000000	47,161	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	20,917,441	0.000000	0.000000	5,261,746	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,033,468	0.000000	0.000000	5,213,797	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,030	131,862,723	0.000311	0.000311	22,773,652	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950 NUTRITION/DIABETES	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,442,065	0.000000	0.000000	1,666	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	5,038,673	0.000000	0.000000	422,927	90.00
91.00	09100 EMERGENCY	0	43,158,509	0.000000	0.000000	6,061,738	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	9,011,639	0.000000	0.000000	957,563	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	41,030	725,136,052			139,598,642	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 2/28/2017 11:45 am
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	16,415,591	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,659	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	15,250,181	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	6,074,557	0	57.00
58.00 05800 MRI	0	4,776,296	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	18,763,946	0	59.00
60.00 06000 LABORATORY	0	8,420,338	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	1,404,365	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	855,668	0	65.00
66.00 06600 PHYSICAL THERAPY	0	72,724	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	10,848	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	12,637,256	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	121,549	0	70.00
70.01 07001 SLEEP DISORDER	0	2,627,076	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	2,933,707	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,503,618	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,083	34,111,722	10,609	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 NUTRITION/DIABETES	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	700,556	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	2,190,159	0	90.00
91.00 09100 EMERGENCY	0	6,469,300	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	2,056,846	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00 Total (lines 50-199)	7,083	138,397,962	10,609	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/28/2017 11:45 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.129367	16,415,591	0	0	2,123,636	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.626524	1,659	0	0	1,039	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.264678	15,250,181	0	0	4,036,387	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.035027	6,074,557	0	0	212,774	57.00
58.00	05800	MRI	0.034355	4,776,296	0	0	164,090	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046744	18,763,946	0	0	877,102	59.00
60.00	06000	LABORATORY	0.130741	8,420,338	1,216	0	1,100,883	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.183327	1,404,365	0	0	257,458	64.00
65.00	06500	RESPIRATORY THERAPY	0.160274	855,668	0	0	137,141	65.00
66.00	06600	PHYSICAL THERAPY	0.221127	72,724	0	0	16,081	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.319256	10,848	0	0	3,463	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080936	12,637,256	0	0	1,022,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.538137	121,549	0	0	65,410	70.00
70.01	07001	SLEEP DISORDER	0.140674	2,627,076	0	0	369,561	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.599921	2,933,707	0	0	1,759,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.015436	2,503,618	0	0	2,542,264	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223092	34,111,722	0	136,759	7,610,052	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.438625	700,556	0	0	307,281	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.266140	2,190,159	0	0	582,889	90.00
91.00	09100	EMERGENCY	0.162792	6,469,300	0	0	1,053,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.850620	2,056,846	0	0	1,749,594	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		138,397,962	1,216	136,759	25,993,056	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		138,397,962	1,216	136,759	25,993,056	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/28/2017 11:45 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	159	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	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	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP DISORDER	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	30,510		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 NUTRITION/DIABETES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	159	30,510		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	159	30,510		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/28/2017 11:45 am
--	--	-----------------------	---	--

		Title XIX		Hospital		Cost		
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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.129367	0	903,412	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.626524	0	513	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.264678	0	960,110	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.035027	0	609,186	0	0	57.00
58.00	05800	MRI	0.034355	0	249,017	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046744	0	451,639	0	0	59.00
60.00	06000	LABORATORY	0.130741	0	858,878	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.183327	0	67,208	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.160274	0	58,397	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.221127	0	257,085	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.319256	0	10,152	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080936	0	306,266	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.538137	0	12,389	0	0	70.00
70.01	07001	SLEEP DISORDER	0.140674	0	169,002	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.599921	0	117,989	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.015436	0	39,439	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223092	0	1,422,993	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.438625	0	13,143	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.266140	0	164,834	0	0	90.00
91.00	09100	EMERGENCY	0.162792	0	1,337,972	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.850620	0	171,160	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	8,180,784	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	8,180,784	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 2/28/2017 11:45 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	116,872	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	321	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	254,120	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	21,338	0		57.00
58.00 05800 MRI	8,555	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	21,111	0		59.00
60.00 06000 LABORATORY	112,291	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	12,321	0		64.00
65.00 06500 RESPIRATORY THERAPY	9,360	0		65.00
66.00 06600 PHYSICAL THERAPY	56,848	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	3,241	0		68.00
69.00 06900 ELECTROCARDIOLOGY	24,788	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	6,667	0		70.00
70.01 07001 SLEEP DISORDER	23,774	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	70,784	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	40,048	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	317,458	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 NUTRITION/DIABETES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	5,765	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	43,869	0		90.00
91.00 09100 EMERGENCY	217,811	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	145,592	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	1,512,934	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	1,512,934	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/28/2017 11:45 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,684	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,684	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)		37,172	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		18,902	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		41,140,731	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		41,140,731	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		41,140,731	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		900.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,022,196	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)		17,022,196	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/28/2017 11:45 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	4,688,517	3,783	1,239.36	1,930	2,391,965	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					26,910,018	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,324,179	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,786,575	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,364,571	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,151,146	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,173,033	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)					8,512	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					900.55	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,665,482	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/28/2017 11:45 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	3,948,493	41,140,731	0.095975	7,665,482	735,695	90.00
91.00	Nursing School cost	0	41,140,731	0.000000	7,665,482	0	91.00
92.00	Allied health cost	0	41,140,731	0.000000	7,665,482	0	92.00
93.00	All other Medical Education	0	41,140,731	0.000000	7,665,482	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 2/28/2017 11:45 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,684	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,684	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)		37,172	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		484	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)		2,191	15.00
16.00	Nursery days (title V or XIX only)		29	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		41,134,427	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		41,134,427	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		41,134,427	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		900.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		435,798	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)		435,798	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 2/28/2017 11:45 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)	1,225,244	2,191	559.22	29	16,217	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,688,517	3,783	1,239.36	50	61,968	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					1,042,902	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,556,885	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)					8,512	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					900.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,664,290	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 2/28/2017 11:45 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	3,948,493	41,134,427	0.095990	7,664,290	735,695	90.00
91.00	Nursing School cost	0	41,134,427	0.000000	7,664,290	0	91.00
92.00	Allied health cost	0	41,134,427	0.000000	7,664,290	0	92.00
93.00	All other Medical Education	0	41,134,427	0.000000	7,664,290	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		20,402,927	30.00
31.00	03100	INTENSIVE CARE UNIT		3,267,212	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.129367	25,859,264	3,345,335 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.626524	95,599	59,895 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.264678	5,518,075	1,460,513 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.035027	6,372,487	223,209 57.00
58.00	05800	MRI	0.034355	2,790,261	95,859 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046744	18,394,996	859,856 59.00
60.00	06000	LABORATORY	0.130741	19,761,699	2,583,664 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.183327	28,540	5,232 64.00
65.00	06500	RESPIRATORY THERAPY	0.160274	8,888,405	1,424,580 65.00
66.00	06600	PHYSICAL THERAPY	0.221127	2,503,057	553,493 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.319256	489,674	156,331 68.00
69.00	06900	ELECTROCARDIOLOGY	0.080936	8,092,613	654,984 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.538137	63,722	34,291 70.00
70.01	07001	SLEEP DISORDER	0.140674	47,161	6,634 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.599921	5,261,746	3,156,632 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.015436	5,213,797	5,294,277 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223092	22,773,652	5,080,620 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.438625	1,666	731 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.266140	422,927	112,558 90.00
91.00	09100	EMERGENCY	0.162792	6,061,738	986,802 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.850620	957,563	814,522 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		139,598,642	26,910,018 200.00
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)		139,598,642	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 2/28/2017 11:45 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		990,177	30.00
31.00	03100	INTENSIVE CARE UNIT		147,186	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.129367	816,581	105,639 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.626524	207,820	130,204 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.264678	214,235	56,703 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.035027	211,146	7,396 57.00
58.00	05800	MRI	0.034355	107,811	3,704 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046744	494,783	23,128 59.00
60.00	06000	LABORATORY	0.130741	831,474	108,708 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.183327	1,452	266 64.00
65.00	06500	RESPIRATORY THERAPY	0.160274	305,540	48,970 65.00
66.00	06600	PHYSICAL THERAPY	0.221127	72,877	16,115 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.319256	15,593	4,978 68.00
69.00	06900	ELECTROCARDIOLOGY	0.080936	199,084	16,113 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.538137	1,268	682 70.00
70.01	07001	SLEEP DISORDER	0.140674	4,025	566 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.599921	166,476	99,872 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.015436	139,989	142,150 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223092	893,208	199,268 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.438625	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.266140	72,904	19,403 90.00
91.00	09100	EMERGENCY	0.162792	198,464	32,308 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.850620	31,423	26,729 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		4,986,153	1,042,902 200.00
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)		4,986,153	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/28/2017 11:45 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		40,254,846	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	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)		624,695	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		9,483,760	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		181.92	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.19	31.00
32.00	Sum of lines 30 and 31		20.70	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.29	33.00
34.00	Disproportionate share adjustment (see instructions)		633,008	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/28/2017 11:45 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	0	35.00
35.01	Factor 3 (see instructions)		0.000271767	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,740,976	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,303,354	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,303,354		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		42,815,903		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		42,815,903		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,402,759		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		10,813		54.00
54.01	Islet isolation add-on payment				54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		7,083		58.00
59.00	Total (sum of amounts on lines 49 through 58)		46,236,558		59.00
60.00	Primary payer payments		35,626		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		46,200,932		61.00
62.00	Deductibles billed to program beneficiaries		4,102,095		62.00
63.00	Coinurance billed to program beneficiaries		110,404		63.00
64.00	Allowable bad debts (see instructions)		273,969		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		178,080		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		105,393		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,166,513		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)		-150,526		70.93
70.94	HRR adjustment amount (see instructions)		-120,799		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 2/28/2017 11:45 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			459,582	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			41,435,606	71.00
71.01	Sequestration adjustment (see instructions)			828,712	71.01
72.00	Interim payments			40,394,251	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)			212,643	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			436,071	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/28/2017 11:45 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	40,254,846	40,254,846		40,254,846	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	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	624,695	624,695	0	624,695	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	9,483,760	9,483,760	0	9,483,760	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0629	0.0629	0.0629		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	633,008	633,008	0	633,008	11.00
11.01	Uncompensated care payments	36.00	1,303,354	1,303,354	0	1,303,354	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,815,903	42,815,903	0	42,815,903	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	42,815,903	42,815,903	0	42,815,903	15.00
16.00	Payment for inpatient program capital	50.00	3,402,759	3,402,759	0	3,402,759	16.00
17.00	Special add-on payments for new technologies	54.00	10,813	10,813	0	10,813	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			46,229,475	0	46,229,475	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/28/2017 11:45 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	3,195,224	3,195,224	0	3,195,224	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	70,779	70,779	0	70,779	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	0.0428	0.0428	0.0428		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	136,756	136,756	0	136,756	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,402,759	3,402,759	0	3,402,759	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-150,526	-150,523	-3	-150,526	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	-120,799	-120,799	0	-120,799	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		459,582	0	459,582	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 2/28/2017 11:45 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		30,669	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		25,982,447	2.00
3.00	PPS payments		27,292,726	3.00
4.00	Outlier payment (see instructions)		10,046	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		10,609	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,669	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		137,975	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)		137,975	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		137,975	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		107,306	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)		30,669	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)		27,313,381	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,309,145	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)		22,034,905	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)		22,034,905	30.00
31.00	Primary payer payments		52,086	31.00
32.00	Subtotal (line 30 minus line 31)		21,982,819	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		869,694	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		565,301	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		744,471	36.00
37.00	Subtotal (see instructions)		22,548,120	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS FROM PS&R		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		22,548,120	40.00
40.01	Sequestration adjustment (see instructions)		450,962	40.01
41.00	Interim payments		22,047,449	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		49,709	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0044		Period: From 01/01/2016 To 09/30/2016		Worksheet E-1 Part I Date/Time Prepared: 2/28/2017 11:45 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		40,394,251		21,853,849	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	07/12/2016	57,100	3.01	
3.02			0	07/15/2016	136,500	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		193,600	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)		40,394,251		22,047,449	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		212,643		49,709	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		40,606,894		22,097,158	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: 15-0044

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
2/28/2017 11:45 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			0 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			0 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			0 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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPSS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet E-3 Part VII Date/Time Prepared: 2/28/2017 11:45 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		1,556,885		1.00
2.00	Medical and other services			1,512,934	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,556,885	1,512,934	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,556,885	1,512,934	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		4,986,153	8,180,784	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		4,986,153	8,180,784	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		4,986,153	8,180,784	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		3,429,268	6,667,850	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		1,556,885	1,512,934	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,556,885	1,512,934	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,556,885	1,512,934	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,556,885	1,512,934	36.00
37.00	OTHER ADJUSTMENTS		9,549	9,277	37.00
38.00	Subtotal (line 36 ± line 37)		1,566,434	1,522,211	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1,566,434	1,522,211	40.00
41.00	Interim payments		1,566,434	1,522,211	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0044

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

Worksheet G

Date/Time Prepared:  
2/28/2017 11:45 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	22,629,106	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	102,691,443	0	0	0	4.00
5.00	Other receivable	783,502	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-26,589,183	0	0	0	6.00
7.00	Inventory	4,848,952	0	0	0	7.00
8.00	Prepaid expenses	2,558,813	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	106,922,633	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,437,951	0	0	0	12.00
13.00	Land improvements	4,610,703	0	0	0	13.00
14.00	Accumulated depreciation	-3,365,195	0	0	0	14.00
15.00	Buildings	135,000,707	0	0	0	15.00
16.00	Accumulated depreciation	-65,046,934	0	0	0	16.00
17.00	Leasehold improvements	4,728,964	0	0	0	17.00
18.00	Accumulated depreciation	-3,276,955	0	0	0	18.00
19.00	Fixed equipment	18,974,936	0	0	0	19.00
20.00	Accumulated depreciation	-14,152,316	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	148,757,802	0	0	0	23.00
24.00	Accumulated depreciation	-118,600,731	0	0	0	24.00
25.00	Minor equipment depreciable	515,218	0	0	0	25.00
26.00	Accumulated depreciation	-336,527	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)	114,247,623	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	7,107,276	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-1,287,758	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,819,518	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	226,989,774	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	13,053,758	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,862,148	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,081,464	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	-4,609,683	0	0	0	43.00
44.00	Other current liabilities	1,250,961	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,638,648	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	88,864,999	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	88,864,999	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	113,503,647	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	113,486,127				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)	113,486,127	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	226,989,774	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0044

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

Worksheet G-1

Date/Time Prepared:  
2/28/2017 11:45 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		133,339,845		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-19,853,718				2.00
3.00	Total (sum of line 1 and line 2)		113,486,127		0		3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		113,486,127		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		113,486,127		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0044

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/28/2017 11:45 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	56,051,691		56,051,691	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	56,051,691		56,051,691	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,170,179		7,170,179	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,170,179		7,170,179	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	63,221,870		63,221,870	17.00
18.00	Ancillary services	266,919,668	387,674,008	654,593,676	18.00
19.00	Outpatient services	12,211,871	49,302,663	61,514,534	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		4,328,702	4,328,702	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	IDENTIFIED ON TRIAL BALANCE	16,228,247	66,546,329	82,774,576	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	358,581,656	507,851,702	866,433,358	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		275,091,342		29.00
30.00	EXPENSES NOT INCLUDED ON WORKSHEET A	18,614,022			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)		18,614,022		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)		293,705,364		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0044

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

Worksheet G-3

Date/Time Prepared:  
2/28/2017 11:45 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	866,433,358	1.00
2.00	Less contractual allowances and discounts on patients' accounts	588,190,355	2.00
3.00	Net patient revenues (line 1 minus line 2)	278,243,003	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	293,705,364	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,462,361	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-7,695,138	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	796,169	11.00
12.00	Parking lot receipts	307,440	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	902,444	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	13,658	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	142,520	21.00
22.00	Rental of hospital space	30,924	22.00
23.00	Governmental appropriations	1,946,595	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	-835,969	24.00
25.00	Total other income (sum of lines 6-24)	-4,391,357	25.00
26.00	Total (line 5 plus line 25)	-19,853,718	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)	-19,853,718	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0044

Period: From 01/01/2016

Worksheet H

HHA CCN: 15-7152

To 09/30/2016

Date/Time Prepared: 2/28/2017 11:45 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		3,245	3,245	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	144,754	0	0	144,754	4.00
5.00	Administrative and General	2,119,383	0	119,145	505,932	2,744,460	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	31,943	31,943	12.00
13.00	Drugs	0	0	0	637	637	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,119,383	144,754	119,145	541,757	2,925,039	24.00
	Reclassification		Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	3,245	0	3,245		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	144,754	0	144,754		4.00
5.00	Administrative and General	-1,507,941	1,236,519	-426,966	809,553		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	798,795	798,795	0	798,795		6.00
7.00	Physical Therapy	476,437	476,437	0	476,437		7.00
8.00	Occupational Therapy	133,521	133,521	0	133,521		8.00
9.00	Speech Pathology	49,170	49,170	0	49,170		9.00
10.00	Medical Social Services	16,955	16,955	0	16,955		10.00
11.00	Home Health Aide	33,063	33,063	0	33,063		11.00
12.00	Supplies (see instructions)	0	31,943	0	31,943		12.00
13.00	Drugs	0	637	0	637		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	2,925,039	-426,966	2,498,073		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.  
2/28/2017 11:45 am

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet H-1 Part I Date/Time Prepared: 2/28/2017 11:45 am
		HHA CCN: 15-7152	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (col s. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	3,245		3,245		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	144,754	0	0	144,754	0	4.00
5.00	Administrative and General	809,553	0	3,245	0	812,798	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	798,795	0	0	72,086	870,881	6.00
7.00	Physical Therapy	476,437	0	0	44,461	520,898	7.00
8.00	Occupational Therapy	133,521	0	0	12,549	146,070	8.00
9.00	Speech Pathology	49,170	0	0	3,046	52,216	9.00
10.00	Medical Social Services	16,955	0	0	1,674	18,629	10.00
11.00	Home Health Aide	33,063	0	0	10,938	44,001	11.00
12.00	Supplies (see instructions)	31,943	0	0	0	31,943	12.00
13.00	Drugs	637	0	0	0	637	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,498,073	0	3,245	144,754	2,498,073	24.00
		Administrative & General	Total (col s. 4A + 5)				
		5.00	6.00				

<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	812,798					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	420,021	1,290,902				6.00
7.00	Physical Therapy	251,226	772,124				7.00
8.00	Occupational Therapy	70,449	216,519				8.00
9.00	Speech Pathology	25,183	77,399				9.00
10.00	Medical Social Services	8,985	27,614				10.00
11.00	Home Health Aide	21,221	65,222				11.00
12.00	Supplies (see instructions)	15,406	47,349				12.00
13.00	Drugs	307	944				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		2,498,073				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0044 HHA CCN: 15-7152		Period: From 01/01/2016 To 09/30/2016		Worksheet H-1 Part II Date/Time Prepared: 2/28/2017 11:45 am	
				Home Health Agency I		PPS	
	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					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		19,814			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	23,093		4.00
5.00	Administrative and General	0	19,814	0	0	-812,798	1,685,275
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	11,500	0	870,881
7.00	Physical Therapy	0	0	0	7,093	0	520,898
8.00	Occupational Therapy	0	0	0	2,002	0	146,070
9.00	Speech Pathology	0	0	0	486	0	52,216
10.00	Medical Social Services	0	0	0	267	0	18,629
11.00	Home Health Aide	0	0	0	1,745	0	44,001
12.00	Supplies (see instructions)	0	0	0	0	0	31,943
13.00	Drugs	0	0	0	0	0	637
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	19,814	0	23,093	-812,798	1,685,275
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	3,245	0	144,754		812,798
26.00	Unit Cost Multiplier	0.000000	0.163773	0.000000	6.268306		0.482294

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0044

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7152

To 09/30/2016

Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

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	0	21,093	225,678	246,771	30,256	1.00
2.00 Skilled Nursing Care	1,290,902	0	0	294,828	1,585,730	194,426	2.00
3.00 Physical Therapy	772,124	0	0	175,849	947,973	116,230	3.00
4.00 Occupational Therapy	216,519	0	0	49,281	265,800	32,589	4.00
5.00 Speech Pathology	77,399	0	0	18,148	95,547	11,715	5.00
6.00 Medical Social Services	27,614	0	0	6,258	33,872	4,153	6.00
7.00 Home Health Aide	65,222	0	0	12,203	77,425	9,493	7.00
8.00 Supplies (see instructions)	47,349	0	0	0	47,349	5,805	8.00
9.00 Drugs	944	0	0	0	944	116	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	2,498,073	0	21,093	782,245	3,301,411	404,783	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	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	0	0	0	0	5,747	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	6,258	2.00
3.00 Physical Therapy	0	0	0	0	0	2,996	3.00
4.00 Occupational Therapy	0	0	0	0	0	928	4.00
5.00 Speech Pathology	0	0	0	0	0	317	5.00
6.00 Medical Social Services	0	0	0	0	0	197	6.00
7.00 Home Health Aide	0	0	0	0	0	681	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	17,124	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: 15-0044

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7152

To 09/30/2016

Part I  
Date/Time Prepared:  
2/28/2017 11:45 am

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	23.00	24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	282,774	0	282,774		1.00	
2.00	Skilled Nursing Care	0	1,786,414	0	1,786,414	146,822	2.00	
3.00	Physical Therapy	0	1,067,199	0	1,067,199	87,712	3.00	
4.00	Occupational Therapy	0	299,317	0	299,317	24,601	4.00	
5.00	Speech Pathology	0	107,579	0	107,579	8,842	5.00	
6.00	Medical Social Services	0	38,222	0	38,222	3,141	6.00	
7.00	Home Health Aide	0	87,599	0	87,599	7,200	7.00	
8.00	Supplies (see instructions)	0	53,154	0	53,154	4,369	8.00	
9.00	Drugs	0	1,060	0	1,060	87	9.00	
10.00	DME	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	0	3,723,318	0	3,723,318	282,774	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.				0.082189		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: 15-0044 HHA CCN: 15-7152	Period: From 01/01/2016 To 09/30/2016	Worksheet H-2 Part II Date/Time Prepared: 2/28/2017 11:45 am
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	19,814	611,442	0	246,771	0	1.00
2.00 Skilled Nursing Care	0	0	798,795	0	1,585,730	0	2.00
3.00 Physical Therapy	0	0	476,437	0	947,973	0	3.00
4.00 Occupational Therapy	0	0	133,521	0	265,800	0	4.00
5.00 Speech Pathology	0	0	49,170	0	95,547	0	5.00
6.00 Medical Social Services	0	0	16,955	0	33,872	0	6.00
7.00 Home Health Aide	0	0	33,063	0	77,425	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	47,349	0	8.00
9.00 Drugs	0	0	0	0	944	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	19,814	2,119,383		3,301,411	0	20.00
21.00 Total cost to be allocated	0	21,093	782,245		404,783	0	21.00
22.00 Unit cost multiplier	0.000000	1.064550	0.369091		0.122609	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	0	0	0	0	20,086	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	21,874	0	2.00
3.00 Physical Therapy	0	0	0	0	10,470	0	3.00
4.00 Occupational Therapy	0	0	0	0	3,242	0	4.00
5.00 Speech Pathology	0	0	0	0	1,107	0	5.00
6.00 Medical Social Services	0	0	0	0	689	0	6.00
7.00 Home Health Aide	0	0	0	0	2,380	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	59,848	0	20.00
21.00 Total cost to be allocated	0	0	0	0	17,124	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.286125	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet H-2 Part II Date/Time Prepared: 2/28/2017 11:45 am
	HHA CCN: 15-7152	Home Health Agency I	PPS

Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	17.00	23.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 01/01/2016 To 09/30/2016	Worksheet H-3 Part I Date/Time Prepared: 2/28/2017 11:45 am		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,933,236		1,933,236	11,500	168.11	1.00
2.00	Physical Therapy	3.00	1,154,911	0	1,154,911	7,093	162.82	2.00
3.00	Occupational Therapy	4.00	323,918	0	323,918	2,002	161.80	3.00
4.00	Speech Pathology	5.00	116,421	0	116,421	486	239.55	4.00
5.00	Medical Social Services	6.00	41,363		41,363	267	154.92	5.00
6.00	Home Health Aide	7.00	94,799		94,799	1,745	54.33	6.00
7.00	Total (sum of lines 1-6)		3,664,648	0	3,664,648	23,093		7.00
				Program Visits				
Cost Center Description		Cost Limits	CBSA No. (1)	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		31140	0	7,434			8.00
9.00	Physical Therapy		31140	0	4,234			9.00
10.00	Occupational Therapy		31140	0	1,353			10.00
11.00	Speech Pathology		31140	0	323			11.00
12.00	Medical Social Services		31140	0	184			12.00
13.00	Home Health Aide		31140	0	1,564			13.00
14.00	Total (sum of lines 8-13)			0	15,092			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (From HHA Records)	Ratio (col. 3 + col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	57,523	0	57,523	95,650	0.601390	15.00
16.00	Cost of Drugs	9.00	1,147	0	1,147	0	0.000000	16.00
				Program Visits			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	
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	7,434		0	1,249,730		1.00
2.00	Physical Therapy	0	4,234		0	689,380		2.00
3.00	Occupational Therapy	0	1,353		0	218,915		3.00
4.00	Speech Pathology	0	323		0	77,375		4.00
5.00	Medical Social Services	0	184		0	28,505		5.00
6.00	Home Health Aide	0	1,564		0	84,972		6.00
7.00	Total (sum of lines 1-6)	0	15,092		0	2,348,877		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet H-3 Part I
				HHA CCN: 15-7152		Date/Time Prepared: 2/28/2017 11:45 am
				Title XVIII	Home Health Agency I	PPS

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

Cost Center Description	Program Covered Charges			Cost of Services	Part A	Part B		
	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	78,087	0	0	46,961	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

Cost Center Description		Total Program Cost (sum of cols. 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	1,249,730	1.00
2.00	Physical Therapy	689,380	2.00
3.00	Occupational Therapy	218,915	3.00
4.00	Speech Pathology	77,375	4.00
5.00	Medical Social Services	28,505	5.00
6.00	Home Health Aide	84,972	6.00
7.00	Total (sum of lines 1-6)	2,348,877	7.00

Cost Center Description		
		12.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 01/01/2016 To 09/30/2016	Worksheet H-3 Part II Date/Time Prepared: 2/28/2017 11:45 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.221127	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.319256	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.599921	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.223092	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 01/01/2016 To 09/30/2016	Worksheet H-4 Part I-II Date/Time Prepared: 2/28/2017 11:45 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,508,733
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	24,913
13.00	Total PPS Reimbursement - LUPA Episodes		0	49,713
14.00	Total PPS Reimbursement - PEP Episodes		0	19,719
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	4,820
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	56
17.00	Total Other Payments		0	-300
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	2,607,654
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,607,654
25.00	Coinurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		0	2,607,654
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,607,654
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	2,607,654
31.01	Sequestration adjustment (see instructions)		0	52,153
32.00	Interim payments (see instructions)		0	2,555,501
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet H-5
	HHA CCN: 15-7152	Home Health Agency I	Date/Time Prepared: 2/28/2017 11:45 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		2,555,501	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		2,555,501	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,555,501	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 2/28/2017 11:45 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,195,224	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		70,779	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)		151.61	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)		5.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.19	8.00
9.00	Sum of lines 7 and 8		20.70	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.28	10.00
11.00	Disproportionate share adjustment (see instructions)		136,756	11.00
12.00	Total prospective capital payments (see instructions)		3,402,759	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00