

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 4/14/2017 11:42 am
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PART I - COST REPORT STATUS

Provider use only

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

Date: 4/14/2017 Time: 11:42 am

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.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHSHORE UNIVERSITY HEALTHSYSTEM (14-0010) for the cost reporting period beginning 10/01/2015 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.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	517,632	228,071	0	0	1.00
2.00 Subprovider - IPF	0	88,416	1		0	2.00
3.00 Subprovider - IRF	0	-54,232	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	551,816	228,072	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0010		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 4/14/2017 11:37 am					
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 2650 RIDGE AVENUE			PO Box:							1.00		
2.00	City: EVANSTON			State: IL		Zip Code: 60201		County: COOK			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			NORTHSHORE UNIVERSITY HEALTHSYSTEM		140010	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF			PSYCHIATRY UNIT		14S010	16974	4	10/01/1983	N	P	O	4.00
5.00	Subprovider - IRF			REHABILITATION UNIT		14T010	16974	5	10/01/1983	N	P	O	5.00
6.00	Subprovider - (Other)												6.00
7.00	Swing Beds - SNF												7.00
8.00	Swing Beds - NF												8.00
9.00	Hospital-Based SNF			TRANSITIONAL CARE CENTER		14S855	16974		11/27/1995	N	P	N	9.00
10.00	Hospital-Based NF												10.00
11.00	Hospital-Based OLTC												11.00
12.00	Hospital-Based HHA			HOME HEALTH		147001	16974		01/01/1966	N	P	N	12.00
13.00	Separately Certified ASC												13.00
14.00	Hospital-Based Hospice			HOSPICE		141522	16974		07/01/1979				14.00
15.00	Hospital-Based Health Clinic - RHC												15.00
16.00	Hospital-Based Health Clinic - FOHC												16.00
17.00	Hospital-Based (CMHC) I												17.00
18.00	Renal Dialysis												18.00
18.01													18.01
19.00	Other												19.00
							From:		To:				
							1.00		2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2015		09/30/2016		20.00		
21.00	Type of Control (see instructions)						2				21.00		
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								1		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.			16,176	5,334	0	0	1,507	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			347	7	0	0	0	0		25.00		

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		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					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		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
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		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,652,337		27,157,195		-11,000,000	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 4/14/2017 11:37 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)		Y			140.00		
		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00		
142.00	Street:	PO Box:				142.00		
143.00	City:	State:		Zip Code:		143.00		
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00		
				1.00 2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N			146.00		
				1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
				1.00				
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		Y			165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	EVANSTON HOSPITAL	COOK	IL	60201	16974	2,145.00	166.00
166.01		GLENBROOK HOSPITAL	COOK	IL	60026	16974	887.00	166.01
166.02		HIGHLAND PARK HOSPITAL	LAKE	IL	60035	29404	796.00	166.02
166.03		SKOKIE HOSPITAL	COOK	IL	60076	16974	776.00	166.03
				1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y			167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part I Date/Time Prepared: 4/14/2017 11:37 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)		10/01/2016	12/29/2016	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. I, 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)		Y	10,800	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 4/14/2017 11:37 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.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	02/09/2017	Y	02/09/2017		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: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 4/14/2017 11:37 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARIA MONET		ABERIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5128		MABERIN@NORTHSHORE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-2
Part II
Date/Time Prepared:
4/14/2017 11:37 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMBURSEMENT ANALYST	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: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
4/14/2017 11:37 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	618	212,912	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)		618	212,912	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	71	25,986	0.00	0	8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,104	0.00	0	8.01
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						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		733	255,002	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,078		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	6,954		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		789				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)		7	2,562			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: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
4/14/2017 11:37 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	61,242	12,173	123,931			1.00
2.00 HMO and other (see instructions)	10,800	6,909				2.00
3.00 HMO IPF Subprovider	363	513				3.00
4.00 HMO IRF Subprovider	229	88				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)	61,242	12,173	123,931			7.00
8.00 INTENSIVE CARE UNIT	8,145	1,657	16,874			8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	0	1,241	12,639			8.01
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						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,037	10,559			13.00
14.00 Total (see instructions)	69,387	16,108	164,003	197.75	5,869.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,177	437	9,751	4.53	63.00	16.00
17.00 SUBPROVIDER - IRF	3,166	266	5,448	0.97	25.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	45,774	1,489	70,695	0.00	102.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	39.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				0.00	0.00	26.25
27.00 Total (sum of lines 14-26)	0	0	0	203.25	6,098.00	27.00
28.00 Observation Bed Days		3,213	29,349			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
4/14/2017 11:37 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	16,019	3,702	36,632	1.00
2.00	HMO and other (see instructions)			2,357	1,543		2.00
3.00	HMO IPF Subprovider				99		3.00
4.00	HMO IRF Subprovider				8		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
8.01	INFANT SPECIAL CARE UNIT (ISCU)						8.01
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	16,019	3,702	36,632	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	262	90	1,642	16.00
17.00	SUBPROVIDER - IRF	0.00	0	224	23	412	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0010		Period: From 10/01/2015 To 09/30/2016		Worksheet S-3 Part II Date/Time Prepared: 4/14/2017 11:37 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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	523,881,647	0	523,881,647	12,682,467.00	41.31	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		17,373,639	0	17,373,639	87,114.00	199.44	4.00
4.01	Physicians - Part A - Teaching		8,795,220	0	8,795,220	48,606.00	180.95	4.01
5.00	Physician and Non-Physician-Part B		35,099,453	0	35,099,453	381,926.00	91.90	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)		16,894,132	0	16,894,132	427,877.00	39.48	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)		27,372,194	1,284,076	28,656,270	794,732.00	36.06	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		24,003,184	0	24,003,184	669,893.00	35.83	11.00
12.00	Contract labor: Top level management and other management and administrative services		4,291,551	0	4,291,551	93,347.00	45.97	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		6,334,036	0	6,334,036	42,554.00	148.85	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
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		132,591,009	0	132,591,009			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		9,000,142	0	9,000,142			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		3,258,579	0	3,258,579			22.00
22.01	Physician Part A - Teaching		1,674,710	0	1,674,710			22.01
23.00	Physician Part B		7,729,962	0	7,729,962			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
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	10,186,363	13,542	10,199,905	212,218.00	48.06	26.00
27.00	Administrative & General	5.00	128,480,200	-25,528,388	102,951,812	1,702,535.00	60.47	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
4/14/2017 11:37 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	30,654,802	0	30,654,802	229,714.00	133.45	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	473,451	0	473,451	8,267.00	57.27	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	11,259,302	0	11,259,302	583,369.00	19.30	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	8,633,999	0	8,633,999	403,441.00	21.40	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	6,178,186	0	6,178,186	143,238.00	43.13	38.00
39.00	Central Services and Supply	4,083,296	0	4,083,296	211,347.00	19.32	39.00
40.00	Pharmacy	14,194,592	0	14,194,592	340,123.00	41.73	40.00
41.00	Medical Records & Medical Records Library	4,543,417	0	4,543,417	162,735.00	27.92	41.00
42.00	Social Service	5,088,619	0	5,088,619	129,171.00	39.39	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
4/14/2017 11:37 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	513,640,945	0	513,640,945	13,040,582.00	39.39	1.00
2.00	Excluded area salaries (see instructions)	27,372,194	1,284,076	28,656,270	794,732.00	36.06	2.00
3.00	Subtotal salaries (line 1 minus line 2)	486,268,751	-1,284,076	484,984,675	12,245,850.00	39.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	34,628,771	0	34,628,771	805,794.00	42.97	4.00
5.00	Subtotal wage-related costs (see inst.)	135,849,588	0	135,849,588	0.00	28.01	5.00
6.00	Total (sum of lines 3 thru 5)	656,747,110	-1,284,076	655,463,034	13,051,644.00	50.22	6.00
7.00	Total overhead cost (see instructions)	223,776,227	-25,514,846	198,261,381	4,126,158.00	48.05	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 4/14/2017 11:37 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		50,143,113	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		32,147,895	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		2,702,636	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	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)		63,940,522	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		30,200	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		973,667	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)		2,531,490	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,704,907	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		32,271,955	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		315,902	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		-37,139,827	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		3,631,943	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		154,254,403	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part V Date/Time Prepared: 4/14/2017 11:37 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	24,003,184	154,254,402	1.00
2.00	Hospital	24,003,184	132,591,009	2.00
3.00	Subprovider - IPF	0	1,474,369	3.00
4.00	Subprovider - IRF	0	589,587	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			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	2,398,050	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	926,107	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	16,275,280	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0010 Component CCN: 14-7001		Period: From 10/01/2015 To 09/30/2016		Worksheet S-4 Date/Time Prepared: 4/14/2017 11:37 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK COUNTY AND LAKE		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	3,310	0	1,266	4,576	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,687.00	90.00	1,732.00	4,419.00	2.00
				Number of Employees (Full Time Equivalent)			
				Staff	Contract	Total	
		Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.46	0.00	0.46	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			36.06	0.00	36.06	5.00
6.00	Direct Nursing Service			38.69	0.00	38.69	6.00
7.00	Nursing Supervisor			3.00	0.00	3.00	7.00
8.00	Physical Therapy Service			24.14	0.00	24.14	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.30	0.00	3.30	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.95	0.00	0.95	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.20	0.00	2.20	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME & MED REC TEACHERS, CLINICAL PR			1.89	0.00	1.89	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
20.01				29404			20.01
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	20,055	390	548	318	21,311	21.00
22.00	Skilled Nursing Visit Charges	4,213,860	81,900	115,290	66,780	4,477,830	22.00
23.00	Physical Therapy Visits	18,899	109	218	269	19,495	23.00
24.00	Physical Therapy Visit Charges	3,963,750	22,890	45,780	56,490	4,088,910	24.00
25.00	Occupational Therapy Visits	2,577	43	2	25	2,647	25.00
26.00	Occupational Therapy Visit Charges	539,700	9,030	420	5,250	554,400	26.00
27.00	Speech Pathology Visits	490	42	0	10	542	27.00
28.00	Speech Pathology Visit Charges	108,290	9,282	0	2,210	119,782	28.00
29.00	Medical Social Service Visits	382	5	10	7	404	29.00
30.00	Medical Social Service Visit Charges	96,264	1,260	2,520	1,764	101,808	30.00
31.00	Home Health Aide Visits	1,291	77	1	6	1,375	31.00
32.00	Home Health Aide Visit Charges	170,544	10,164	132	792	181,632	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	43,694	666	779	635	45,774	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	9,092,408	134,526	164,142	133,286	9,524,362	35.00
36.00	Total Number of Episodes (standard/non outlier)	3,036		293	57	3,386	36.00
37.00	Total Number of Outlier Episodes		16		1	17	37.00
38.00	Total Non-Routine Medical Supply Charges	102,072	8,528	7,164	1,381	119,145	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-7

Date/Time Prepared:
4/14/2017 11:37 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-7

Date/Time Prepared:
4/14/2017 11:37 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0010
Hospice CCN: 14-1522

Period:
From 10/01/2015
To 09/30/2016

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
4/14/2017 11:37 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	32,908	2,090	3,495	38,493	11.00
12.00	Hospice Inpatient Respite Care	131	5	0	136	12.00
13.00	Hospice General Inpatient Care	1,544	156	413	2,113	13.00
14.00	Total Hospice Days	34,583	2,251	3,908	40,742	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 4/14/2017 11:37 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.253772	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		61,995,537	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		360,698,674	6.00
7.00	Medicaid cost (line 1 times line 6)		91,535,224	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)		29,539,687	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		29,539,687	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)	36,504,572	6,560,707	43,065,279
21.00	Cost of patients approved for charity care (line 1 times line 20)	9,263,838	1,664,924	10,928,762
22.00	Partial payment by patients approved for charity care	124,178	463,488	587,666
23.00	Cost of charity care (line 21 minus line 22)	9,139,660	1,201,436	10,341,096
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		45,013,954	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,483,586	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		42,530,368	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		10,793,017	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		21,134,113	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		50,673,800	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		72,632,574	72,632,574	7,262,984	79,895,558	1.00
2.00	00200		35,532,529	35,532,529	0	35,532,529	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	10,186,363	20,235,193	30,421,556	13,542	30,435,098	4.00
5.00	00500	128,480,200	152,008,296	280,488,496	-46,489,148	233,999,348	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	473,451	49,131,225	49,604,676	-23	49,604,653	7.00
8.00	00800	0	3,380,544	3,380,544	0	3,380,544	8.00
9.00	00900	0	13,614,164	13,614,164	-3,858	13,610,306	9.00
10.00	01000	0	13,244,310	13,244,310	-32	13,244,278	10.00
11.00	01100	0	4,481,912	4,481,912	0	4,481,912	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	6,178,186	1,402,940	7,581,126	-52	7,581,074	13.00
14.00	01400	4,083,296	9,270,949	13,354,245	-4,880,822	8,473,423	14.00
15.00	01500	14,194,592	106,332,984	120,527,576	-102,678,973	17,848,603	15.00
16.00	01600	4,543,417	2,340,197	6,883,614	0	6,883,614	16.00
17.00	01700	5,088,619	2,276,537	7,365,156	-169	7,364,987	17.00
18.00	01080	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	34,484,797	23,008,026	57,492,823	-9,201,005	48,291,818	22.00
23.00	02300	1,341,351	383,578	1,724,929	0	1,724,929	23.00
23.01	02301	49,362	21,839	71,201	207,602	278,803	23.01
23.02	02302	615,345	231,448	846,793	0	846,793	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	79,758,934	23,677,361	103,436,295	2,111,191	105,547,486	30.00
31.00	03100	16,241,453	5,621,436	21,862,889	-414,183	21,448,706	31.00
31.01	03101	7,807,718	2,442,437	10,250,155	-30,051	10,220,104	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	4,394,547	1,147,235	5,541,782	-46,945	5,494,837	40.00
41.00	04100	1,621,959	500,858	2,122,817	-3,825	2,118,992	41.00
43.00	04300	0	0	0	2,531,909	2,531,909	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	19,398,421	76,689,724	96,088,145	-63,501,197	32,586,948	50.00
51.00	05100	4,036,374	1,443,743	5,480,117	-157,566	5,322,551	51.00
52.00	05200	7,222,150	3,282,084	10,504,234	-1,832,434	8,671,800	52.00
53.00	05300	2,333,989	4,894,934	7,228,923	-200,025	7,028,898	53.00
54.00	05400	25,390,791	16,950,705	42,341,496	-6,378,559	35,962,937	54.00
55.00	05500	4,146,712	2,249,337	6,396,049	-5,470	6,390,579	55.00
56.00	05600	3,215,646	3,189,066	6,404,712	-11,411	6,393,301	56.00
57.00	05700	3,505,937	2,513,066	6,019,003	-160,345	5,858,658	57.00
58.00	05800	4,038,356	2,851,463	6,889,819	-678,470	6,211,349	58.00
59.00	05900	2,688,812	14,564,178	17,252,990	-13,348,354	3,904,636	59.00
60.00	06000	21,601,700	30,901,244	52,502,944	-6,234,898	46,268,046	60.00
60.01	06001	1,580,568	596,617	2,177,185	-17,386	2,159,799	60.01
63.00	06300	1,235,630	2,081,550	3,317,180	-1,125,468	2,191,712	63.00
64.00	06400	2,073,960	1,407,372	3,481,332	-542,049	2,939,283	64.00
65.00	06500	5,348,683	3,348,555	8,697,238	-23,694	8,673,544	65.00
66.00	06600	18,715,176	6,698,483	25,413,659	-266,010	25,147,649	66.00
67.00	06700	2,490,464	636,768	3,127,232	-15,027	3,112,205	67.00
68.00	06800	952,657	242,823	1,195,480	-2,483	1,192,997	68.00
69.00	06900	4,411,056	7,256,597	11,667,653	-5,779,348	5,888,305	69.00
70.00	07000	1,460,585	654,135	2,114,720	-13,141	2,101,579	70.00
71.00	07100	0	0	0	42,725,436	42,725,436	71.00
72.00	07200	0	0	0	57,444,189	57,444,189	72.00
73.00	07300	0	0	0	102,663,664	102,663,664	73.00
74.00	07400	0	2,227,625	2,227,625	-1,742	2,225,883	74.00
75.00	07500	6,255,265	2,152,637	8,407,902	-14,045	8,393,857	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	682,698	199,530	882,228	-136	882,092	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	25,357,300	34,775,668	60,132,968	54,128,875	114,261,843	90.00
91.00	09100	16,845,497	6,676,776	23,522,273	-341,519	23,180,754	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	8,248,407	5,290,364	13,538,771	0	13,538,771	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
4/14/2017 11:37 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	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		7,262,984	7,262,984	-7,262,984	0	113.00
116.00	11600	HOSPICE	3,397,419	3,419,742	6,817,161	0	6,817,161	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	516,177,843	787,376,342	1,303,554,185	-2,573,455	1,300,980,730	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	7,703,804	88,392,494	96,096,298	2,573,455	98,669,753	193.01
200.00		TOTAL (SUM OF LINES 118-199)	523,881,647	875,768,836	1,399,650,483	0	1,399,650,483	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	79,895,558	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	35,532,529	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-152,553	30,282,545	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-57,386,212	176,613,136	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,381,850	48,222,803	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,380,544	8.00
9.00	00900	HOUSEKEEPING	0	13,610,306	9.00
10.00	01000	DIETARY	-125,588	13,118,690	10.00
11.00	01100	CAFETERIA	-3,833,714	648,198	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	7,581,074	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,473,423	14.00
15.00	01500	PHARMACY	0	17,848,603	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,883,614	16.00
17.00	01700	SOCIAL SERVICE	0	7,364,987	17.00
18.00	01080	SPECIFY SERVICE	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-12,474,910	35,816,908	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	1,724,929	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	-81,266	197,537	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	-846,793	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-18,280,668	87,266,818	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,244,065	20,204,641	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	10,220,104	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	-43,864	5,450,973	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,118,992	41.00
43.00	04300	NURSERY	0	2,531,909	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-61,763	32,525,185	50.00
51.00	05100	RECOVERY ROOM	0	5,322,551	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,671,800	52.00
53.00	05300	ANESTHESIOLOGY	-105,631	6,923,267	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-812,284	35,150,653	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-201,290	6,189,289	55.00
56.00	05600	RADIOISOTOPE	-124,741	6,268,560	56.00
57.00	05700	CT SCAN	0	5,858,658	57.00
58.00	05800	MRI	-60,000	6,151,349	58.00
59.00	05900	CARDIAC CATHETERIZATION	-329,166	3,575,470	59.00
60.00	06000	LABORATORY	3,983,848	50,251,894	60.00
60.01	06001	VASCULAR LAB	-2,106	2,157,693	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,191,712	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,939,283	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,673,544	65.00
66.00	06600	PHYSICAL THERAPY	-264,713	24,882,936	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,112,205	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,192,997	68.00
69.00	06900	ELECTROCARDIOLOGY	-117,626	5,770,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,101,579	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,725,436	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	57,444,189	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	102,663,664	73.00
74.00	07400	RENAL DIALYSIS	0	2,225,883	74.00
75.00	07500	ASC (NON-DISTINCT PART)	521	8,394,378	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-87,316	794,776	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,952,422	112,309,421	90.00
91.00	09100	EMERGENCY	-2,779,225	20,401,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-45,163	13,493,608	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	11,984	6,829,145	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	-98,798,576	1,202,182,154	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100 RESEARCH	25,504,561	25,504,561	191.00
193.01	19301 NON-ALLOWABLE COST	0	98,669,753	193.01
200.00	TOTAL (SUM OF LINES 118-199)	-73,294,015	1,326,356,468	200.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6

Date/Time Prepared:
4/14/2017 11:37 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY RECLASS					
1.00	NURSERY	43.00	1,833,781	698,128	1.00
2.00		0.00	0	0	2.00
	O		1,833,781	698,128	
B - TRANSPORTATION RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	3,941,863	1.00
	O		0	3,941,863	
C - LDRP ROOM CHARGES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	671,647	315,797	1.00
	O		671,647	315,797	
D - IMPLANT DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	57,444,189	1.00
	O		0	57,444,189	
E - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,262,984	1.00
	O		0	7,262,984	
F - PART A BONUS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	13,542	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,197,992	0	2.00
3.00	LABORATORY	60.00	100,000	0	3.00
4.00	PHYSICAL THERAPY	66.00	3,333	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	97,833	0	5.00
	TOTALS		1,412,700	0	
G - PROVIDER BASED RECLASS					
1.00	CLINIC	90.00	35,277,174	22,481,122	1.00
	O		35,277,174	22,481,122	
H - TEACHING PHYSICIAN RECLASS (I & R)					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,649,871	101,235	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
	O		2,649,871	101,235	
I - ADMIN PHYSICIAN RECLASS (I & R)					
1.00	ADMINISTRATIVE & GENERAL	5.00	11,492,456	1,557,590	1.00
	O		11,492,456	1,557,590	
J - GROUP STIPEND RECLASS					
1.00	NON-ALLOWABLE COST	193.01	257,000	0	1.00
2.00		0.00	0	0	2.00
	O		257,000	0	
K - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	102,663,664	1.00
	O		0	102,663,664	
L - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	100,169,625	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

Provider CCN: 14-0010

Period:
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Worksheet A-6

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
	0		0	100,169,625		
N - PARAMED - MEDICAL TECH EXPENSE						
1.00	PARAMED ED PRGM-MEDICAL TECH	23.01	167,510	40,092		1.00
2.00		0.00	0	0		2.00
	0		167,510	40,092		
O - PATHOLOGY RECLASS						
1.00	NON-ALLOWABLE COST	193.01	900,427	1,416,028		1.00
	TOTALS		900,427	1,416,028		
500.00	Grand Total : Increases		54,662,566	298,092,317		500.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,396,338	491,252	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	437,443	206,876	0		2.00
	O		1,833,781	698,128			
B - TRANSPORTATION RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,941,863	0		1.00
	O		0	3,941,863			
C - LDRP ROOM CHARGES RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	671,647	315,797	0		1.00
	O		671,647	315,797			
D - IMPLANT DEVICE RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	57,444,189	0		1.00
	O		0	57,444,189			
E - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	7,262,984	11		1.00
	O		0	7,262,984			
F - PART A BONUS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,410,766	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,934	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		1,412,700	0			
G - PROVIDER BASED RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	35,277,174	22,481,122	0		1.00
	O		35,277,174	22,481,122			
H - TEACHING PHYSICIAN RECLASS (I & R)							
1.00	ADMINISTRATIVE & GENERAL	5.00	175,904	23,841	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	173,228	23,478	0		2.00
3.00	SUBPROVIDER - IPF	40.00	40,861	5,538	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	7,576	1,027	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	4,817	653	0		5.00
6.00	RADIOISOTOPE	56.00	4,419	599	0		6.00
7.00	LABORATORY	60.00	2,203,078	40,679	0		7.00
8.00	VASCULAR LAB	60.01	15,311	2,075	0		8.00
9.00	PHYSICAL THERAPY	66.00	1,455	197	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	5,001	678	0		10.00
11.00	CLINIC	90.00	18,221	2,470	0		11.00
	O		2,649,871	101,235			
I - ADMIN PHYSICIAN RECLASS (I & R)							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	11,492,456	1,557,590	0		1.00
	O		11,492,456	1,557,590			
J - GROUP STIPEND RECLASS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	100,000	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	157,000	0	0		2.00
	O		257,000	0			
K - PHARMACY RECLASS							
1.00	PHARMACY	15.00	0	102,663,664	0		1.00
	O		0	102,663,664			
L - MEDICAL SUPPLIES RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,387	0		1.00
2.00	OPERATION OF PLANT	7.00	0	23	0		2.00
3.00	HOUSEKEEPING	9.00	0	3,858	0		3.00
4.00	DIETARY	10.00	0	32	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	52	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	938,959	0		6.00
7.00	PHARMACY	15.00	0	15,309	0		7.00
8.00	SOCIAL SERVICE	17.00	0	169	0		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	57	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	731,886	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	414,183	0		11.00
12.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	30,051	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	546	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	3,825	0		14.00
15.00	OPERATING ROOM	50.00	0	63,501,197	0		15.00
16.00	RECOVERY ROOM	51.00	0	157,566	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	200,671	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	200,025	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,467,789	0		19.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
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Worksheet A-6

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
20.00	RADIOISOTOPE	56.00	0	6,393	0		20.00
21.00	CT SCAN	57.00	0	160,345	0		21.00
22.00	MRI	58.00	0	678,470	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	13,348,354	0		23.00
24.00	LABORATORY	60.00	0	1,617,185	0		24.00
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,075,367	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	542,049	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	23,694	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	267,691	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	15,027	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	2,483	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	5,773,669	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,141	0		32.00
33.00	RENAL DIALYSIS	74.00	0	1,742	0		33.00
34.00	ASC (NON-DISTINCT PART)	75.00	0	14,045	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	136	0		35.00
36.00	CLINIC	90.00	0	3,608,730	0		36.00
37.00	EMERGENCY	91.00	0	341,519	0		37.00
			0	100,169,625			
N - PARAMED - MEDICAL TECH EXPENSE							
1.00	LABORATORY	60.00	127,106	30,395	0		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	40,404	9,697	0		2.00
			167,510	40,092			
O - PATHOLOGY RECLASS							
1.00	LABORATORY	60.00	900,427	1,416,028	0		1.00
	TOTALS		900,427	1,416,028			
500.00	Grand Total: Decreases		54,662,566	298,092,317			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	71,514,092	0	0	0	1.00
2.00	Land Improvements	33,227,155	2,068,837	0	2,068,837	2.00
3.00	Buildings and Fixtures	1,394,571,546	119,957,882	0	119,957,882	3.00
4.00	Building Improvements	63,332,833	15,120	0	15,120	4.00
5.00	Fixed Equipment	387,679,967	31,096,789	0	31,096,789	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	58,150,382	9,995,763	0	9,995,763	7.00
8.00	Subtotal (sum of lines 1-7)	2,008,475,975	163,134,391	0	163,134,391	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,008,475,975	163,134,391	0	163,134,391	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	71,514,092	0			1.00
2.00	Land Improvements	34,595,628	4,363,484			2.00
3.00	Buildings and Fixtures	1,487,511,392	222,560,486			3.00
4.00	Building Improvements	63,246,008	10,171,933			4.00
5.00	Fixed Equipment	402,983,770	171,719,090			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	58,210,931	58,350,934			7.00
8.00	Subtotal (sum of lines 1-7)	2,118,061,821	467,165,927			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	2,118,061,821	467,165,927			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part II
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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	72,632,574	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,532,529	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	108,165,103	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	72,632,574				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	35,532,529				2.00
3.00	Total (sum of lines 1-2)	0	108,165,103				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-7
Part III
Date/Time Prepared:
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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	1,656,867,120	0	1,656,867,120	0.782256	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	461,194,702	0	461,194,702	0.217744	0	2.00
3.00	Total (sum of lines 1-2)	2,118,061,822	0	2,118,061,822	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	72,632,574	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	35,532,529	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	108,165,103	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	7,262,984	0	0	0	79,895,558	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	35,532,529	2.00
3.00	Total (sum of lines 1-2)	7,262,984	0	0	0	115,428,087	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			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	-223,657		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-27,412,934				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	6,334,036				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00	0	28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 PHYSICIAN ASSISTANT SALARY	A	-8,011,330		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8

Date/Time Prepared:
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Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	PHYSICIAN ASSISTANT SALARY	A	-61,688	OPERATING ROOM	50.00	0 33.01
33.04	PHYSICIAN ASSISTANT SALARY	A	-6,452	ANESTHESIOLOGY	53.00	0 33.04
33.05	PHYSICIAN ASSISTANT SALARY	A	-286,587	RADIOLOGY-DIAGNOSTIC	54.00	0 33.05
33.06	PHYSICIAN ASSISTANT SALARY	A	-323,477	CARDIAC CATHETERIZATION	59.00	0 33.06
33.07	PHYSICIAN ASSISTANT SALARY	A	-128,928	PHYSICAL THERAPY	66.00	0 33.07
33.08	PHYSICIAN ASSISTANT SALARY	A	-63,986	ELECTROCARDIOLOGY	69.00	0 33.08
33.09	PHYSICIAN ASSISTANT SALARY	A	-112,252	CLINIC	90.00	0 33.09
33.10	PHYSICIAN ASSISTANT SALARY	A	-1,006,869	EMERGENCY	91.00	0 33.10
36.00	LOBBYING DUES EXPENSE	A	-89,900	ADMINISTRATIVE & GENERAL	5.00	0 36.00
36.01	MEDI CAID TAX ASSESSMENT	A	-36,838,130	ADMINISTRATIVE & GENERAL	5.00	0 36.01
39.00	RESEARCH INSTITUTE EXPENSE	A	25,504,561	RESEARCH	191.00	0 39.00
40.00	TUITION REVENUE OFFSET	B	-81,266	PARAMED ED PRGM-MEDICAL TECH	23.01	0 40.00
40.01	TUITION REVENUE OFFSET	B	-846,537	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 40.01
40.02	TUITION REVENUE OFFSET	B	-51,079	EMERGENCY	91.00	0 40.02
40.03	TUITION REVENUE OFFSET	B	-16,976	CLINIC	90.00	0 40.03
40.04	TUITION REVENUE OFFSET	B	-98,774	ANESTHESIOLOGY	53.00	0 40.04
40.05	CORPORATE EXPENSES	A	-1,247	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.05
40.06	CORPORATE EXPENSES	A	-7,237,428	ADMINISTRATIVE & GENERAL	5.00	0 40.06
40.07	CORPORATE EXPENSES	A	-256	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 40.07
40.08	CORPORATE EXPENSES	A	-1,523	ADULTS & PEDIATRICS	30.00	0 40.08
40.09	CORPORATE EXPENSES	A	-22	INTENSIVE CARE UNIT	31.00	0 40.09
40.10	CORPORATE EXPENSES	A	-75	OPERATING ROOM	50.00	0 40.10
40.11	CORPORATE EXPENSES	A	-405	ANESTHESIOLOGY	53.00	0 40.11
40.12	CORPORATE EXPENSES	A	-795	RADIOLOGY-DIAGNOSTIC	54.00	0 40.12
40.13	CORPORATE EXPENSES	A	-2,285	RADIOLOGY-THERAPEUTIC	55.00	0 40.13
40.14	CORPORATE EXPENSES	A	-3,273	LABORATORY	60.00	0 40.14
40.15	CORPORATE EXPENSES	A	-75	ASC (NON-DISTINCT PART)	75.00	0 40.15
40.16	CORPORATE EXPENSES	A	-228,433	CLINIC	90.00	0 40.16
40.17	CORPORATE EXPENSES	A	-1,362	HOME HEALTH AGENCY	101.00	0 40.17
40.18	CORPORATE EXPENSES	A	-317	HOSPICE	116.00	0 40.18
40.19	CAFETERIA & DIETARY	B	-3,833,714	CAFETERIA	11.00	0 40.19
40.20	CAFETERIA & DIETARY	B	-125,588	DIETARY	10.00	0 40.20
40.21	MISCELLANEOUS REVENUE OFFSET	B	-1,592,475	ADMINISTRATIVE & GENERAL	5.00	0 40.21
40.22	MISCELLANEOUS REVENUE OFFSET	B	-1,381,850	OPERATION OF PLANT	7.00	0 40.22
40.23	MISCELLANEOUS REVENUE OFFSET	B	-2,464,869	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.23
41.00	MISCELLANEOUS REVENUE OFFSET	B	-90,276	ADULTS & PEDIATRICS	30.00	0 41.00
41.01	MISCELLANEOUS REVENUE OFFSET	B	-10,391	SUBPROVIDER - I PF	40.00	0 41.01
41.02	MISCELLANEOUS REVENUE OFFSET	B	-90,509	RADIOLOGY-DIAGNOSTIC	54.00	0 41.02
41.03	MISCELLANEOUS REVENUE OFFSET	B	-78,312	RADIOLOGY-THERAPEUTIC	55.00	0 41.03
41.04	MISCELLANEOUS REVENUE OFFSET	B	-60,000	MRI	58.00	0 41.04
41.05	MISCELLANEOUS REVENUE OFFSET	B	-219,460	LABORATORY	60.00	0 41.05
41.06	MISCELLANEOUS REVENUE OFFSET	B	-103,533	PHYSICAL THERAPY	66.00	0 41.06
41.07	MISCELLANEOUS REVENUE OFFSET	B	-41,613	ELECTROCARDIOLOGY	69.00	0 41.07
41.08	MISCELLANEOUS REVENUE OFFSET	B	596	ASC (NON-DISTINCT PART)	75.00	0 41.08
41.09	MISCELLANEOUS REVENUE OFFSET	B	-87,316	CARDIAC REHABILITATION	76.97	0 41.09
41.12	MISCELLANEOUS REVENUE OFFSET	B	-1,461,829	CLINIC	90.00	0 41.12
42.00	MISCELLANEOUS REVENUE OFFSET	B	-35,273	EMERGENCY	91.00	0 42.00
42.01	MISCELLANEOUS REVENUE OFFSET	B	-43,801	HOME HEALTH AGENCY	101.00	0 42.01
42.02	CORPORATE INTEGRATION COSTS	A	-10,286,382	ADMINISTRATIVE & GENERAL	5.00	0 42.02
42.03	HOSPICE ADJUSTMENT	A	12,301	HOSPICE	116.00	0 42.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-73,294,015			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
4/14/2017 11:37 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5
1.00	2.00	3.00	4.00	5.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	60.00	LABORATORY	6,334,036	0
2.00	0.00	PATHOLOGY GROUP STIPEND	0	0
3.00	0.00		0	0
4.00	0.00		0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		6,334,036	0

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	C		0.00	NSUHS FACULTY	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-1

Date/Time Prepared:
4/14/2017 11:37 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	6,334,036	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	6,334,036			5.00

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

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

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

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

6.00	PHYSICIAN PRACT		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
4/14/2017 11:37 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	172,006	133,443	38,563	197,500	218	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1,331,421	529,091	802,330	197,500	3,647	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	107,100	0	107,100	211,500	822	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	19,135	0	19,135	237,100	68	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	127,851	0	127,851	239,400	409	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	21,103	0	21,103	246,400	31	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	42,307	0	42,307	260,300	359	7.00
8.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,998,711	1,998,711	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	18,396,909	17,931,571	465,338	197,500	2,191	9.00
10.00	31.00	INTENSIVE CARE UNIT	1,244,043	1,244,043	0	0	0	10.00
11.00	40.00	SUBPROVIDER - IPF	76,968	5,892	71,076	181,300	499	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	857,799	0	857,799	271,900	3,239	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	224,616	0	224,616	271,900	795	13.00
14.00	56.00	RADIOISOTOPE	183,615	0	183,615	211,500	579	14.00
15.00	59.00	CARDIAC CATHETERIZATION	8,633	0	8,633	197,500	31	15.00
16.00	60.00	LABORATORY	18,855	0	18,855	211,500	145	16.00
17.00	60.00	LABORATORY	4,192,979	1,457,291	2,735,688	260,300	16,538	17.00
18.00	60.01	VASCULAR LAB	4,594	0	4,594	246,400	21	18.00
19.00	66.00	PHYSICAL THERAPY	76,789	0	76,789	211,500	438	19.00
20.00	69.00	ELECTROCARDIOLOGY	20,003	0	20,003	197,500	84	20.00
21.00	90.00	CLINIC	167,623	111,838	55,785	181,300	398	21.00
22.00	91.00	EMERGENCY	1,686,004	1,686,004	0	0	0	22.00
200.00			30,979,064	25,097,884	5,881,180		30,512	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	20,700	1,035	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	346,290	17,315	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	83,583	4,179	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	7,751	388	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	47,074	2,354	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	3,672	184	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	44,927	2,246	0	0	0	7.00
8.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	208,040	10,402	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	40.00	SUBPROVIDER - IPF	43,495	2,175	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	423,406	21,170	0	0	0	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	103,923	5,196	0	0	0	13.00
14.00	56.00	RADIOISOTOPE	58,874	2,944	0	0	0	14.00
15.00	59.00	CARDIAC CATHETERIZATION	2,944	147	0	0	0	15.00
16.00	60.00	LABORATORY	14,744	737	0	0	0	16.00
17.00	60.00	LABORATORY	2,069,635	103,482	0	0	0	17.00
18.00	60.01	VASCULAR LAB	2,488	124	0	0	0	18.00
19.00	66.00	PHYSICAL THERAPY	44,537	2,227	0	0	0	19.00
20.00	69.00	ELECTROCARDIOLOGY	7,976	399	0	0	0	20.00
21.00	90.00	CLINIC	34,691	1,735	0	0	0	21.00
22.00	91.00	EMERGENCY	0	0	0	0	0	22.00
200.00			3,568,750	178,439	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	20,700	17,863	151,306		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	346,290	456,040	985,131		2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	83,583	23,517	23,517		3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	7,751	11,384	11,384		4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	47,074	80,777	80,777		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	3,672	17,431	17,431		6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	44,927	0	0		7.00
8.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,998,711		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	208,040	257,298	18,188,869		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,244,043		10.00
11.00	40.00	SUBPROVIDER - IPF	0	43,495	27,581	33,473		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	423,406	434,393	434,393		12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	0	103,923	120,693	120,693		13.00
14.00	56.00	RADIOISOTOPE	0	58,874	124,741	124,741		14.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet A-8-2

Date/Time Prepared:
4/14/2017 11:37 am

	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		
15.00	59.00	CARDIAC CATHETERIZATION	0	2,944	5,689	5,689		15.00
16.00	60.00	LABORATORY	0	14,744	4,111	4,111		16.00
17.00	60.00	LABORATORY	0	2,069,635	666,053	2,123,344		17.00
18.00	60.01	VASCULAR LAB	0	2,488	2,106	2,106		18.00
19.00	66.00	PHYSICAL THERAPY	0	44,537	32,252	32,252		19.00
20.00	69.00	ELECTROCARDIOLOGY	0	7,976	12,027	12,027		20.00
21.00	90.00	CLINIC	0	34,691	21,094	132,932		21.00
22.00	91.00	EMERGENCY	0	0	0	1,686,004		22.00
200.00			0	3,568,750	2,315,050	27,412,934		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part I
Date/Time Prepared:
4/14/2017 11:37 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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	79,895,558	79,895,558			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	35,532,529		35,532,529		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	30,282,545	697,943	4,466	30,984,954	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	176,613,136	24,203,169	10,859,487	6,210,134	217,885,926
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	48,222,803	19,368,038	172,072	28,558	67,791,471
8.00 00800	LAUNDRY & LINEN SERVICE	3,380,544	133,854	0	0	3,514,398
9.00 00900	HOUSEKEEPING	13,610,306	549,733	102,672	0	14,262,711
10.00 01000	DIETARY	13,118,690	754,083	117,011	0	13,989,784
11.00 01100	CAFETERIA	648,198	604,686	2,932	0	1,255,816
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	7,581,074	127,802	156,066	372,662	8,237,604
14.00 01400	CENTRAL SERVICES & SUPPLY	8,473,423	0	0	246,300	8,719,723
15.00 01500	PHARMACY	17,848,603	0	0	856,204	18,704,807
16.00 01600	MEDICAL RECORDS & LIBRARY	6,883,614	237,246	2,530	274,054	7,397,444
17.00 01700	SOCIAL SERVICE	7,364,987	113,405	0	306,940	7,785,332
18.00 01080	SPECIFY SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	35,816,908	933,319	69,473	1,612,942	38,432,642
23.00 02300	PARAMED PRGM- PHARMACY	1,724,929	8,043	0	80,909	1,813,881
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	197,537	40,174	0	13,082	250,793
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,609	0	37,117	38,726
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	87,266,818	4,854,617	801,374	4,756,701	97,679,510
31.00 03100	INTENSIVE CARE UNIT	20,204,641	1,040,953	559,132	979,668	22,784,394
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	10,220,104	200,248	24,539	470,954	10,915,845
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	5,450,973	347,273	4,464	262,610	6,065,320
41.00 04100	SUBPROVIDER - I RF	2,118,992	170,831	30,010	97,835	2,417,668
43.00 04300	NURSERY	2,531,909	62,312	0	110,612	2,704,833
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	32,525,185	2,212,321	4,088,242	1,170,093	39,995,841
51.00 05100	RECOVERY ROOM	5,322,551	370,677	155,937	243,470	6,092,635
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,671,800	721,308	162,764	368,734	9,924,606
53.00 05300	ANESTHESIOLOGY	6,923,267	97,118	717,197	140,784	7,878,366
54.00 05400	RADIOLOGY-DIAGNOSTIC	35,150,653	2,329,326	3,995,522	1,536,991	43,012,492
55.00 05500	RADIOLOGY-THERAPEUTIC	6,189,289	405,543	978,473	249,835	7,823,140
56.00 05600	RADIO SOTOPE	6,268,560	387,427	1,193,262	193,698	8,042,947
57.00 05700	CT SCAN	5,858,658	198,398	1,310,650	211,475	7,579,181
58.00 05800	MRI	6,151,349	454,766	3,307,082	243,590	10,156,787
59.00 05900	CARDIAC CATHETERIZATION	3,575,470	437,896	933,155	162,186	5,108,707
60.00 06000	LABORATORY	50,251,894	1,263,379	1,336,487	1,114,158	53,965,918
60.01 06001	VASCULAR LAB	2,157,693	70,576	285,747	94,415	2,608,431
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,191,712	61,448	51,267	72,095	2,376,522
64.00 06400	INTRAVENOUS THERAPY	2,939,283	11,964	23,916	125,099	3,100,262
65.00 06500	RESPIRATORY THERAPY	8,673,544	123,619	135,132	322,627	9,254,922
66.00 06600	PHYSICAL THERAPY	24,882,936	1,090,658	67,191	1,128,994	27,169,779
67.00 06700	OCCUPATIONAL THERAPY	3,112,205	84,913	7,016	150,222	3,354,356
68.00 06800	SPEECH PATHOLOGY	1,192,997	43,593	2,997	57,463	1,297,050
69.00 06900	ELECTROCARDIOLOGY	5,770,679	440,892	369,120	265,769	6,846,460
70.00 07000	ELECTROENCEPHALOGRAPHY	2,101,579	101,682	230,206	88,101	2,521,568
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	42,725,436	271,327	127,455	0	43,124,218
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	57,444,189	427,601	200,870	0	58,072,660
73.00 07300	DRUGS CHARGED TO PATIENTS	102,663,664	338,928	20,249	0	103,022,841
74.00 07400	RENAL DIALYSIS	2,225,883	210,865	0	0	2,436,748
75.00 07500	ASC (NON-DISTINCT PART)	8,394,378	724,947	20,836	377,311	9,517,472
76.00 03950	BLANK	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	794,776	108,579	21,209	41,180	965,744
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	112,309,421	5,214,899	1,890,798	3,656,312	123,071,430
91.00 09100	EMERGENCY	20,401,529	1,099,988	142,569	1,016,104	22,660,190
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2015
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	13,493,608	183,077	11,550	497,536	14,185,771 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
116.00	11600 HOSPICE	6,829,145	81,555	2,904	204,929	7,118,533 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,202,182,154	74,018,608	34,696,031	30,450,453	1,194,934,205 118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	25,504,561	557,474	599,937	0	26,661,972 191.00
193.01	19301 NON-ALLOWABLE COST	98,669,753	5,319,476	236,561	534,501	104,760,291 193.01
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,326,356,468	79,895,558	35,532,529	30,984,954	1,326,356,468 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part I Date/Time Prepared: 4/14/2017 11:37 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
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	217,885,926				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	13,325,837	0	81,117,308		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	690,829	0	304,771	4,509,998	8.00
9.00	00900	HOUSEKEEPING	2,803,635	0	1,251,679	36,857	18,354,882
10.00	01000	DIETARY	2,749,986	0	1,716,961	7,318	396,107
11.00	01100	CAFETERIA	246,857	0	1,376,801	0	317,631
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,619,274	0	290,990	0	67,132
14.00	01400	CENTRAL SERVICES & SUPPLY	1,714,045	0	0	0	0
15.00	01500	PHARMACY	3,676,823	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,454,123	0	540,181	0	124,621
17.00	01700	SOCIAL SERVICE	1,530,370	0	258,210	0	59,570
18.00	01080	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,554,743	0	2,125,061	0	490,257
23.00	02300	PARAMED ED PRGM- PHARMACY	356,556	0	18,313	0	4,225
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	49,299	0	91,472	0	21,103
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	3,663	0	845
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,200,959	0	11,053,414	1,479,865	2,550,049
31.00	03100	INTENSIVE CARE UNIT	4,478,751	0	2,370,132	188,514	546,795
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,145,739	0	455,943	42,955	105,187
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	1,192,266	0	790,700	82,670	182,416
41.00	04100	SUBPROVIDER - IRF	475,243	0	388,964	32,435	89,735
43.00	04300	NURSERY	531,692	0	141,878	0	32,732
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,862,022	0	5,037,206	233,374	1,162,096
51.00	05100	RECOVERY ROOM	1,197,635	0	843,991	138,927	194,711
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,950,890	0	1,642,336	130,313	378,891
53.00	05300	ANESTHESIOLOGY	1,548,658	0	221,127	0	51,015
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,455,009	0	5,303,612	279,455	1,223,556
55.00	05500	RADIOLOGY-THERAPEUTIC	1,537,802	0	923,376	101,994	213,025
56.00	05600	RADIOISOTOPE	1,581,010	0	882,127	138,127	203,509
57.00	05700	CT SCAN	1,489,847	0	451,731	12,044	104,215
58.00	05800	MRI	1,996,530	0	1,035,451	71,922	238,881
59.00	05900	CARDIAC CATHETERIZATION	1,004,224	0	997,040	123,224	230,019
60.00	06000	LABORATORY	10,608,134	0	2,876,572	32,207	663,632
60.01	06001	VASCULAR LAB	512,742	0	160,695	55,952	37,073
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	467,155	0	139,910	16,122	32,278
64.00	06400	INTRAVENOUS THERAPY	609,422	0	27,240	1,791	6,284
65.00	06500	RESPIRATORY THERAPY	1,819,249	0	281,468	0	64,935
66.00	06600	PHYSICAL THERAPY	5,340,791	0	2,483,305	65,862	572,905
67.00	06700	OCCUPATIONAL THERAPY	659,369	0	193,337	49,282	44,603
68.00	06800	SPEECH PATHOLOGY	254,962	0	99,255	0	22,898
69.00	06900	ELECTROCARDIOLOGY	1,345,815	0	1,003,861	113,467	231,593
70.00	07000	ELECTROENCEPHALOGRAPHY	495,667	0	231,519	46,004	53,412
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,476,971	0	617,782	35,523	142,524
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,415,401	0	973,599	56,028	224,612
73.00	07300	DRUGS CHARGED TO PATIENTS	20,251,303	0	771,701	0	178,033
74.00	07400	RENAL DIALYSIS	478,994	0	480,115	82,670	110,764
75.00	07500	ASC (NON-DISTINCT PART)	1,870,859	0	1,650,623	189,200	380,803
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	189,837	0	247,223	33,274	57,035
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	24,192,652	0	11,873,735	381,372	2,739,300
91.00	09100	EMERGENCY	4,454,336	0	2,504,548	251,250	577,805
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,788,511	0	416,845	0	96,167
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,399,297	0	185,692	0	42,840
118.00		SUBTOTALS (SUM OF LINES 1-117)	192,052,121	0	67,736,155	4,509,998	15,267,819

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	5,240,970	0	1,269,305	0	292,832	191.00
193.01	19301	NON-ALLOWABLE COST	20,592,835	0	12,111,848	0	2,794,231	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	217,885,926	0	81,117,308	4,509,998	18,354,882	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0010		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 4/14/2017 11:37 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	18,860,156					10.00
11.00	01100	CAFETERIA	0	3,197,105				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	43,638	0	10,258,638		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	10,433,768	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49,578	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	39,353	0	0	56	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	121,186	0	66,313	137	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	14,208	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,820	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	2,743	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,715,266	669,056	0	3,594,169	264,778	30.00
31.00	03100	INTENSIVE CARE UNIT	1,300,076	122,535	0	981,434	80,365	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	24,423	58,509	0	550,399	36,038	31.01
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
40.00	04000	SUBPROVIDER - I/PF	972,430	39,766	0	165,783	2,011	40.00
41.00	04100	SUBPROVIDER - I/RF	507,201	15,861	0	86,207	4,688	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	293,465	152,916	0	835,545	488,115	50.00
51.00	05100	RECOVERY ROOM	4,824	27,287	0	265,252	16,689	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	694,074	63,042	0	503,980	73,180	52.00
53.00	05300	ANESTHESIOLOGY	0	16,231	0	19,894	128,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,574	229,347	0	192,308	66,542	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,636	23,837	0	19,894	483	55.00
56.00	05600	RADIOISOTOPE	9,814	22,672	0	0	3,796	56.00
57.00	05700	CT SCAN	7,845	26,981	0	0	39,014	57.00
58.00	05800	MRI	2,606	29,252	0	13,263	19,687	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,490	18,623	0	99,470	20,361	59.00
60.00	06000	LABORATORY	11,782	228,031	0	6,631	218,795	60.00
60.01	06001	VASCULAR LAB	0	10,853	0	0	486	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,792	0	0	6,641	63.00
64.00	06400	INTRAVENOUS THERAPY	0	14,234	0	145,889	26,562	64.00
65.00	06500	RESPIRATORY THERAPY	471	49,744	0	0	47,459	65.00
66.00	06600	PHYSICAL THERAPY	1,386	160,216	0	6,631	22,719	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,195	0	0	152	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,386	0	0	197	68.00
69.00	06900	ELECTROCARDIOLOGY	9,093	38,517	0	106,101	11,640	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,923	0	0	822	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,995	0	0	3,547,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,393	0	0	4,775,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	101,716	0	0	30,402	73.00
74.00	07400	RENAL DIALYSIS	4,824	0	0	0	4,335	74.00
75.00	07500	ASC (NON-DISTINCT PART)	395,620	48,893	0	384,616	35,706	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	804	5,737	0	33,157	531	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	320,105	250,503	0	875,333	197,422	90.00
91.00	09100	EMERGENCY	462,347	134,550	0	908,490	186,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	64,512	0	271,884	11,458	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	24,914	0	106,101	6,410	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,860,156	3,034,545	0	10,238,744	10,375,498	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	92,518	0	0	0	191.00
193.01	19301 NON-ALLOWABLE COST	0	70,042	0	19,894	58,270	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	18,860,156	3,197,105	0	10,258,638	10,433,768	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	
				SPECIFY SERVICE	SPECIFY SERVICE		
	15.00	16.00	17.00	18.00	19.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
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	22,381,630						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	9,565,947					16.00
17.00 01700 SOCIAL SERVICE	0	0	9,672,891				17.00
18.00 01080 SPECIFY SERVICE	0	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM- PHARMACY	0	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM-MEDICAL TECH	1	0	0	0	0		23.01
23.02 02302 PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	655	778,261	5,607,970	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	216	175,022	903,856	0	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	1,699	126,628	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	2	47,222	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	20,725	326,893	0	0	0	41.00
43.00 04300 NURSERY	0	22,390	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	2,155	827,080	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	473	166,810	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	82	113,068	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	343,436	134,863	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	21,669	575,253	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	159	187,495	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	650	173,444	0	0	0	0	56.00
57.00 05700 CT SCAN	36,956	618,495	0	0	0	0	57.00
58.00 05800 MRI	30,164	397,687	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,040	186,372	0	0	0	0	59.00
60.00 06000 LABORATORY	1,491	926,630	0	0	0	0	60.00
60.01 06001 VASCULAR LAB	0	62,328	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,845	22,421	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,178	28,032	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,667	128,645	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	828	195,248	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	5	29,869	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	12,292	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	171	329,842	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	23,429	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7	306,448	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	12	482,967	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,625,791	1,085,555	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	12,905	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	34	47,293	13,162	0	0	0	75.00
76.00 03950 BLANK	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	4	5,377	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	58,467	624,546	1,270,091	0	0	0	90.00
91.00 09100 EMERGENCY	5,941	625,424	43,061	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	91,262	41,559	297,566	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2015
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS
				SPECIFY SERVICE		
	15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPI CE	91,135	24,322	1,210,292	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	15,325,195	9,565,947	9,672,891	0	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	1,849	0	0	0	0	191.00
193.01 19301 NON-ALLOWABLE COST	7,054,586	0	0	0	0	193.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	22,381,630	9,565,947	9,672,891	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	PARAMED PRGM-MEDICAL TECH	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
18.00 01080	SPECIFY SERVICE					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			48,790,339		22.00
23.00 02300	PARAMED PRGM- PHARMACY				2,207,183	23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH					23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	27,355,035	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	237,169	0	31.01
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
40.00 04000	SUBPROVIDER - IPF	0	0	1,074,374	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	230,054	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	7,613,114	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	2,836,537	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,859,402	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	559,718	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	2,594,625	0	60.00
60.01 06001	VASCULAR LAB	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	668,816	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,207,183	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	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	448,249	0	90.00
91.00 09100	EMERGENCY	0	0	3,313,246	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDI CAL TECH			
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	48,790,339	2,207,183	414,488	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	191.00	
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	193.01	
200.00		Cross Foot Adjustments	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	0	0	48,790,339	2,207,183	414,488	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
18.00	01080	SPECIFY SERVICE					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED PRGM- PHARMACY					23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH					23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	45,977				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	183,948,987	-27,355,035	156,593,952	30.00
31.00	03100	INTENSIVE CARE UNIT	0	33,932,090	0	33,932,090	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	14,700,534	-237,169	14,463,365	31.01
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
40.00	04000	SUBPROVIDER - IPF	0	10,614,960	-1,074,374	9,540,586	40.00
41.00	04100	SUBPROVIDER - IRF	0	4,595,674	-230,054	4,365,620	41.00
43.00	04300	NURSERY	0	3,433,525	0	3,433,525	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	64,502,929	-7,613,114	56,889,815	50.00
51.00	05100	RECOVERY ROOM	0	8,949,234	0	8,949,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,474,462	0	15,474,462	52.00
53.00	05300	ANESTHESIOLOGY	45,977	13,224,487	-2,836,537	10,387,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61,292,219	-1,859,402	59,432,817	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,392,559	-559,718	10,832,841	55.00
56.00	05600	RADIOISOTOPE	0	11,058,096	0	11,058,096	56.00
57.00	05700	CT SCAN	0	10,366,309	0	10,366,309	57.00
58.00	05800	MRI	0	13,992,230	0	13,992,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,838,570	0	7,838,570	59.00
60.00	06000	LABORATORY	0	72,548,936	-2,594,625	69,954,311	60.00
60.01	06001	VASCULAR LAB	0	3,448,560	0	3,448,560	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,076,686	0	3,076,686	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,960,894	0	3,960,894	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,648,560	0	11,648,560	65.00
66.00	06600	PHYSICAL THERAPY	0	36,019,670	0	36,019,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,350,168	0	4,350,168	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,694,040	0	1,694,040	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,705,376	-668,816	10,036,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,384,344	0	3,384,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,275,871	0	56,275,871	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	76,039,985	0	76,039,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	142,274,525	0	142,274,525	73.00
74.00	07400	RENAL DIALYSIS	0	3,611,355	0	3,611,355	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	14,534,281	0	14,534,281	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,538,723	0	1,538,723	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	166,303,205	-448,249	165,854,956	90.00
91.00	09100	EMERGENCY	0	36,127,910	-3,313,246	32,814,664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	18,265,535	0	18,265,535	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	10,209,536	0	10,209,536
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,977	1,145,335,025	-48,790,339	1,096,544,686
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	33,559,446	0	33,559,446
193.01	19301	NON-ALLOWABLE COST	0	147,461,997	0	147,461,997
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	45,977	1,326,356,468	-48,790,339	1,277,566,129

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 4/14/2017 11:37 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00		
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00		
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	697,943	4,466	702,409	4.00	702,409	
5.00 00500	ADMINISTRATIVE & GENERAL	0	24,203,169	10,859,487	35,062,656	5.00	140,940	
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	0	
7.00 00700	OPERATION OF PLANT	0	19,368,038	172,072	19,540,110	7.00	647	
8.00 00800	LAUNDRY & LINEN SERVICE	0	133,854	0	133,854	8.00	0	
9.00 00900	HOUSEKEEPING	0	549,733	102,672	652,405	9.00	0	
10.00 01000	DIETARY	0	754,083	117,011	871,094	10.00	0	
11.00 01100	CAFETERIA	0	604,686	2,932	607,618	11.00	0	
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	0	
13.00 01300	NURSING ADMINISTRATION	0	127,802	156,066	283,868	13.00	8,446	
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	5,582	
15.00 01500	PHARMACY	0	0	0	0	15.00	19,404	
16.00 01600	MEDICAL RECORDS & LIBRARY	0	237,246	2,530	239,776	16.00	6,211	
17.00 01700	SOCIAL SERVICE	0	113,405	0	113,405	17.00	6,956	
18.00 01080	SPECIFY SERVICE	0	0	0	0	18.00	0	
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	0	
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00	0	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	0	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	933,319	69,473	1,002,792	22.00	36,554	
23.00 02300	PARAMED ED PRGM- PHARMACY	0	8,043	0	8,043	23.00	1,834	
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	0	40,174	0	40,174	23.01	296	
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,609	0	1,609	23.02	841	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	0	4,854,617	801,374	5,655,991	30.00	107,800	
31.00 03100	INTENSIVE CARE UNIT	0	1,040,953	559,132	1,600,085	31.00	22,202	
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	200,248	24,539	224,787	31.01	10,673	
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00	0	
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	0	
40.00 04000	SUBPROVIDER - I/PF	0	347,273	4,464	351,737	40.00	5,951	
41.00 04100	SUBPROVIDER - I/RF	0	170,831	30,010	200,841	41.00	2,217	
43.00 04300	NURSERY	0	62,312	0	62,312	43.00	2,507	
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	0	
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	0	2,212,321	4,088,242	6,300,563	50.00	26,518	
51.00 05100	RECOVERY ROOM	0	370,677	155,937	526,614	51.00	5,518	
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	721,308	162,764	884,072	52.00	8,357	
53.00 05300	ANESTHESIOLOGY	0	97,118	717,197	814,315	53.00	3,191	
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,329,326	3,995,522	6,324,848	54.00	34,833	
55.00 05500	RADIOLOGY-THERAPEUTIC	0	405,543	978,473	1,384,016	55.00	5,662	
56.00 05600	RADIOISOTOPE	0	387,427	1,193,262	1,580,689	56.00	4,390	
57.00 05700	CT SCAN	0	198,398	1,310,650	1,509,048	57.00	4,793	
58.00 05800	MRI	0	454,766	3,307,082	3,761,848	58.00	5,520	
59.00 05900	CARDIAC CATHETERIZATION	0	437,896	933,155	1,371,051	59.00	3,676	
60.00 06000	LABORATORY	0	1,263,379	1,336,487	2,599,866	60.00	25,250	
60.01 06001	VASCULAR LAB	0	70,576	285,747	356,323	60.01	2,140	
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	61,448	51,267	112,715	63.00	1,634	
64.00 06400	INTRAVENOUS THERAPY	0	11,964	23,916	35,880	64.00	2,835	
65.00 06500	RESPIRATORY THERAPY	0	123,619	135,132	258,751	65.00	7,312	
66.00 06600	PHYSICAL THERAPY	0	1,090,658	67,191	1,157,849	66.00	25,586	
67.00 06700	OCCUPATIONAL THERAPY	0	84,913	7,016	91,929	67.00	3,404	
68.00 06800	SPEECH PATHOLOGY	0	43,593	2,997	46,590	68.00	1,302	
69.00 06900	ELECTROCARDIOLOGY	0	440,892	369,120	810,012	69.00	6,023	
70.00 07000	ELECTROENCEPHALOGRAPHY	0	101,682	230,206	331,888	70.00	1,997	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	271,327	127,455	398,782	71.00	0	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	427,601	200,870	628,471	72.00	0	
73.00 07300	DRUGS CHARGED TO PATIENTS	0	338,928	20,249	359,177	73.00	0	
74.00 07400	RENAL DIALYSIS	0	210,865	0	210,865	74.00	0	
75.00 07500	ASC (NON-DISTINCT PART)	0	724,947	20,836	745,783	75.00	8,551	
76.00 03950	BLANK	0	0	0	0	76.00	0	
76.97 07697	CARDIAC REHABILITATION	0	108,579	21,209	129,788	76.97	933	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	0	5,214,899	1,890,798	7,105,697	90.00	82,862	
91.00 09100	EMERGENCY	0	1,099,988	142,569	1,242,557	91.00	23,028	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	0	
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01	0	
OTHER REIMBURSABLE COST CENTERS								
101.00 10100	HOME HEALTH AGENCY	0	183,077	11,550	194,627	101.00	11,276	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	81,555	2,904	84,459	4,644
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	74,018,608	34,696,031	108,714,639	690,296
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	0	557,474	599,937	1,157,411	0
193.01 19301	NON-ALLOWABLE COST	0	5,319,476	236,561	5,556,037	12,113
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	79,895,558	35,532,529	115,428,087	702,409

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 4/14/2017 11:37 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
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,203,596				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	2,153,057	0	21,693,814		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	111,617	0	81,507	326,978	8.00
9.00	00900	HOUSEKEEPING	452,984	0	334,746	2,672	1,442,807
10.00	01000	DIETARY	444,316	0	459,180	531	31,136
11.00	01100	CAFETERIA	39,885	0	368,208	0	24,968
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	261,626	0	77,822	0	5,277
14.00	01400	CENTRAL SERVICES & SUPPLY	276,938	0	0	0	0
15.00	01500	PHARMACY	594,065	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	234,943	0	144,465	0	9,796
17.00	01700	SOCIAL SERVICE	247,262	0	69,055	0	4,683
18.00	01080	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,220,621	0	568,321	0	38,537
23.00	02300	PARAMED PRGM- PHARMACY	57,609	0	4,898	0	332
23.01	02301	PARAMED PRGM-MEDICAL TECH	7,965	0	24,463	0	1,659
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	0	980	0	66
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,102,301	0	2,956,098	107,291	200,450
31.00	03100	INTENSIVE CARE UNIT	723,632	0	633,862	13,667	42,981
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	346,687	0	121,936	3,114	8,268
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	192,635	0	211,463	5,994	14,339
41.00	04100	SUBPROVIDER - IRF	76,785	0	104,023	2,352	7,054
43.00	04300	NURSERY	85,905	0	37,944	0	2,573
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,270,268	0	1,347,138	16,920	91,348
51.00	05100	RECOVERY ROOM	193,502	0	225,715	10,072	15,305
52.00	05200	DELIVERY ROOM & LABOR ROOM	315,205	0	439,222	9,448	29,783
53.00	05300	ANESTHESIOLOGY	250,217	0	59,138	0	4,010
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,366,077	0	1,418,385	20,261	96,179
55.00	05500	RADIOLOGY-THERAPEUTIC	248,463	0	246,946	7,395	16,745
56.00	05600	RADIOISOTOPE	255,444	0	235,914	10,014	15,997
57.00	05700	CT SCAN	240,715	0	120,810	873	8,192
58.00	05800	MRI	322,580	0	276,918	5,214	18,778
59.00	05900	CARDIAC CATHETERIZATION	162,253	0	266,646	8,934	18,081
60.00	06000	LABORATORY	1,713,958	0	769,303	2,335	52,166
60.01	06001	VASCULAR LAB	82,844	0	42,976	4,057	2,914
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	75,478	0	37,417	1,169	2,537
64.00	06400	INTRAVENOUS THERAPY	98,464	0	7,285	130	494
65.00	06500	RESPIRATORY THERAPY	293,936	0	75,275	0	5,104
66.00	06600	PHYSICAL THERAPY	862,912	0	664,129	4,775	45,034
67.00	06700	OCCUPATIONAL THERAPY	106,534	0	51,706	3,573	3,506
68.00	06800	SPEECH PATHOLOGY	41,194	0	26,545	0	1,800
69.00	06900	ELECTROCARDIOLOGY	217,444	0	268,470	8,226	18,205
70.00	07000	ELECTROENCEPHALOGRAPHY	80,085	0	61,917	3,335	4,199
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,369,625	0	165,218	2,575	11,203
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,844,388	0	260,377	4,062	17,656
73.00	07300	DRUGS CHARGED TO PATIENTS	3,272,005	0	206,382	0	13,995
74.00	07400	RENAL DIALYSIS	77,391	0	128,401	5,994	8,707
75.00	07500	ASC (NON-DISTINCT PART)	302,275	0	441,439	13,717	29,933
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	30,672	0	66,117	2,412	4,483
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,908,550	0	3,175,483	27,650	215,326
91.00	09100	EMERGENCY	719,688	0	669,810	18,216	45,419
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	450,540	0	111,480	0	7,559
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	226,085	0	49,661	0	3,367
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,029,625	0	18,115,194	326,978	1,200,144

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 4/14/2017 11:37 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	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	846,784	0	339,460	0	23,018	191.00
193.01	19301	NON-ALLOWABLE COST	3,327,187	0	3,239,160	0	219,645	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	35,203,596	0	21,693,814	326,978	1,442,807	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 4/14/2017 11:37 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,806,257					10.00
11.00	01100	CAFETERIA	0	1,040,679				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	14,205	0	651,244		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	282,520	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,138	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,810	0	0	2	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	39,447	0	4,210	4	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	4,625	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	592	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	893	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,313,526	217,781	0	228,166	7,169	30.00
31.00	03100	INTENSIVE CARE UNIT	124,510	39,886	0	62,304	2,176	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,339	19,045	0	34,941	976	31.01
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
40.00	04000	SUBPROVIDER - I/PF	93,131	12,944	0	10,524	54	40.00
41.00	04100	SUBPROVIDER - I/RF	48,575	5,163	0	5,473	127	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,105	49,775	0	53,042	13,217	50.00
51.00	05100	RECOVERY ROOM	462	8,882	0	16,839	452	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,472	20,521	0	31,994	1,982	52.00
53.00	05300	ANESTHESIOLOGY	0	5,283	0	1,263	3,476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,046	74,654	0	12,208	1,802	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	157	7,759	0	1,263	13	55.00
56.00	05600	RADIOISOTOPE	940	7,380	0	0	103	56.00
57.00	05700	CT SCAN	751	8,783	0	0	1,056	57.00
58.00	05800	MRI	250	9,522	0	842	533	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,452	6,062	0	6,315	551	59.00
60.00	06000	LABORATORY	1,128	74,226	0	421	5,924	60.00
60.01	06001	VASCULAR LAB	0	3,533	0	0	13	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,513	0	0	180	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,633	0	9,261	719	64.00
65.00	06500	RESPIRATORY THERAPY	45	16,192	0	0	1,285	65.00
66.00	06600	PHYSICAL THERAPY	133	52,151	0	421	615	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,248	0	0	4	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,404	0	0	5	68.00
69.00	06900	ELECTROCARDIOLOGY	871	12,538	0	6,736	315	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,881	0	0	22	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,136	0	0	96,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,823	0	0	129,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,109	0	0	823	73.00
74.00	07400	RENAL DIALYSIS	462	0	0	0	117	74.00
75.00	07500	ASC (NON-DISTINCT PART)	37,889	15,915	0	24,416	967	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	77	1,867	0	2,105	14	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,657	81,540	0	55,568	5,346	90.00
91.00	09100	EMERGENCY	44,279	43,797	0	57,673	5,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	20,999	0	17,260	310	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,110	0	6,736	174	116.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0010			Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 4/14/2017 11:37 am	
Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,806,257	987,765	0	649,981	280,942		118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100 RESEARCH	0	30,115	0	0	0		191.00
193.01	19301 NON-ALLOWABLE COST	0	22,799	0	1,263	1,578		193.01
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	1,806,257	1,040,679	0	651,244	282,520		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 4/14/2017 11:37 am
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS
	15.00	16.00	17.00	SPECIFY SERVICE 18.00	19.00
GENERAL SERVICE COST CENTERS					
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	613,469				15.00
16.00 01600	0	651,329			16.00
17.00 01700	0	0	454,173		17.00
18.00 01080	0	0	0	0	18.00
19.00 01900	0	0	0	0	19.00
20.00 02000	0	0	0	0	20.00
21.00 02100	0	0	0	0	21.00
22.00 02200	0	0	0	0	22.00
23.00 02300	0	0	0	0	23.00
23.01 02301	0	0	0	0	23.01
23.02 02302	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	18	53,079	263,311	0	30.00
31.00 03100	6	11,937	42,439	0	31.00
31.01 03101	47	8,636	0	0	31.01
32.00 03200	0	0	0	0	32.00
33.00 03300	0	0	0	0	33.00
40.00 04000	0	3,221	0	0	40.00
41.00 04100	0	1,413	15,349	0	41.00
43.00 04300	0	1,527	0	0	43.00
44.00 04400	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	59	56,409	0	0	50.00
51.00 05100	13	11,377	0	0	51.00
52.00 05200	2	7,711	0	0	52.00
53.00 05300	9,414	9,198	0	0	53.00
54.00 05400	594	39,234	0	0	54.00
55.00 05500	4	12,788	0	0	55.00
56.00 05600	18	11,829	0	0	56.00
57.00 05700	1,013	42,183	0	0	57.00
58.00 05800	827	27,123	0	0	58.00
59.00 05900	111	12,711	0	0	59.00
60.00 06000	41	63,198	0	0	60.00
60.01 06001	0	4,251	0	0	60.01
63.00 06300	133	1,529	0	0	63.00
64.00 06400	32	1,912	0	0	64.00
65.00 06500	46	8,774	0	0	65.00
66.00 06600	23	13,316	0	0	66.00
67.00 06700	0	2,037	0	0	67.00
68.00 06800	0	838	0	0	68.00
69.00 06900	5	22,496	0	0	69.00
70.00 07000	0	1,598	0	0	70.00
71.00 07100	0	20,900	0	0	71.00
72.00 07200	0	32,939	0	0	72.00
73.00 07300	400,874	72,949	0	0	73.00
74.00 07400	0	880	0	0	74.00
75.00 07500	1	3,226	618	0	75.00
76.00 03950	0	0	0	0	76.00
76.97 07697	0	367	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	1,603	42,595	59,635	0	90.00
91.00 09100	163	42,655	2,022	0	91.00
92.00 09200					92.00
92.01 09202	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	2,502	2,834	13,972	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS
				SPECIFY SERVICE		
	15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	2,498	1,659	56,827	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	420,047	651,329	454,173	0	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	51	0	0	0		191.00
193.01 19301 NON-ALLOWABLE COST	193,371	0	0	0		193.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	613,469	651,329	454,173	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 4/14/2017 11:37 am
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
18.00 01080	SPECIFY SERVICE					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			2,910,486		22.00
23.00 02300	PARAMED ED PRGM- PHARMACY				77,341	23.00
23.01 02301	PARAMED ED PRGM-MEDICAL TECH					23.01
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI				75,149	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
40.00 04000	SUBPROVIDER - IPF					40.00
41.00 04100	SUBPROVIDER - IRF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MRI					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	VASCULAR LAB					60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
76.00 03950	BLANK					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)					92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY					101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B
Part II
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDI CAL TECH	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH				191.00
193.01	19301	NON-ALLOWABLE COST				193.01
200.00		Cross Foot Adjustments	0	0	2,910,486	77,341
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	2,910,486	77,341

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 4/14/2017 11:37 am
Cost Center Description	PARAMED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
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
18.00 01080	SPECIFY SERVICE				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00 02300	PARAMED PRGM- PHARMACY				23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH				23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI	4,389			23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	14,212,981	0	14,212,981	30.00
31.00 03100	INTENSIVE CARE UNIT	3,319,687	0	3,319,687	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	781,449	0	781,449	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00 04000	SUBPROVIDER - IPF	901,993	0	901,993	40.00
41.00 04100	SUBPROVIDER - IRF	469,372	0	469,372	41.00
43.00 04300	NURSERY	192,768	0	192,768	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	9,253,362	0	9,253,362	50.00
51.00 05100	RECOVERY ROOM	1,014,751	0	1,014,751	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,814,769	0	1,814,769	52.00
53.00 05300	ANESTHESIOLOGY	1,159,505	0	1,159,505	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,396,121	0	9,396,121	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,931,211	0	1,931,211	55.00
56.00 05600	RADIOISOTOPE	2,122,718	0	2,122,718	56.00
57.00 05700	CT SCAN	1,938,217	0	1,938,217	57.00
58.00 05800	MRI	4,429,955	0	4,429,955	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,860,843	0	1,860,843	59.00
60.00 06000	LABORATORY	5,307,816	0	5,307,816	60.00
60.01 06001	VASCULAR LAB	499,051	0	499,051	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	236,305	0	236,305	63.00
64.00 06400	INTRAVENOUS THERAPY	161,645	0	161,645	64.00
65.00 06500	RESPIRATORY THERAPY	666,720	0	666,720	65.00
66.00 06600	PHYSICAL THERAPY	2,826,944	0	2,826,944	66.00
67.00 06700	OCCUPATIONAL THERAPY	268,941	0	268,941	67.00
68.00 06800	SPEECH PATHOLOGY	120,678	0	120,678	68.00
69.00 06900	ELECTROCARDIOLOGY	1,371,341	0	1,371,341	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	488,922	0	488,922	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,072,493	0	2,072,493	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,930,022	0	2,930,022	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,359,314	0	4,359,314	73.00
74.00 07400	RENAL DIALYSIS	432,817	0	432,817	74.00
75.00 07500	ASC (NON-DISTINCT PART)	1,624,730	0	1,624,730	75.00
76.00 03950	BLANK	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	238,835	0	238,835	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	14,792,512	0	14,792,512	90.00
91.00 09100	EMERGENCY	2,914,363	0	2,914,363	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	833,359	0	833,359	101.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 4/14/2017 11:37 am
Cost Center Description	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	444,220	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	97,390,730	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH		2,396,839	191.00
193.01	19301	NON-ALLOWABLE COST		12,573,153	193.01
200.00		Cross Foot Adjustments	4,389	3,067,365	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,389	115,428,087	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,973,468					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		36,142,769				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,711	4,543	513,681,742			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,203,703	11,045,995	102,951,812	-217,885,926	1,108,431,816	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	963,236	175,027	473,451	0	67,791,471	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,657	0	0	0	3,514,398	8.00
9.00 00900	HOUSEKEEPING	27,340	104,435	0	0	14,262,711	9.00
10.00 01000	DIETARY	37,503	119,021	0	0	13,989,784	10.00
11.00 01100	CAFETERIA	30,073	2,982	0	0	1,255,816	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	6,356	158,746	6,178,186	0	8,237,604	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	4,083,296	0	8,719,723	14.00
15.00 01500	PHARMACY	0	0	14,194,592	0	18,704,807	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	11,799	2,573	4,543,417	0	7,397,444	16.00
17.00 01700	SOCIAL SERVICE	5,640	0	5,088,619	0	7,785,332	17.00
18.00 01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	46,417	70,666	26,740,204	0	38,432,642	22.00
23.00 02300	PARAMED PRGM- PHARMACY	400	0	1,341,351	0	1,813,881	23.00
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	1,998	0	216,872	0	250,793	23.01
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	80	0	615,345	-38,726	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	241,436	815,137	78,859,081	0	97,679,510	30.00
31.00 03100	INTENSIVE CARE UNIT	51,770	568,735	16,241,453	0	22,784,394	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,959	24,960	7,807,718	0	10,915,845	31.01
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
40.00 04000	SUBPROVIDER - I PF	17,271	4,541	4,353,686	0	6,065,320	40.00
41.00 04100	SUBPROVIDER - I RF	8,496	30,525	1,621,959	0	2,417,668	41.00
43.00 04300	NURSERY	3,099	0	1,833,781	0	2,704,833	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	110,026	4,158,453	19,398,421	0	39,995,841	50.00
51.00 05100	RECOVERY ROOM	18,435	158,615	4,036,374	0	6,092,635	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	35,873	165,559	6,113,060	0	9,924,606	52.00
53.00 05300	ANESTHESIOLOGY	4,830	729,514	2,333,989	0	7,878,366	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	115,845	4,064,141	25,481,048	0	43,012,492	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	20,169	995,277	4,141,895	0	7,823,140	55.00
56.00 05600	RADIOISOTOPE	19,268	1,213,755	3,211,227	0	8,042,947	56.00
57.00 05700	CT SCAN	9,867	1,333,159	3,505,937	0	7,579,181	57.00
58.00 05800	MRI	22,617	3,363,878	4,038,356	0	10,156,787	58.00
59.00 05900	CARDIAC CATHETERIZATION	21,778	949,181	2,688,812	0	5,108,707	59.00
60.00 06000	LABORATORY	62,832	1,359,440	18,471,089	0	53,965,918	60.00
60.01 06001	VASCULAR LAB	3,510	290,654	1,565,257	0	2,608,431	60.01
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	3,056	52,147	1,195,226	0	2,376,522	63.00
64.00 06400	INTRAVENOUS THERAPY	595	24,327	2,073,960	0	3,100,262	64.00
65.00 06500	RESPIRATORY THERAPY	6,148	137,453	5,348,683	0	9,254,922	65.00
66.00 06600	PHYSICAL THERAPY	54,242	68,345	18,717,054	0	27,169,779	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,223	7,136	2,490,464	0	3,354,356	67.00
68.00 06800	SPEECH PATHOLOGY	2,168	3,048	952,657	0	1,297,050	68.00
69.00 06900	ELECTROCARDIOLOGY	21,927	375,459	4,406,055	0	6,846,460	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,057	234,160	1,460,585	0	2,521,568	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,494	129,644	0	0	43,124,218	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	21,266	204,320	0	0	58,072,660	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,856	20,597	0	0	103,022,841	73.00
74.00 07400	RENAL DIALYSIS	10,487	0	0	0	2,436,748	74.00
75.00 07500	ASC (NON-DISTINCT PART)	36,054	21,194	6,255,265	0	9,517,472	75.00
76.00 03950	BLANK	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	5,400	21,573	682,698	0	965,744	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	259,354	1,923,271	60,616,253	0	123,071,430	90.00
91.00 09100	EMERGENCY	54,706	145,017	16,845,497	0	22,660,190	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00	4.00				
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	9,105	11,748	8,248,407	0	14,185,771	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	4,056	2,954	3,397,419	0	7,118,533	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,681,188	35,291,905	504,820,511	-217,924,652	977,009,553	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	27,725	610,240	0	0	26,661,972	191.00
193.01	19301 NON-ALLOWABLE COST	264,555	240,624	8,861,231	0	104,760,291	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	79,895,558	35,532,529	30,984,954		217,885,926	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.107261	0.983116	0.060319		0.196571	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			702,409		35,203,596	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001367		0.031760	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
4/14/2017 11:37 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	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		1,771,818				7.00
8.00	00800		6,657	118,328			8.00
9.00	00900		27,340	967	1,737,821		9.00
10.00	01000		37,503	192	37,503	680,333	10.00
11.00	01100		30,073	0	30,073	0	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		6,356	0	6,356	0	13.00
14.00	01400		0	0	0	0	14.00
15.00	01500		0	0	0	0	15.00
16.00	01600		11,799	0	11,799	0	16.00
17.00	01700		5,640	0	5,640	0	17.00
18.00	01080		0	0	0	0	18.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		46,417	0	46,417	0	22.00
23.00	02300		400	0	400	0	23.00
23.01	02301		1,998	0	1,998	0	23.01
23.02	02302		80	0	80	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		241,436	38,827	241,436	494,744	30.00
31.00	03100		51,770	4,946	51,770	46,897	31.00
31.01	03101		9,959	1,127	9,959	881	31.01
32.00	03200		0	0	0	0	32.00
33.00	03300		0	0	0	0	33.00
40.00	04000		17,271	2,169	17,271	35,078	40.00
41.00	04100		8,496	851	8,496	18,296	41.00
43.00	04300		3,099	0	3,099	0	43.00
44.00	04400		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		110,026	6,123	110,026	10,586	50.00
51.00	05100		18,435	3,645	18,435	174	51.00
52.00	05200		35,873	3,419	35,873	25,037	52.00
53.00	05300		4,830	0	4,830	0	53.00
54.00	05400		115,845	7,332	115,845	2,654	54.00
55.00	05500		20,169	2,676	20,169	59	55.00
56.00	05600		19,268	3,624	19,268	354	56.00
57.00	05700		9,867	316	9,867	283	57.00
58.00	05800		22,617	1,887	22,617	94	58.00
59.00	05900		21,778	3,233	21,778	1,677	59.00
60.00	06000		62,832	845	62,832	425	60.00
60.01	06001		3,510	1,468	3,510	0	60.01
63.00	06300		3,056	423	3,056	0	63.00
64.00	06400		595	47	595	0	64.00
65.00	06500		6,148	0	6,148	17	65.00
66.00	06600		54,242	1,728	54,242	50	66.00
67.00	06700		4,223	1,293	4,223	0	67.00
68.00	06800		2,168	0	2,168	0	68.00
69.00	06900		21,927	2,977	21,927	328	69.00
70.00	07000		5,057	1,207	5,057	0	70.00
71.00	07100		13,494	932	13,494	0	71.00
72.00	07200		21,266	1,470	21,266	0	72.00
73.00	07300		16,856	0	16,856	0	73.00
74.00	07400		10,487	2,169	10,487	174	74.00
75.00	07500		36,054	4,964	36,054	14,271	75.00
76.00	03950		0	0	0	0	76.00
76.97	07697		5,400	873	5,400	29	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		259,354	10,006	259,354	11,547	90.00
91.00	09100		54,706	6,592	54,706	16,678	91.00
92.00	09200						92.00
92.01	09202		0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100		9,105	0	9,105	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
4/14/2017 11:37 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	
116.00	11600	HOSPICE	0	4,056	0	4,056	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,479,538	118,328	1,445,541	680,333	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	27,725	0	27,725	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	264,555	0	264,555	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	81,117,308	4,509,998	18,354,882	18,860,156	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	45.781964	38.114377	10.562010	27.721948	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	21,693,814	326,978	1,442,807	1,806,257	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	12.243816	2.763319	0.830239	2.654960	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
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	10,494,116					11.00
12.00	01200		0				12.00
13.00	01300	143,238	0	1,547			13.00
14.00	01400		0	0	126,576,510		14.00
15.00	01500		0	0	0	157,104,740	15.00
16.00	01600	162,735	0	0	4	0	16.00
17.00	01700	129,171	0	0	674	0	17.00
18.00	01080		0	0	0	0	18.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200	397,777	0	10	1,665	0	22.00
23.00	02300	46,635	0	0	0	0	23.00
23.01	02301	5,974	0	0	0	6	23.01
23.02	02302	9,004	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,196,093	0	542	3,212,114	4,600	30.00
31.00	03100	402,205	0	148	974,939	1,518	31.00
31.01	03101	192,049	0	83	437,189	11,923	31.01
32.00	03200		0	0	0	0	32.00
33.00	03300		0	0	0	0	33.00
40.00	04000	130,526	0	25	24,392	13	40.00
41.00	04100	52,062	0	13	56,877	0	41.00
43.00	04300		0	0	0	0	43.00
44.00	04400		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	501,927	0	126	5,921,500	15,129	50.00
51.00	05100	89,567	0	40	202,457	3,323	51.00
52.00	05200	206,929	0	76	887,771	578	52.00
53.00	05300	53,277	0	3	1,557,458	2,410,702	53.00
54.00	05400	752,805	0	29	807,240	152,102	54.00
55.00	05500	78,243	0	3	5,857	1,116	55.00
56.00	05600	74,419	0	0	46,049	4,563	56.00
57.00	05700	88,562	0	0	473,287	259,410	57.00
58.00	05800	96,016	0	2	238,832	211,731	58.00
59.00	05900	61,127	0	15	247,006	28,358	59.00
60.00	06000	748,486	0	1	2,654,284	10,466	60.00
60.01	06001	35,623	0	0	5,897	0	60.01
63.00	06300	35,425	0	0	80,564	34,008	63.00
64.00	06400	46,723	0	22	322,239	8,266	64.00
65.00	06500	163,278	0	0	575,738	11,699	65.00
66.00	06600	525,889	0	1	275,610	5,815	66.00
67.00	06700	63,006	0	0	1,848	37	67.00
68.00	06800	24,243	0	0	2,390	0	68.00
69.00	06900	126,428	0	16	141,206	1,203	69.00
70.00	07000	39,137	0	0	9,977	0	70.00
71.00	07100	82,044	0	0	43,034,814	51	71.00
72.00	07200	129,303	0	0	57,931,773	81	72.00
73.00	07300	333,871	0	0	368,817	102,663,664	73.00
74.00	07400		0	0	52,593	0	74.00
75.00	07500	160,485	0	58	433,161	237	75.00
76.00	03950		0	0	0	0	76.00
76.97	07697	18,830	0	5	6,442	25	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	822,245	0	132	2,394,999	410,400	90.00
91.00	09100	441,644	0	137	2,265,188	41,704	91.00
92.00	09200		0	0	0	0	92.00
92.01	09202		0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	211,753	0	41	139,004	640,600	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	81,777	0	16	77,764	639,707
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,960,531	0	1,544	125,869,619	107,573,035
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	303,680	0	0	0	12,978
193.01	19301	NON-ALLOWABLE COST	229,905	0	3	706,891	49,518,727
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	3,197,105	0	10,258,638	10,433,768	22,381,630
203.00		Unit cost multiplier (Wkst. B, Part I)	0.304657	0.000000	6,631.310924	0.082431	0.142463
204.00		Cost to be allocated (per Wkst. B, Part II)	1,040,679	0	651,244	282,520	613,469
205.00		Unit cost multiplier (Wkst. B, Part II)	0.099168	0.000000	420.972204	0.002232	0.003905

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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	4,320,980,292				16.00
17.00 01700	SOCIAL SERVICE	0	67,614			17.00
18.00 01080	SPECIFY SERVICE	0	0	0		18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00 02300	PARAMED PRGM- PHARMACY	0	0	0		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH	0	0	0		23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	351,518,202	39,200	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	79,052,532	6,318	0	0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	57,194,276	0	0	0	31.01
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
40.00 04000	SUBPROVIDER - I/PF	21,329,022	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	9,360,770	2,285	0	0	41.00
43.00 04300	NURSERY	10,113,087	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	373,568,287	0	0	0	50.00
51.00 05100	RECOVERY ROOM	75,343,434	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	51,069,445	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	60,913,844	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	259,824,993	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	84,686,291	0	0	0	55.00
56.00 05600	RADIOISOTOPE	78,339,495	0	0	0	56.00
57.00 05700	CT SCAN	279,356,440	0	0	0	57.00
58.00 05800	MRI	179,623,758	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	84,178,716	0	0	0	59.00
60.00 06000	LABORATORY	418,532,052	0	0	0	60.00
60.01 06001	VASCULAR LAB	28,151,651	0	0	0	60.01
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	10,127,008	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	12,661,415	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	58,105,225	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	88,188,045	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	13,491,146	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	5,551,856	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	148,980,028	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	10,582,231	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	138,413,764	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	218,142,339	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	490,630,229	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	5,828,691	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	21,361,092	92	0	0	75.00
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	2,428,719	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	282,089,390	8,878	0	0	90.00
91.00 09100	EMERGENCY	282,486,058	301	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			SPECIFY SERVICE (ASSIGNED TIME)			
	16.00	17.00	18.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	18,771,099	2,080	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	10,985,662	8,460	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,320,980,292	67,614	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
193.01 19301 NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,565,947	9,672,891	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.002214	143.060476	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	651,329	454,173	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000151	6.717144	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 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
18.00 01080	SPECIFY SERVICE					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		20,572			22.00
23.00 02300	PARAMED PRGM- PHARMACY			100		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH				100	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA					100 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	11,534	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	100	0	0	31.01
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
40.00 04000	SUBPROVIDER - I PF	0	453	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	97	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	3,210	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	1,196	0	0	100 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	784	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	236	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	1,094	0	100	60.00
60.01 06001	VASCULAR LAB	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	282	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	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	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	189	0	0	90.00
91.00 09100	EMERGENCY	0	1,397	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet B-1

Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	20,572	100	100	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	191.00
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	193.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	48,790,339	2,207,183	414,488	45,977
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,371.686710	22,071.830000	4,144.880000	459.770000
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,910,486	77,341	75,149	4,389
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	141.478028	773.410000	751.490000	43.890000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
4/14/2017 11:37 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		156,593,952	257,298	156,851,250	30.00
31.00	03100	INTENSIVE CARE UNIT		33,932,090	0	33,932,090	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		14,463,365	0	14,463,365	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
40.00	04000	SUBPROVIDER - I/PF		9,540,586	27,581	9,568,167	40.00
41.00	04100	SUBPROVIDER - I/RF		4,365,620	0	4,365,620	41.00
43.00	04300	NURSERY		3,433,525	0	3,433,525	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		56,889,815	0	56,889,815	50.00
51.00	05100	RECOVERY ROOM		8,949,234	0	8,949,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		15,474,462	0	15,474,462	52.00
53.00	05300	ANESTHESIOLOGY		10,387,950	0	10,387,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		59,432,817	434,393	59,867,210	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		10,832,841	120,693	10,953,534	55.00
56.00	05600	RADIOISOTOPE		11,058,096	124,741	11,182,837	56.00
57.00	05700	CT SCAN		10,366,309	0	10,366,309	57.00
58.00	05800	MRI		13,992,230	0	13,992,230	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,838,570	5,689	7,844,259	59.00
60.00	06000	LABORATORY		69,954,311	670,164	70,624,475	60.00
60.01	06001	VASCULAR LAB		3,448,560	2,106	3,450,666	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		3,076,686	0	3,076,686	63.00
64.00	06400	INTRAVENOUS THERAPY		3,960,894	0	3,960,894	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,648,560	0	11,648,560	65.00
66.00	06600	PHYSICAL THERAPY	0	36,019,670	32,252	36,051,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,350,168	0	4,350,168	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,694,040	0	1,694,040	68.00
69.00	06900	ELECTROCARDIOLOGY		10,036,560	12,027	10,048,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		3,384,344	0	3,384,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		56,275,871	0	56,275,871	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		76,039,985	0	76,039,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		142,274,525	0	142,274,525	73.00
74.00	07400	RENAL DIALYSIS		3,611,355	0	3,611,355	74.00
75.00	07500	ASC (NON-DISTINCT PART)		14,534,281	0	14,534,281	75.00
76.00	03950	BLANK		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		1,538,723	0	1,538,723	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		165,854,956	21,094	165,876,050	90.00
91.00	09100	EMERGENCY		32,814,664	0	32,814,664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		30,032,832	0	30,032,832	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		18,265,535		18,265,535	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		10,209,536		10,209,536	116.00
200.00		Subtotal (see instructions)	0	1,126,577,518	1,708,038	1,128,285,556	200.00
201.00		Less Observation Beds		30,032,832		30,032,832	201.00
202.00		Total (see instructions)	0	1,096,544,686	1,708,038	1,098,252,724	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
4/14/2017 11:37 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	270,787,369		270,787,369		30.00
31.00	03100	INTENSIVE CARE UNIT	79,052,532		79,052,532		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	57,194,276		57,194,276		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	21,329,022		21,329,022		40.00
41.00	04100	SUBPROVIDER - IRF	9,360,770		9,360,770		41.00
43.00	04300	NURSERY	10,113,087		10,113,087		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	176,754,030	196,814,257	373,568,287	0.152288	50.00
51.00	05100	RECOVERY ROOM	33,474,478	41,868,956	75,343,434	0.118779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,005,242	3,064,203	51,069,445	0.303008	52.00
53.00	05300	ANESTHESIOLOGY	27,376,677	33,537,167	60,913,844	0.170535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,867,519	212,957,474	259,824,993	0.228742	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,971,361	81,714,930	84,686,291	0.127917	55.00
56.00	05600	RADIOISOTOPE	6,520,473	71,819,022	78,339,495	0.141156	56.00
57.00	05700	CT SCAN	68,156,336	211,200,104	279,356,440	0.037108	57.00
58.00	05800	MRI	20,223,523	159,400,235	179,623,758	0.077897	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,240,418	41,938,298	84,178,716	0.093118	59.00
60.00	06000	LABORATORY	154,186,100	264,345,952	418,532,052	0.167142	60.00
60.01	06001	VASCULAR LAB	8,145,528	20,006,123	28,151,651	0.122499	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,993,227	3,133,781	10,127,008	0.303810	63.00
64.00	06400	INTRAVENOUS THERAPY	12,263,842	397,573	12,661,415	0.312832	64.00
65.00	06500	RESPIRATORY THERAPY	52,238,118	5,867,107	58,105,225	0.200474	65.00
66.00	06600	PHYSICAL THERAPY	19,863,839	68,324,206	88,188,045	0.408442	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,133,451	1,357,695	13,491,146	0.322446	67.00
68.00	06800	SPEECH PATHOLOGY	5,005,297	546,559	5,551,856	0.305130	68.00
69.00	06900	ELECTROCARDIOLOGY	41,454,630	107,525,398	148,980,028	0.067368	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,172,083	4,410,148	10,582,231	0.319814	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,526,235	68,887,529	138,413,764	0.406577	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,842,328	62,300,011	218,142,339	0.348580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	130,670,388	359,959,841	490,630,229	0.289983	73.00
74.00	07400	RENAL DIALYSIS	5,050,364	778,327	5,828,691	0.619583	74.00
75.00	07500	ASC (NON-DISTINCT PART)	170,636	21,190,456	21,361,092	0.680409	75.00
76.00	03950	BLANK	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,619	2,427,100	2,428,719	0.633553	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,122,414	272,966,976	282,089,390	0.587952	90.00
91.00	09100	EMERGENCY	90,408,509	192,077,549	282,486,058	0.116164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,715,697	58,015,136	80,730,833	0.372012	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	18,771,099	18,771,099		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	10,985,662	10,985,662		116.00
200.00		Subtotal (see instructions)	1,722,391,418	2,598,588,874	4,320,980,292		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,722,391,418	2,598,588,874	4,320,980,292		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 4/14/2017 11:37 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.152288	50.00
51.00	05100	RECOVERY ROOM	0.118779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303008	52.00
53.00	05300	ANESTHESIOLOGY	0.170535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.230414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129342	55.00
56.00	05600	RADIOISOTOPE	0.142748	56.00
57.00	05700	CT SCAN	0.037108	57.00
58.00	05800	MRI	0.077897	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093186	59.00
60.00	06000	LABORATORY	0.168743	60.00
60.01	06001	VASCULAR LAB	0.122574	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303810	63.00
64.00	06400	INTRAVENOUS THERAPY	0.312832	64.00
65.00	06500	RESPIRATORY THERAPY	0.200474	65.00
66.00	06600	PHYSICAL THERAPY	0.408807	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322446	67.00
68.00	06800	SPEECH PATHOLOGY	0.305130	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319814	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.406577	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289983	73.00
74.00	07400	RENAL DIALYSIS	0.619583	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680409	75.00
76.00	03950	BLANK	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.633553	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.588027	90.00
91.00	09100	EMERGENCY	0.116164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.372012	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
4/14/2017 11:37 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	156,593,952		156,593,952	257,298	156,851,250	30.00
31.00	03100	INTENSIVE CARE UNIT	33,932,090		33,932,090	0	33,932,090	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	14,463,365		14,463,365	0	14,463,365	31.01
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
40.00	04000	SUBPROVIDER - I/PF	9,540,586		9,540,586	27,581	9,568,167	40.00
41.00	04100	SUBPROVIDER - I/RF	4,365,620		4,365,620	0	4,365,620	41.00
43.00	04300	NURSERY	3,433,525		3,433,525	0	3,433,525	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,889,815		56,889,815	0	56,889,815	50.00
51.00	05100	RECOVERY ROOM	8,949,234		8,949,234	0	8,949,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,474,462		15,474,462	0	15,474,462	52.00
53.00	05300	ANESTHESIOLOGY	10,387,950		10,387,950	0	10,387,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,432,817		59,432,817	434,393	59,867,210	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,832,841		10,832,841	120,693	10,953,534	55.00
56.00	05600	RADIOISOTOPE	11,058,096		11,058,096	124,741	11,182,837	56.00
57.00	05700	CT SCAN	10,366,309		10,366,309	0	10,366,309	57.00
58.00	05800	MRI	13,992,230		13,992,230	0	13,992,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,838,570		7,838,570	5,689	7,844,259	59.00
60.00	06000	LABORATORY	69,954,311		69,954,311	670,164	70,624,475	60.00
60.01	06001	VASCULAR LAB	3,448,560		3,448,560	2,106	3,450,666	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,076,686		3,076,686	0	3,076,686	63.00
64.00	06400	INTRAVENOUS THERAPY	3,960,894		3,960,894	0	3,960,894	64.00
65.00	06500	RESPIRATORY THERAPY	11,648,560	0	11,648,560	0	11,648,560	65.00
66.00	06600	PHYSICAL THERAPY	36,019,670	0	36,019,670	32,252	36,051,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,350,168	0	4,350,168	0	4,350,168	67.00
68.00	06800	SPEECH PATHOLOGY	1,694,040	0	1,694,040	0	1,694,040	68.00
69.00	06900	ELECTROCARDIOLOGY	10,036,560		10,036,560	12,027	10,048,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,384,344		3,384,344	0	3,384,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,275,871		56,275,871	0	56,275,871	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,039,985		76,039,985	0	76,039,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	142,274,525		142,274,525	0	142,274,525	73.00
74.00	07400	RENAL DIALYSIS	3,611,355		3,611,355	0	3,611,355	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,534,281		14,534,281	0	14,534,281	75.00
76.00	03950	BLANK	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,538,723		1,538,723	0	1,538,723	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	165,854,956		165,854,956	21,094	165,876,050	90.00
91.00	09100	EMERGENCY	32,814,664		32,814,664	0	32,814,664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	30,032,832		30,032,832	0	30,032,832	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	18,265,535		18,265,535		18,265,535	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,209,536		10,209,536		10,209,536	116.00
200.00		Subtotal (see instructions)	1,126,577,518	0	1,126,577,518	1,708,038	1,128,285,556	200.00
201.00		Less Observation Beds	30,032,832		30,032,832		30,032,832	201.00
202.00		Total (see instructions)	1,096,544,686	0	1,096,544,686	1,708,038	1,098,252,724	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet C
Part I
Date/Time Prepared:
4/14/2017 11:37 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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	270,787,369		270,787,369			30.00
31.00	03100	INTENSIVE CARE UNIT	79,052,532		79,052,532			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	57,194,276		57,194,276			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
40.00	04000	SUBPROVIDER - IPF	21,329,022		21,329,022			40.00
41.00	04100	SUBPROVIDER - IRF	9,360,770		9,360,770			41.00
43.00	04300	NURSERY	10,113,087		10,113,087			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	176,754,030	196,814,257	373,568,287	0.152288	0.000000	50.00
51.00	05100	RECOVERY ROOM	33,474,478	41,868,956	75,343,434	0.118779	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,005,242	3,064,203	51,069,445	0.303008	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	27,376,677	33,537,167	60,913,844	0.170535	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,867,519	212,957,474	259,824,993	0.228742	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,971,361	81,714,930	84,686,291	0.127917	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,520,473	71,819,022	78,339,495	0.141156	0.000000	56.00
57.00	05700	CT SCAN	68,156,336	211,200,104	279,356,440	0.037108	0.000000	57.00
58.00	05800	MRI	20,223,523	159,400,235	179,623,758	0.077897	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,240,418	41,938,298	84,178,716	0.093118	0.000000	59.00
60.00	06000	LABORATORY	154,186,100	264,345,952	418,532,052	0.167142	0.000000	60.00
60.01	06001	VASCULAR LAB	8,145,528	20,006,123	28,151,651	0.122499	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,993,227	3,133,781	10,127,008	0.303810	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	12,263,842	397,573	12,661,415	0.312832	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	52,238,118	5,867,107	58,105,225	0.200474	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,863,839	68,324,206	88,188,045	0.408442	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,133,451	1,357,695	13,491,146	0.322446	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,005,297	546,559	5,551,856	0.305130	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	41,454,630	107,525,398	148,980,028	0.067368	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,172,083	4,410,148	10,582,231	0.319814	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,526,235	68,887,529	138,413,764	0.406577	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,842,328	62,300,011	218,142,339	0.348580	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	130,670,388	359,959,841	490,630,229	0.289983	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,050,364	778,327	5,828,691	0.619583	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	170,636	21,190,456	21,361,092	0.680409	0.000000	75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,619	2,427,100	2,428,719	0.633553	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,122,414	272,966,976	282,089,390	0.587952	0.000000	90.00
91.00	09100	EMERGENCY	90,408,509	192,077,549	282,486,058	0.116164	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,715,697	58,015,136	80,730,833	0.372012	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	18,771,099	18,771,099			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	10,985,662	10,985,662			116.00
200.00		Subtotal (see instructions)	1,722,391,418	2,598,588,874	4,320,980,292			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,722,391,418	2,598,588,874	4,320,980,292			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 4/14/2017 11:37 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - I PF				40.00
41.00	04100	SUBPROVIDER - I RF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
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	VASCULAR LAB	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	BLANK	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part I Date/Time Prepared: 4/14/2017 11:37 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,212,981	0	14,212,981	153,280	92.73	30.00
31.00	INTENSIVE CARE UNIT	3,319,687		3,319,687	16,874	196.73	31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	781,449		781,449	12,639	61.83	31.01
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
40.00	SUBPROVIDER - IPF	901,993	0	901,993	9,751	92.50	40.00
41.00	SUBPROVIDER - IRF	469,372	0	469,372	5,448	86.15	41.00
43.00	NURSERY	192,768		192,768	10,559	18.26	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	19,878,250		19,878,250	208,551		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	61,242	5,678,971				30.00
31.00	INTENSIVE CARE UNIT	8,145	1,602,366				31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0				31.01
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
40.00	SUBPROVIDER - IPF	2,177	201,373				40.00
41.00	SUBPROVIDER - IRF	3,166	272,751				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	74,730	7,755,461				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 4/14/2017 11:37 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,253,362	373,568,287	0.024770	78,633,527	1,947,752	50.00
51.00	05100	RECOVERY ROOM	1,014,751	75,343,434	0.013468	15,117,397	203,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,814,769	51,069,445	0.035535	154,598	5,494	52.00
53.00	05300	ANESTHESIOLOGY	1,159,505	60,913,844	0.019035	9,443,403	179,755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,396,121	259,824,993	0.036163	24,627,599	890,608	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,931,211	84,686,291	0.022804	1,217,676	27,768	55.00
56.00	05600	RADIOISOTOPE	2,122,718	78,339,495	0.027096	3,550,561	96,206	56.00
57.00	05700	CT SCAN	1,938,217	279,356,440	0.006938	34,588,671	239,976	57.00
58.00	05800	MRI	4,429,955	179,623,758	0.024662	9,591,390	236,543	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,860,843	84,178,716	0.022106	21,653,949	478,682	59.00
60.00	06000	LABORATORY	5,307,816	418,532,052	0.012682	77,205,536	979,121	60.00
60.01	06001	VASCULAR LAB	499,051	28,151,651	0.017727	4,382,167	77,683	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	236,305	10,127,008	0.023334	2,430,174	56,706	63.00
64.00	06400	INTRAVENOUS THERAPY	161,645	12,661,415	0.012767	6,386,232	81,533	64.00
65.00	06500	RESPIRATORY THERAPY	666,720	58,105,225	0.011474	22,640,386	259,776	65.00
66.00	06600	PHYSICAL THERAPY	2,826,944	88,188,045	0.032056	10,088,572	323,399	66.00
67.00	06700	OCCUPATIONAL THERAPY	268,941	13,491,146	0.019935	5,335,236	106,358	67.00
68.00	06800	SPEECH PATHOLOGY	120,678	5,551,856	0.021737	2,240,313	48,698	68.00
69.00	06900	ELECTROCARDIOLOGY	1,371,341	148,980,028	0.009205	24,576,127	226,223	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	488,922	10,582,231	0.046202	2,541,478	117,421	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,072,493	138,413,764	0.014973	32,689,192	489,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,930,022	218,142,339	0.013432	80,771,635	1,084,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,359,314	490,630,229	0.008885	60,626,646	538,668	73.00
74.00	07400	RENAL DIALYSIS	432,817	5,828,691	0.074256	2,942,019	218,463	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,624,730	21,361,092	0.076060	99,079	7,536	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	238,835	2,428,719	0.098338	340	33	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,792,512	282,089,390	0.052439	4,949,794	259,562	90.00
91.00	09100	EMERGENCY	2,914,363	282,486,058	0.010317	47,146,746	486,413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,721,395	80,730,833	0.033709	10,266,259	346,065	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50-199)	78,956,296	3,843,386,475		595,896,702	10,014,423	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part III Date/Time Prepared: 4/14/2017 11:37 am
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Cost Center Description			Title XVIII				Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0		31.01	
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	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00	
43.00	04300	NURSERY	0	0	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00	
200.00		Total (lines 30-199)	0	0	0	0	0		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
			6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	153,280	0.00	61,242	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	16,874	0.00	8,145	0	0		31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	12,639	0.00	0	0	0		31.01	
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0		32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0		33.00	
40.00	04000	SUBPROVIDER - IPF	9,751	0.00	2,177	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	5,448	0.00	3,166	0	0		41.00	
43.00	04300	NURSERY	10,559	0.00	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0		44.00	
200.00		Total (lines 30-199)	208,551		74,730	0	0		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	45,977	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	414,488	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,207,183	0	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	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	2,667,648	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
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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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	373,568,287	0.000000	0.000000	78,633,527	50.00
51.00	05100	RECOVERY ROOM	0	75,343,434	0.000000	0.000000	15,117,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	51,069,445	0.000000	0.000000	154,598	52.00
53.00	05300	ANESTHESIOLOGY	45,977	60,913,844	0.000755	0.000755	9,443,403	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	259,824,993	0.000000	0.000000	24,627,599	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	84,686,291	0.000000	0.000000	1,217,676	55.00
56.00	05600	RADIOISOTOPE	0	78,339,495	0.000000	0.000000	3,550,561	56.00
57.00	05700	CT SCAN	0	279,356,440	0.000000	0.000000	34,588,671	57.00
58.00	05800	MRI	0	179,623,758	0.000000	0.000000	9,591,390	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	84,178,716	0.000000	0.000000	21,653,949	59.00
60.00	06000	LABORATORY	414,488	418,532,052	0.000990	0.000990	77,205,536	60.00
60.01	06001	VASCULAR LAB	0	28,151,651	0.000000	0.000000	4,382,167	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,127,008	0.000000	0.000000	2,430,174	63.00
64.00	06400	INTRAVENOUS THERAPY	0	12,661,415	0.000000	0.000000	6,386,232	64.00
65.00	06500	RESPIRATORY THERAPY	0	58,105,225	0.000000	0.000000	22,640,386	65.00
66.00	06600	PHYSICAL THERAPY	0	88,188,045	0.000000	0.000000	10,088,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,491,146	0.000000	0.000000	5,335,236	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,551,856	0.000000	0.000000	2,240,313	68.00
69.00	06900	ELECTROCARDIOLOGY	0	148,980,028	0.000000	0.000000	24,576,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,582,231	0.000000	0.000000	2,541,478	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	138,413,764	0.000000	0.000000	32,689,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	218,142,339	0.000000	0.000000	80,771,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,207,183	490,630,229	0.004499	0.004499	60,626,646	73.00
74.00	07400	RENAL DIALYSIS	0	5,828,691	0.000000	0.000000	2,942,019	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	21,361,092	0.000000	0.000000	99,079	75.00
76.00	03950	BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,428,719	0.000000	0.000000	340	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	282,089,390	0.000000	0.000000	4,949,794	90.00
91.00	09100	EMERGENCY	0	282,486,058	0.000000	0.000000	47,146,746	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	80,730,833	0.000000	0.000000	10,266,259	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00		Total (lines 50-199)	2,667,648	3,843,386,475			595,896,702	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII						
Hospital						
PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	51,054,257	0	50.00
51.00	05100	RECOVERY ROOM	0	9,587,595	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,078	0	52.00
53.00	05300	ANESTHESIOLOGY	7,130	9,052,176	6,834	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,724,474	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,983,567	0	55.00
56.00	05600	RADIOISOTOPE	0	34,807,319	0	56.00
57.00	05700	CT SCAN	0	87,232,361	0	57.00
58.00	05800	MRI	0	47,798,263	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,538,089	0	59.00
60.00	06000	LABORATORY	76,433	78,906,336	78,117	60.00
60.01	06001	VASCULAR LAB	0	9,464,753	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,142,700	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	220,868	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,701,359	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,209,659	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	223,755	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68,702	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	53,549,759	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,058,552	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,950,539	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,093,883	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	272,759	134,083,092	603,240	73.00
74.00	07400	RENAL DIALYSIS	0	707,946	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	6,375,825	0	75.00
76.00	03950	BLANK	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,392,867	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	139,049,278	0	90.00
91.00	09100	EMERGENCY	0	53,339,902	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,893,838	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00		Total (Lines 50-199)	356,322	913,225,792	688,191	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.152288	51,054,257	471,877	7,977	7,774,951	50.00
51.00	05100	RECOVERY ROOM	0.118779	9,587,595	0	0	1,138,805	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303008	14,078	0	0	4,266	52.00
53.00	05300	ANESTHESIOLOGY	0.170535	9,052,176	0	11	1,543,713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228742	54,724,474	13	8,533	12,517,786	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.127917	34,983,567	23	15,308	4,474,993	55.00
56.00	05600	RADIOISOTOPE	0.141156	34,807,319	172	115,380	4,913,262	56.00
57.00	05700	CT SCAN	0.037108	87,232,361	214	143,312	3,237,018	57.00
58.00	05800	MRI	0.077897	47,798,263	43	28,727	3,723,341	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093118	25,538,089	30	20,111	2,378,056	59.00
60.00	06000	LABORATORY	0.167142	78,906,336	37,602	0	13,188,563	60.00
60.01	06001	VASCULAR LAB	0.122499	9,464,753	0	0	1,159,423	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303810	1,142,700	2,733	19	347,164	63.00
64.00	06400	INTRAVENOUS THERAPY	0.312832	220,868	16	0	69,095	64.00
65.00	06500	RESPIRATORY THERAPY	0.200474	2,701,359	0	0	541,552	65.00
66.00	06600	PHYSICAL THERAPY	0.408442	2,209,659	0	0	902,518	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322446	223,755	0	0	72,149	67.00
68.00	06800	SPEECH PATHOLOGY	0.305130	68,702	0	0	20,963	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067368	53,549,759	1	646	3,607,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319814	2,058,552	0	0	658,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.406577	23,950,539	0	0	9,737,738	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348580	30,093,883	0	0	10,490,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289983	134,083,092	6,300	4,221,540	38,881,817	73.00
74.00	07400	RENAL DIALYSIS	0.619583	707,946	0	0	438,631	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680409	6,375,825	23	0	4,338,169	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.633553	1,392,867	0	0	882,455	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.587952	139,049,278	273,630	586,713	81,754,301	90.00
91.00	09100	EMERGENCY	0.116164	53,339,902	0	69	6,196,176	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.372012	18,893,838	0	0	7,028,734	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		913,225,792	792,677	5,148,346	222,021,659	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (Line 200 +/- Line 201)		913,225,792	792,677	5,148,346	222,021,659	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 4/14/2017 11:37 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	71,861	1,215		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	2		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3	1,952		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3	1,958		55.00
56.00 05600 RADIOISOTOPE	24	16,287		56.00
57.00 05700 CT SCAN	8	5,318		57.00
58.00 05800 MRI	3	2,238		58.00
59.00 05900 CARDIAC CATHETERIZATION	3	1,873		59.00
60.00 06000 LABORATORY	6,285	0		60.00
60.01 06001 VASCULAR LAB	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	830	6		63.00
64.00 06400 INTRAVENOUS THERAPY	5	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	44		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,827	1,224,175		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	16	0		75.00
76.00 03950 BLANK	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	160,881	344,959		90.00
91.00 09100 EMERGENCY	0	8		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	241,749	1,600,035		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	241,749	1,600,035		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part II Date/Time Prepared: 4/14/2017 11:37 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,253,362	373,568,287	0.024770	0	50.00
51.00	05100	RECOVERY ROOM	1,014,751	75,343,434	0.013468	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,814,769	51,069,445	0.035535	0	52.00
53.00	05300	ANESTHESIOLOGY	1,159,505	60,913,844	0.019035	95,644	1,821 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,396,121	259,824,993	0.036163	11,149	403 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,931,211	84,686,291	0.022804	0	0 55.00
56.00	05600	RADIOISOTOPE	2,122,718	78,339,495	0.027096	2,491	67 56.00
57.00	05700	CT SCAN	1,938,217	279,356,440	0.006938	109,697	761 57.00
58.00	05800	MRI	4,429,955	179,623,758	0.024662	83,285	2,054 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,860,843	84,178,716	0.022106	16,407	363 59.00
60.00	06000	LABORATORY	5,307,816	418,532,052	0.012682	505,628	6,412 60.00
60.01	06001	VASCULAR LAB	499,051	28,151,651	0.017727	4,934	87 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	236,305	10,127,008	0.023334	228	5 63.00
64.00	06400	INTRAVENOUS THERAPY	161,645	12,661,415	0.012767	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	666,720	58,105,225	0.011474	10,360	119 65.00
66.00	06600	PHYSICAL THERAPY	2,826,944	88,188,045	0.032056	14,630	469 66.00
67.00	06700	OCCUPATIONAL THERAPY	268,941	13,491,146	0.019935	4,073	81 67.00
68.00	06800	SPEECH PATHOLOGY	120,678	5,551,856	0.021737	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,371,341	148,980,028	0.009205	56,044	516 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	488,922	10,582,231	0.046202	2,015	93 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,072,493	138,413,764	0.014973	4,335	65 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,930,022	218,142,339	0.013432	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,359,314	490,630,229	0.008885	717,373	6,374 73.00
74.00	07400	RENAL DIALYSIS	432,817	5,828,691	0.074256	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,624,730	21,361,092	0.076060	0	0 75.00
76.00	03950	BLANK	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	238,835	2,428,719	0.098338	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	14,792,512	282,089,390	0.052439	95,082	4,986 90.00
91.00	09100	EMERGENCY	2,914,363	282,486,058	0.010317	675,502	6,969 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	80,730,833	0.000000	3,731	0 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0 92.01
200.00		Total (Lines 50-199)	76,234,901	3,843,386,475		2,412,608	31,645 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	45,977	45,977	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	414,488	414,488	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,207,183	2,207,183	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	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	2,667,648	2,667,648	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	373,568,287	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	75,343,434	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	51,069,445	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	45,977	60,913,844	0.000755	0.000755	95,644	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	259,824,993	0.000000	0.000000	11,149	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	84,686,291	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	78,339,495	0.000000	0.000000	2,491	56.00
57.00	05700 CT SCAN	0	279,356,440	0.000000	0.000000	109,697	57.00
58.00	05800 MRI	0	179,623,758	0.000000	0.000000	83,285	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	84,178,716	0.000000	0.000000	16,407	59.00
60.00	06000 LABORATORY	414,488	418,532,052	0.000990	0.000990	505,628	60.00
60.01	06001 VASCULAR LAB	0	28,151,651	0.000000	0.000000	4,934	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,127,008	0.000000	0.000000	228	63.00
64.00	06400 INTRAVENOUS THERAPY	0	12,661,415	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	58,105,225	0.000000	0.000000	10,360	65.00
66.00	06600 PHYSICAL THERAPY	0	88,188,045	0.000000	0.000000	14,630	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,491,146	0.000000	0.000000	4,073	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,551,856	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	148,980,028	0.000000	0.000000	56,044	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,582,231	0.000000	0.000000	2,015	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	138,413,764	0.000000	0.000000	4,335	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	218,142,339	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,207,183	490,630,229	0.004499	0.004499	717,373	73.00
74.00	07400 RENAL DIALYSIS	0	5,828,691	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	21,361,092	0.000000	0.000000	0	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,428,719	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	282,089,390	0.000000	0.000000	95,082	90.00
91.00	09100 EMERGENCY	0	282,486,058	0.000000	0.000000	675,502	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	80,730,833	0.000000	0.000000	3,731	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00	Total (Lines 50-199)	2,667,648	3,843,386,475			2,412,608	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	72	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	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	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	501	247	0	60.00
60.01	06001 VASCULAR LAB	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,180	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	34	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,227	11	0	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 BLANK	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	222	0	90.00
91.00	09100 EMERGENCY	0	2,993	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (Lines 50-199)	3,800	4,687	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 4/14/2017 11:37 am
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.152288	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.118779	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.303008	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.170535	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.228742	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.127917	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.141156	0	0	0	0	56.00
57.00 05700 CT SCAN	0.037108	0	0	0	0	57.00
58.00 05800 MRI	0.077897	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.093118	0	0	0	0	59.00
60.00 06000 LABORATORY	0.167142	247	0	0	41	60.00
60.01 06001 VASCULAR LAB	0.122499	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.303810	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.312832	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.200474	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.408442	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.322446	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.305130	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.067368	1,180	0	0	79	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.319814	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.406577	34	0	0	14	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.348580	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.289983	11	0	0	3	73.00
74.00 07400 RENAL DIALYSIS	0.619583	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.680409	0	0	0	0	75.00
76.00 03950 BLANK	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.633553	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.587952	222	0	0	131	90.00
91.00 09100 EMERGENCY	0.116164	2,993	0	0	348	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.372012	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Subtotal (see instructions)		4,687	0	616	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		4,687	0	616	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 4/14/2017 11:37 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	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 BLANK	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Subtotal (see instructions)	0	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)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part II Date/Time Prepared: 4/14/2017 11:37 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,253,362	373,568,287	0.024770	15,306	379	50.00
51.00	05100	RECOVERY ROOM	1,014,751	75,343,434	0.013468	4,122	56	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,814,769	51,069,445	0.035535	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,159,505	60,913,844	0.019035	2,334	44	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,396,121	259,824,993	0.036163	106,168	3,839	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,931,211	84,686,291	0.022804	38,390	875	55.00
56.00	05600	RADIOISOTOPE	2,122,718	78,339,495	0.027096	18,106	491	56.00
57.00	05700	CT SCAN	1,938,217	279,356,440	0.006938	201,741	1,400	57.00
58.00	05800	MRI	4,429,955	179,623,758	0.024662	66,298	1,635	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,860,843	84,178,716	0.022106	0	0	59.00
60.00	06000	LABORATORY	5,307,816	418,532,052	0.012682	539,640	6,844	60.00
60.01	06001	VASCULAR LAB	499,051	28,151,651	0.017727	149,309	2,647	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	236,305	10,127,008	0.023334	4,176	97	63.00
64.00	06400	INTRAVENOUS THERAPY	161,645	12,661,415	0.012767	47,227	603	64.00
65.00	06500	RESPIRATORY THERAPY	666,720	58,105,225	0.011474	258,744	2,969	65.00
66.00	06600	PHYSICAL THERAPY	2,826,944	88,188,045	0.032056	1,515,317	48,575	66.00
67.00	06700	OCCUPATIONAL THERAPY	268,941	13,491,146	0.019935	1,617,346	32,242	67.00
68.00	06800	SPEECH PATHOLOGY	120,678	5,551,856	0.021737	863,112	18,761	68.00
69.00	06900	ELECTROCARDIOLOGY	1,371,341	148,980,028	0.009205	24,676	227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	488,922	10,582,231	0.046202	3,141	145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,072,493	138,413,764	0.014973	96,557	1,446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,930,022	218,142,339	0.013432	7,349	99	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,359,314	490,630,229	0.008885	1,033,670	9,184	73.00
74.00	07400	RENAL DIALYSIS	432,817	5,828,691	0.074256	59,661	4,430	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,624,730	21,361,092	0.076060	0	0	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	238,835	2,428,719	0.098338	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,792,512	282,089,390	0.052439	8,654	454	90.00
91.00	09100	EMERGENCY	2,914,363	282,486,058	0.010317	3,242	33	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	80,730,833	0.000000	6,982	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (Lines 50-199)	76,234,901	3,843,386,475		6,691,268	137,475	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	45,977	45,977	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	414,488	414,488	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,207,183	2,207,183	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	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (Lines 50-199)	0	0	2,667,648	2,667,648	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	373,568,287	0.000000	0.000000	15,306	50.00
51.00	05100 RECOVERY ROOM	0	75,343,434	0.000000	0.000000	4,122	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	51,069,445	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	45,977	60,913,844	0.000755	0.000755	2,334	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	259,824,993	0.000000	0.000000	106,168	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	84,686,291	0.000000	0.000000	38,390	55.00
56.00	05600 RADIOISOTOPE	0	78,339,495	0.000000	0.000000	18,106	56.00
57.00	05700 CT SCAN	0	279,356,440	0.000000	0.000000	201,741	57.00
58.00	05800 MRI	0	179,623,758	0.000000	0.000000	66,298	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	84,178,716	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	414,488	418,532,052	0.000990	0.000990	539,640	60.00
60.01	06001 VASCULAR LAB	0	28,151,651	0.000000	0.000000	149,309	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,127,008	0.000000	0.000000	4,176	63.00
64.00	06400 INTRAVENOUS THERAPY	0	12,661,415	0.000000	0.000000	47,227	64.00
65.00	06500 RESPIRATORY THERAPY	0	58,105,225	0.000000	0.000000	258,744	65.00
66.00	06600 PHYSICAL THERAPY	0	88,188,045	0.000000	0.000000	1,515,317	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,491,146	0.000000	0.000000	1,617,346	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,551,856	0.000000	0.000000	863,112	68.00
69.00	06900 ELECTROCARDIOLOGY	0	148,980,028	0.000000	0.000000	24,676	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,582,231	0.000000	0.000000	3,141	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	138,413,764	0.000000	0.000000	96,557	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	218,142,339	0.000000	0.000000	7,349	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,207,183	490,630,229	0.004499	0.004499	1,033,670	73.00
74.00	07400 RENAL DIALYSIS	0	5,828,691	0.000000	0.000000	59,661	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	21,361,092	0.000000	0.000000	0	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,428,719	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	282,089,390	0.000000	0.000000	8,654	90.00
91.00	09100 EMERGENCY	0	282,486,058	0.000000	0.000000	3,242	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	80,730,833	0.000000	0.000000	6,982	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00	Total (Lines 50-199)	2,667,648	3,843,386,475			6,691,268	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	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	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	534	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,650	0	0	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 BLANK	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (Lines 50-199)	5,186	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	45,977	0	45,977	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	414,488	0	414,488	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,207,183	0	2,207,183	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	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
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 PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	2,667,648	0	2,667,648	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	373,568,287	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	75,343,434	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	51,069,445	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	45,977	60,913,844	0.000755	0.000755	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	259,824,993	0.000000	0.000000	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	84,686,291	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	78,339,495	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	279,356,440	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	179,623,758	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	84,178,716	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	414,488	418,532,052	0.000990	0.000990	0	60.00
60.01 06001 VASCULAR LAB	0	28,151,651	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	10,127,008	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	12,661,415	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	58,105,225	0.000000	0.000000	0	65.00
66.00 06600 PHYSICAL THERAPY	0	88,188,045	0.000000	0.000000	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	13,491,146	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	5,551,856	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	148,980,028	0.000000	0.000000	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	10,582,231	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	138,413,764	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	218,142,339	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,207,183	490,630,229	0.004499	0.004499	0	73.00
74.00 07400 RENAL DIALYSIS	0	5,828,691	0.000000	0.000000	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	21,361,092	0.000000	0.000000	0	75.00
76.00 03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,428,719	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	282,089,390	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	282,486,058	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	80,730,833	0.000000	0.000000	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00 Total (Lines 50-199)	2,667,648	3,843,386,475			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/14/2017 11:37 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	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	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	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 BLANK	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		153,280	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		153,280	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)		123,931	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)		61,242	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		156,851,250	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)		156,851,250	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		156,851,250	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,023.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		62,668,939	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)		62,668,939	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	33,932,090	16,874	2,010.91	8,145	16,378,862	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	14,463,365	12,639	1,144.34	0	0	43.01
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						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)				128,777,566		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				207,825,367		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)				7,281,337		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				10,370,745		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				17,652,082		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				190,173,285		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)				29,349		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,023.30		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				30,032,832		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 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	14,212,981	156,851,250	0.090614	30,032,832	2,721,395	90.00
91.00	Nursing School cost	0	156,851,250	0.000000	30,032,832	0	91.00
92.00	Allied health cost	0	156,851,250	0.000000	30,032,832	0	92.00
93.00	All other Medical Education	0	156,851,250	0.000000	30,032,832	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,751	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,751	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,751	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)		2,177	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,568,167	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)		9,568,167	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,568,167	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		981.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,136,181	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)		2,136,181	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1	
				Component CCN: 14-S010		Date/Time Prepared: 4/14/2017 11:37 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0		43.01
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							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)					476,671		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,612,852		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)					201,373		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,445		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					236,818		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,376,034		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	901,993	9,568,167	0.094270	0	0	90.00
91.00	Nursing School cost	0	9,568,167	0.000000	0	0	91.00
92.00	Allied health cost	0	9,568,167	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,568,167	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,448	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,448	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)		5,448	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,166	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,365,620	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)		4,365,620	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,365,620	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		801.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,537,011	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)		2,537,011	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1	
				Component CCN: 14-T010		Date/Time Prepared: 4/14/2017 11:37 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0		43.01
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							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,018,761		48.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					272,751		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					142,661		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					415,412		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,140,360		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	469,372	4,365,620	0.107516	0	0	90.00
91.00	Nursing School cost	0	4,365,620	0.000000	0	0	91.00
92.00	Allied health cost	0	4,365,620	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,365,620	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 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)			0 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)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			0 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)			0 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 am	
				Title XVIII	Skilled Nursing Facility	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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					0	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0.00	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital -related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital -related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-5855		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 4/14/2017 11:37 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 4/14/2017 11:37 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		139,320,947	30.00
31.00	03100	INTENSIVE CARE UNIT		40,780,632	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		171	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.152288	78,633,527	50.00
51.00	05100	RECOVERY ROOM	0.118779	15,117,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303008	154,598	52.00
53.00	05300	ANESTHESIOLOGY	0.170535	9,443,403	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.230414	24,627,599	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129342	1,217,676	55.00
56.00	05600	RADIOISOTOPE	0.142748	3,550,561	56.00
57.00	05700	CT SCAN	0.037108	34,588,671	57.00
58.00	05800	MRI	0.077897	9,591,390	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093186	21,653,949	59.00
60.00	06000	LABORATORY	0.168743	77,205,536	60.00
60.01	06001	VASCULAR LAB	0.122574	4,382,167	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303810	2,430,174	63.00
64.00	06400	INTRAVENOUS THERAPY	0.312832	6,386,232	64.00
65.00	06500	RESPIRATORY THERAPY	0.200474	22,640,386	65.00
66.00	06600	PHYSICAL THERAPY	0.408807	10,088,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322446	5,335,236	67.00
68.00	06800	SPEECH PATHOLOGY	0.305130	2,240,313	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067449	24,576,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319814	2,541,478	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.406577	32,689,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348580	80,771,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289983	60,626,646	73.00
74.00	07400	RENAL DIALYSIS	0.619583	2,942,019	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680409	99,079	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.633553	340	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.588027	4,949,794	90.00
91.00	09100	EMERGENCY	0.116164	47,146,746	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.372012	10,266,259	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		595,896,702	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		595,896,702	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 4/14/2017 11:37 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		4,877,907	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.152288	0	50.00
51.00	05100	RECOVERY ROOM	0.118779	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303008	0	52.00
53.00	05300	ANESTHESIOLOGY	0.170535	95,644	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.230414	11,149	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129342	0	55.00
56.00	05600	RADIOISOTOPE	0.142748	2,491	56.00
57.00	05700	CT SCAN	0.037108	109,697	57.00
58.00	05800	MRI	0.077897	83,285	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093186	16,407	59.00
60.00	06000	LABORATORY	0.168743	505,628	60.00
60.01	06001	VASCULAR LAB	0.122574	4,934	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303810	228	63.00
64.00	06400	INTRAVENOUS THERAPY	0.312832	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.200474	10,360	65.00
66.00	06600	PHYSICAL THERAPY	0.408807	14,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322446	4,073	67.00
68.00	06800	SPEECH PATHOLOGY	0.305130	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067449	56,044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319814	2,015	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.406577	4,335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348580	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289983	717,373	73.00
74.00	07400	RENAL DIALYSIS	0.619583	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680409	0	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.633553	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.588027	95,082	90.00
91.00	09100	EMERGENCY	0.116164	675,502	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.372012	3,731	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		2,412,608	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,412,608	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 4/14/2017 11:37 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		5,422,881	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.152288	15,306	50.00
51.00	05100	RECOVERY ROOM	0.118779	4,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303008	0	52.00
53.00	05300	ANESTHESIOLOGY	0.170535	2,334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.230414	106,168	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.129342	38,390	55.00
56.00	05600	RADIOISOTOPE	0.142748	18,106	56.00
57.00	05700	CT SCAN	0.037108	201,741	57.00
58.00	05800	MRI	0.077897	66,298	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093186	0	59.00
60.00	06000	LABORATORY	0.168743	539,640	60.00
60.01	06001	VASCULAR LAB	0.122574	149,309	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.303810	4,176	63.00
64.00	06400	INTRAVENOUS THERAPY	0.312832	47,227	64.00
65.00	06500	RESPIRATORY THERAPY	0.200474	258,744	65.00
66.00	06600	PHYSICAL THERAPY	0.408807	1,515,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.322446	1,617,346	67.00
68.00	06800	SPEECH PATHOLOGY	0.305130	863,112	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067449	24,676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319814	3,141	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.406577	96,557	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.348580	7,349	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289983	1,033,670	73.00
74.00	07400	RENAL DIALYSIS	0.619583	59,661	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680409	0	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.633553	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.588027	8,654	90.00
91.00	09100	EMERGENCY	0.116164	3,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.372012	6,982	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		6,691,268	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		6,691,268	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		145,104,178	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)		4,410,662	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		21,924,135	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		623.54	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		170.74	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)		170.74	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		189.55	10.00
11.00	FTE count for residents in dental and podiatric programs.		4.84	11.00
12.00	Current year allowable FTE (see instructions)		175.58	12.00
13.00	Total allowable FTE count for the prior year.		174.88	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.		174.58	14.00
15.00	Sum of lines 12 through 14 divided by 3.		175.01	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		175.01	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.280672	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.279031	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.279031	21.00
22.00	IME payment adjustment (see instructions)		20,530,935	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,102,068	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		18.81	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)		20,530,935	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,102,068	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.03	31.00
32.00	Sum of lines 30 and 31		17.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.88	33.00
34.00	Disproportionate share adjustment (see instructions)		1,407,511	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 4/14/2017 11:37 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000760941	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	4,874,699	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	4,874,699	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,874,699		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	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)		176,327,985		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			179,430,053	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			14,023,258	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).			5,120,062	52.00
53.00	Nursing and Allied Health Managed Care payment			85,886	53.00
54.00	Special add-on payments for new technologies			174,626	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)			356,322	58.00
59.00	Total (sum of amounts on lines 49 through 58)			199,190,207	59.00
60.00	Primary payer payments			30,177	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			199,160,030	61.00
62.00	Deductibles billed to program beneficiaries			14,956,872	62.00
63.00	Coinurance billed to program beneficiaries			306,971	63.00
64.00	Allowable bad debts (see instructions)			1,272,101	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			826,866	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			814,929	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			184,723,053	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)			272,230	70.93
70.94	HRR adjustment amount (see instructions)			-110,892	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 4/14/2017 11:37 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)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			184,884,391	71.00
71.01	Sequestration adjustment (see instructions)			3,697,688	71.01
72.00	Interim payments			180,669,071	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)			517,632	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,976,665	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/14/2017 11:37 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	145,104,178		145,104,178	145,104,178	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	4,410,662	0	4,410,662	4,410,662	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	21,924,135	0	21,924,135	21,924,135	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.279031	0.279031	0.279031		5.00
6.00	IME payment adjustment (see instructions)	22.00	20,530,935	0	20,530,935	20,530,935	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,102,068	0	3,102,068	3,102,068	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	20,530,935	0	20,530,935	20,530,935	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,102,068	0	3,102,068	3,102,068	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0388	0.0388	0.0388		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,407,511	0	1,407,511	1,407,511	11.00
11.01	Uncompensated care payments	36.00	4,874,699	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	176,327,985	0	176,327,985	176,327,985	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	179,430,053	0	179,430,053	179,430,053	15.00
16.00	Payment for inpatient program capital	50.00	14,023,258	0	14,023,258	14,023,258	16.00
17.00	Special add-on payments for new technologies	54.00	174,626	0	174,626	174,626	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			0	193,627,937	193,627,937	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/14/2017 11:37 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	11,638,619	0	11,638,619	11,638,619	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	518,969	0	518,969	518,969	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	0.1250	0.1250	0.1250		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,454,827	0	1,454,827	1,454,827	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0353	0.0353	0.0353		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	410,843	0	410,843	410,843	25.00
26.00	Total prospective capital payments (see instructions)	12.00	14,023,258	0	14,023,258	14,023,258	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	272,230	0	272,230	272,230	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	-110,892	0	-110,892	-110,892	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,841,784	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		221,333,468	2.00
3.00	PPS payments		185,800,406	3.00
4.00	Outlier payment (see instructions)		1,358,239	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		688,191	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,841,784	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,941,023	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)		5,941,023	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		5,941,023	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,099,239	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)		1,841,784	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)		187,846,836	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		148,739	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		38,006,175	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)		151,533,706	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		5,331,390	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)		156,865,096	30.00
31.00	Primary payer payments		33,713	31.00
32.00	Subtotal (line 30 minus line 31)		156,831,383	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,454,814	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,595,629	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,827,547	36.00
37.00	Subtotal (see instructions)		158,427,012	37.00
38.00	MSP-LCC reconciliation amount from PS&R		955	38.00
39.00	OTHER ADJUSTMENTS		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)		158,426,057	40.00
40.01	Sequestration adjustment (see instructions)		3,168,521	40.01
41.00	Interim payments		155,029,465	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		228,071	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,314,814	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			616 2.00
3.00	PPS payments			821 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 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)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 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)			0 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)			821 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			164 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)			657 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)			657 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			657 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			657 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			657 40.00
40.01	Sequestration adjustment (see instructions)			13 40.01
41.00	Interim payments			643 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			1 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0010		Period: From 10/01/2015 To 09/30/2016		Worksheet E-1 Part I Date/Time Prepared: 4/14/2017 11:37 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		178,234,437		155,346,785	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	04/28/2016	390,632		0	3.01	
3.02		09/27/2016	2,044,002		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	09/27/2016	317,320	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)		2,434,634		-317,320	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)		180,669,071		155,029,465	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		517,632		228,071	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		181,186,703		155,257,536	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0010
Component CCN: 14-S010

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
4/14/2017 11:37 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,833,557		643	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,833,557		643	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		88,416		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,921,973		644	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0010
Component CCN: 14-T010

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
4/14/2017 11:37 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,374,616		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,374,616		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		54,232		0	6.02
7.00	Total Medicare program liability (see instructions)		4,320,384		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet E-1
Part II
Date/Time Prepared:
4/14/2017 11:37 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			36,632 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			69,387 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			10,800 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			153,444 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			4,320,980,292 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			43,065,279 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part II Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,897,501 1.00
2.00	Net IPF PPS Outlier Payments			11,296 2.00
3.00	Net IPF PPS ECT Payments			49,201 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			9.86 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			4.53 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			4.53 8.00
9.00	Average Daily Census (see instructions)			26.642077 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.084231 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			159,828 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,117,826 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,117,826 16.00
17.00	Primary payer payments			9,244 17.00
18.00	Subtotal (line 16 less line 17).			2,108,582 18.00
19.00	Deductibles			196,000 19.00
20.00	Subtotal (line 18 minus line 19)			1,912,582 20.00
21.00	Coinsurance			13,783 21.00
22.00	Subtotal (line 20 minus line 21)			1,898,799 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			90,150 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			58,598 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			46,796 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,957,397 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			3,800 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,961,197 31.00
31.01	Sequestration adjustment (see instructions)			39,224 31.01
32.00	Interim payments			1,833,557 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			88,416 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			4,563 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			11,296 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part III Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,975,016 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0168 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			100,568 3.00
4.00	Outlier Payments			164,421 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.81 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.97 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.97 9.00
10.00	Average Daily Census (see instructions)			14.885246 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.066262 11.00
12.00	Teaching Adjustment (see instructions)			263,393 12.00
13.00	Total PPS Payment (see instructions)			4,503,398 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,503,398 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,503,398 19.00
20.00	Deductibles			46,088 20.00
21.00	Subtotal (line 19 minus line 20)			4,457,310 21.00
22.00	Coinsurance			56,434 22.00
23.00	Subtotal (line 21 minus line 22)			4,400,876 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,836 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,493 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,576 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,403,369 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			5,186 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,408,555 32.00
32.01	Sequestration adjustment (see instructions)			88,171 32.01
33.00	Interim payments			4,374,616 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-54,232 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			251 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			164,421 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part VI Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 4/14/2017 11:37 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			179.89	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			179.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			195.76	6.00
7.00	Enter the lesser of line 5 or line 6			179.53	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	85.72	86.67	172.39	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	78.61	79.48	158.09	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.47		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		4.84		10.01
11.00	Total weighted FTE count	78.61	83.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	84.88	86.45		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	83.56	87.46		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	82.35	85.95		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	82.35	85.95		17.00
18.00	Per resident amount	127,793.27	120,208.87		18.00
19.00	Approved amount for resident costs	10,523,776	10,331,952	20,855,728	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			16.23	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			20,855,728	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	74,730	11,392		26.00
27.00	Total Inpatient Days (see instructions)	168,643	168,643		27.00
28.00	Ratio of inpatient days to total inpatient days	0.443125	0.067551		28.00
29.00	Program direct GME amount	9,241,694	1,408,825		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		199,067		30.00
31.00	Net Program direct GME amount			10,451,452	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet E-4 Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,828,691	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		214,993,991	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		39,421	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		214,954,570	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		223,864,059	42.00
43.00	Primary payer payments (see instructions)		37,197	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		223,826,862	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		438,781,432	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.489890	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.510110	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		10,451,452	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		5,120,062	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		5,331,390	50.00

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

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet G

Date/Time Prepared:
4/14/2017 11:37 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	56,420,741	0	0	0	1.00
2.00	Temporary investments	49,270,320	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	362,513,230	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-91,561,294	0	0	0	6.00
7.00	Inventory	19,955,131	0	0	0	7.00
8.00	Prepaid expenses	43,329,455	0	0	0	8.00
9.00	Other current assets	1,726,682	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)	441,654,265	0	0	0	11.00
FIXED ASSETS						
12.00	Land	71,514,092	0	0	0	12.00
13.00	Land improvements	34,595,628	0	0	0	13.00
14.00	Accumulated depreciation	-20,681,891	0	0	0	14.00
15.00	Buildings	1,523,598,487	0	0	0	15.00
16.00	Accumulated depreciation	-681,056,997	0	0	0	16.00
17.00	Leasehold improvements	57,252,243	0	0	0	17.00
18.00	Accumulated depreciation	-40,013,992	0	0	0	18.00
19.00	Fixed equipment	372,890,441	0	0	0	19.00
20.00	Accumulated depreciation	-297,029,592	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	58,210,933	0	0	0	27.00
28.00	Accumulated depreciation	-38,270,160	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)	1,041,009,192	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,753,726,044	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	218,780,241	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,972,506,285	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,455,169,742	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	64,540,954	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	636,581,577	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	701,122,531	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	707,211,968	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	707,211,968	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,408,334,499	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,046,835,243				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)	2,046,835,243	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,455,169,742	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-1

Date/Time Prepared:
4/14/2017 11:37 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		1,858,833,901		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		115,570,651			2.00
3.00	Total (sum of line 1 and line 2)		1,974,404,552		0	3.00
4.00	CONTR TEMP RESTRICTED FOR USE	8,798,651		0		4.00
5.00	NET REALIZED GAINS ON INV	5,682,338		0		5.00
6.00	OTHER TRANSFER	69,891		0		6.00
7.00	UNREALIZED INCOME	9,024,918		0		7.00
8.00	PENSION & SERP EQUITY ADJ	64,283,850		0		8.00
9.00	TRFS TO FIN PROP & EQUIP	50,000		0		9.00
10.00	Total additions (sum of line 4-9)		87,909,648		0	10.00
11.00	Subtotal (line 3 plus line 10)		2,062,314,200		0	11.00
12.00	NET ASSETS RELEASED FROM RESTRICTION	15,478,957		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		15,478,957		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,046,835,243		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	CONTR TEMP RESTRICTED FOR USE		0			4.00
5.00	NET REALIZED GAINS ON INV		0			5.00
6.00	OTHER TRANSFER		0			6.00
7.00	UNREALIZED INCOME		0			7.00
8.00	PENSION & SERP EQUITY ADJ		0			8.00
9.00	TRFS TO FIN PROP & EQUIP		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	NET ASSETS RELEASED FROM RESTRICTION		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: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	280,900,456		280,900,456	1.00
2.00	SUBPROVIDER - IPF	21,329,022		21,329,022	2.00
3.00	SUBPROVIDER - IRF	9,360,770		9,360,770	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	311,590,248		311,590,248	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	79,052,532		79,052,532	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	57,194,276		57,194,276	11.01
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				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	136,246,808		136,246,808	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	447,837,056		447,837,056	17.00
18.00	Ancillary services	1,152,307,743	2,115,012,375	3,267,320,118	18.00
19.00	Outpatient services	72,815,530	793,365,256	866,180,786	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		18,771,099	18,771,099	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	10,985,662	10,985,662	26.00
27.00	OTHER PHYSICIAN REVENUE	0	79,825,348	79,825,348	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,672,960,329	3,017,959,740	4,690,920,069	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,399,650,483		29.00
30.00	RESEARCH DIRECT OPERATING EXPENSES	25,504,561			30.00
31.00	FOUNDATION DIRECT OPERATING EXPENS	8,639,969			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)		34,144,530		36.00
37.00	INDIRECT OPERATING EXPENSES (HOSP, R	14,824,910			37.00
38.00	ROUNDING	22			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)		14,824,932		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,418,970,081		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2015
To 09/30/2016

Worksheet G-3

Date/Time Prepared:
4/14/2017 11:37 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,690,920,069	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,212,721,047	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,478,199,022	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,418,970,081	4.00
5.00	Net income from service to patients (line 3 minus line 4)	59,228,941	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	5,503,578	6.00
7.00	Income from investments	44,795,324	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	1,534,969	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	5,260,288	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	305,554	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,094,632	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	961,315	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	29,222,243	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REV: (LAB REF TEST, GRANT INC	10,487,930	24.00
24.01	OTHER REV: RESEARCH/FOUNDATION PGRM	31,504,620	24.01
25.00	Total other income (sum of lines 6-24)	130,670,453	25.00
26.00	Total (line 5 plus line 25)	189,899,394	26.00
27.00	OTHER EXPENSES : INTERCOMPANY TRAN	69,061,874	27.00
27.01	NON OPERATING INCOME	5,266,869	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	74,328,743	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	115,570,651	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet H

HHA CCN: 14-7001

To 09/30/2016

Date/Time Prepared: 4/14/2017 11:37 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	245,108	0	0	245,108	4.00
5.00	2,645,179	633,334	0	482,404	0	3,760,917	5.00
HHA REIMBURSABLE SERVICES							
6.00	2,386,307	570,319	0	0	0	2,956,626	6.00
7.00	547,727	130,905	0	0	0	678,632	7.00
8.00	323,553	77,328	0	0	0	400,881	8.00
9.00	2,160,504	516,353	0	0	0	2,676,857	9.00
10.00	71,400	17,065	0	0	0	88,465	10.00
11.00	68,920	16,472	0	0	0	85,392	11.00
12.00	0	0	0	207,530	0	207,530	12.00
13.00	0	0	0	362,804	0	362,804	13.00
14.00	44,815	10,711	0	1,740,169	0	1,795,695	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	279,864	0	279,864	23.00
23.50	0	0	0	0	0	0	23.50
24.00	8,248,405	1,972,487	245,108	3,072,771	0	13,538,771	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	245,108	0	245,108			4.00
5.00	0	3,760,917	-45,163	3,715,754			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,956,626	0	2,956,626			6.00
7.00	0	678,632	0	678,632			7.00
8.00	0	400,881	0	400,881			8.00
9.00	0	2,676,857	0	2,676,857			9.00
10.00	0	88,465	0	88,465			10.00
11.00	0	85,392	0	85,392			11.00
12.00	0	207,530	0	207,530			12.00
13.00	0	362,804	0	362,804			13.00
14.00	0	1,795,695	0	1,795,695			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	279,864	0	279,864			23.00
23.50	0	0	0	0			23.50
24.00	0	13,538,771	-45,163	13,493,608			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0010 HHA CCN: 14-7001		Period: From 10/01/2015 To 09/30/2016		Worksheet H-1 Part I Date/Time Prepared: 4/14/2017 11:37 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	245,108	0	0	0	245,108	4.00
5.00	Administrative and General	3,715,754	0	0	0	3,715,754	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,956,626	0	0	0	114,002	3,070,628
7.00	Physical Therapy	678,632	0	0	0	104,368	783,000
8.00	Occupational Therapy	400,881	0	0	0	14,274	415,155
9.00	Speech Pathology	2,676,857	0	0	0	2,957	2,679,814
10.00	Medical Social Services	88,465	0	0	0	2,137	90,602
11.00	Home Health Aide	85,392	0	0	0	7,370	92,762
12.00	Supplies (see instructions)	207,530	0	0	0	0	207,530
13.00	Drugs	362,804	0	0	0	0	362,804
14.00	DME	1,795,695	0	0	0	0	1,795,695
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	279,864	0	0	0	0	279,864
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	13,493,608	0	0	0	245,108	13,493,608
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	3,715,754					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,166,894	4,237,522				6.00
7.00	Physical Therapy	297,553	1,080,553				7.00
8.00	Occupational Therapy	157,766	572,921				8.00
9.00	Speech Pathology	1,018,375	3,698,189				9.00
10.00	Medical Social Services	34,430	125,032				10.00
11.00	Home Health Aide	35,251	128,013				11.00
12.00	Supplies (see instructions)	78,865	286,395				12.00
13.00	Drugs	137,872	500,676				13.00
14.00	DME	682,395	2,478,090				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	106,353	386,217				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		13,493,608				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet H-1

HHA CCN: 14-7001

To 09/30/2016

Part II
Date/Time Prepared:
4/14/2017 11:37 am

Home Health Agency I

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	9,532,744	0		3.00
4.00	Transportation (see instructions)	0	0	0	44,267		4.00
5.00	Administrative and General	0	0	0	0	-3,715,754	9,777,854
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	2,956,626	20,589	0	3,070,628
7.00	Physical Therapy	0	0	678,632	18,849	0	783,000
8.00	Occupational Therapy	0	0	400,881	2,578	0	415,155
9.00	Speech Pathology	0	0	2,676,857	534	0	2,679,814
10.00	Medical Social Services	0	0	88,464	386	0	90,602
11.00	Home Health Aide	0	0	85,392	1,331	0	92,762
12.00	Supplies (see instructions)	0	0	207,530	0	0	207,530
13.00	Drugs	0	0	362,804	0	0	362,804
14.00	DME	0	0	1,795,694	0	0	1,795,695
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	279,864	0	0	279,864
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	9,532,744	44,267	-3,715,754	9,777,854
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	245,108		3,715,754
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	5.537037		0.380017

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet H-2

HHA CCN: 14-7001

To 09/30/2016

Part I
Date/Time Prepared: 4/14/2017 11:37 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					
		1.00	2.00	4.00				
	0				4A	5.00		
1.00 Administrative and General	0	63,278	3,993	159,556	226,827	44,588	1.00	
2.00 Skilled Nursing Care	4,237,522	62,855	3,965	143,940	4,448,282	874,403	2.00	
3.00 Physical Therapy	1,080,553	9,511	601	33,038	1,123,703	220,887	3.00	
4.00 Occupational Therapy	572,921	5,369	338	19,516	598,144	117,578	4.00	
5.00 Speech Pathology	3,698,189	36,193	2,284	130,319	3,866,985	760,137	5.00	
6.00 Medical Social Services	125,032	1,548	97	4,307	130,984	25,748	6.00	
7.00 Home Health Aide	128,013	3,579	225	4,157	135,974	26,729	7.00	
8.00 Supplies (see instructions)	286,395	0	0	0	286,395	56,297	8.00	
9.00 Drugs	500,676	0	0	0	500,676	98,418	9.00	
10.00 DME	2,478,090	744	47	2,703	2,481,584	487,807	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)	386,217	0	0	0	386,217	75,919	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	13,493,608	183,077	11,550	497,536	14,185,771	2,788,511	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	144,076	0	33,238	0	22,297	1.00	
2.00 Skilled Nursing Care	0	143,114	0	33,017	0	22,149	2.00	
3.00 Physical Therapy	0	21,655	0	4,996	0	3,355	3.00	
4.00 Occupational Therapy	0	12,224	0	2,820	0	1,889	4.00	
5.00 Speech Pathology	0	82,408	0	19,012	0	12,755	5.00	
6.00 Medical Social Services	0	3,525	0	813	0	544	6.00	
7.00 Home Health Aide	0	8,149	0	1,880	0	1,259	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	1,694	0	391	0	264	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	416,845	0	96,167	0	64,512	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: 14-0010

Period: From 10/01/2015

Worksheet H-2

HHA CCN: 14-7001

To 09/30/2016

Part I
Date/Time Prepared: 4/14/2017 11:37 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	102,861	1.00
2.00	Skilled Nursing Care	0	271,884	0	0	15,738	102,145	2.00
3.00	Physical Therapy	0	0	0	0	14,297	15,451	3.00
4.00	Occupational Therapy	0	0	0	0	1,740	8,727	4.00
5.00	Speech Pathology	0	0	0	0	437	58,798	5.00
6.00	Medical Social Services	0	0	0	0	325	2,575	6.00
7.00	Home Health Aide	0	0	0	0	510	5,865	7.00
8.00	Supplies (see instructions)	0	0	11,458	0	0	0	8.00
9.00	Drugs	0	0	0	91,262	3,744	0	9.00
10.00	DME	0	0	0	0	4,768	1,144	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	271,884	11,458	91,262	41,559	297,566	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		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
		SPECIFY SERVICE			SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMEDICAL PRGM- PHARMACY	
		18.00	19.00	20.00	21.00	22.00	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) (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

(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: 14-0010

Period: From 10/01/2015

Worksheet H-2

HHA CCN: 14-7001

To 09/30/2016

Part I
Date/Time Prepared:
4/14/2017 11:37 am

Home Health Agency I

PPS

Cost Center Description		PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	573,887	0	573,887		1.00
2.00	Skilled Nursing Care	0	0	5,910,732	0	5,910,732	191,737	2.00
3.00	Physical Therapy	0	0	1,404,344	0	1,404,344	45,554	3.00
4.00	Occupational Therapy	0	0	743,122	0	743,122	24,105	4.00
5.00	Speech Pathology	0	0	4,800,532	0	4,800,532	155,720	5.00
6.00	Medical Social Services	0	0	164,514	0	164,514	5,337	6.00
7.00	Home Health Aide	0	0	180,366	0	180,366	5,851	7.00
8.00	Supplies (see instructions)	0	0	354,150	0	354,150	11,488	8.00
9.00	Drugs	0	0	694,100	0	694,100	22,515	9.00
10.00	DME	0	0	2,977,652	0	2,977,652	96,589	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	462,136	0	462,136	14,991	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	18,265,535	0	18,265,535	573,887	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.						0.032438	21.00
Cost Center Description		Total HHA Costs						
		28.00						
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	6,102,469						2.00
3.00	Physical Therapy	1,449,898						3.00
4.00	Occupational Therapy	767,227						4.00
5.00	Speech Pathology	4,956,252						5.00
6.00	Medical Social Services	169,851						6.00
7.00	Home Health Aide	186,217						7.00
8.00	Supplies (see instructions)	365,638						8.00
9.00	Drugs	716,615						9.00
10.00	DME	3,074,241						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	477,127						19.00
19.50	Telemedicine	0						19.50
20.00	Total (sum of lines 1-19) (2)	18,265,535						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 STATISTICAL BASIS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet H-2

HHA CCN: 14-7001

To 09/30/2016

Part II
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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 (DEPR. EXPENSE)					
	1.00	2.00					
1.00 Administrative and General	3,147	4,061	2,645,179	0	226,827	0	1.00
2.00 Skilled Nursing Care	3,126	4,033	2,386,307	0	4,448,282	0	2.00
3.00 Physical Therapy	473	611	547,729	0	1,123,703	0	3.00
4.00 Occupational Therapy	267	344	323,553	0	598,144	0	4.00
5.00 Speech Pathology	1,800	2,323	2,160,504	0	3,866,985	0	5.00
6.00 Medical Social Services	77	99	71,400	0	130,984	0	6.00
7.00 Home Health Aide	178	229	68,920	0	135,974	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	286,395	0	8.00
9.00 Drugs	0	0	0	0	500,676	0	9.00
10.00 DME	37	48	44,815	0	2,481,584	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	386,217	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	9,105	11,748	8,248,407	0	14,185,771	0	20.00
21.00 Total cost to be allocated	183,077	11,550	497,536	0	2,788,511	0	21.00
22.00 Unit cost multiplier	20.107304	0.983146	0.060319	0	0.196571	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 (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	3,147	0	3,147	0	73,190	0	1.00
2.00 Skilled Nursing Care	3,126	0	3,126	0	72,701	0	2.00
3.00 Physical Therapy	473	0	473	0	11,011	0	3.00
4.00 Occupational Therapy	267	0	267	0	6,201	0	4.00
5.00 Speech Pathology	1,800	0	1,800	0	41,866	0	5.00
6.00 Medical Social Services	77	0	77	0	1,785	0	6.00
7.00 Home Health Aide	178	0	178	0	4,134	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	37	0	37	0	865	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)	9,105	0	9,105	0	211,753	0	20.00
21.00 Total cost to be allocated	416,845	0	96,167	0	64,512	0	21.00
22.00 Unit cost multiplier	45.781988	0.000000	10.561999	0.000000	0.304657	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2015 To 09/30/2016	Worksheet H-2 Part II Date/Time Prepared: 4/14/2017 11:37 am
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Cost Center Description	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	17.00	18.00	
	1.00 Administrative and General	0	0	0	0	719	0
2.00 Skilled Nursing Care	41	0	0	7,108,942	714	0	2.00
3.00 Physical Therapy	0	0	0	6,457,379	108	0	3.00
4.00 Occupational Therapy	0	0	0	785,702	61	0	4.00
5.00 Speech Pathology	0	0	0	197,318	411	0	5.00
6.00 Medical Social Services	0	0	0	146,936	18	0	6.00
7.00 Home Health Aide	0	0	0	230,366	41	0	7.00
8.00 Supplies (see instructions)	0	139,004	0	0	0	0	8.00
9.00 Drugs	0	0	640,600	1,690,940	0	0	9.00
10.00 DME	0	0	0	2,153,516	8	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)	41	139,004	640,600	18,771,099	2,080	0	20.00
21.00 Total cost to be allocated	271,884	11,458	91,262	41,559	297,566	0	21.00
22.00 Unit cost multiplier	6,631.317073	0.082429	0.142463	0.002214	143.060577	0.000000	22.00

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			21.00	22.00			
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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0010

HHA CCN: 14-7001

Period:
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To 09/30/2016

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Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME) 23.02		
1.00	Administrative and General	0		1.00
2.00	Skilled Nursing Care	0		2.00
3.00	Physical Therapy	0		3.00
4.00	Occupational Therapy	0		4.00
5.00	Speech Pathology	0		5.00
6.00	Medical Social Services	0		6.00
7.00	Home Health Aide	0		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19)	0		20.00
21.00	Total cost to be allocated	0		21.00
22.00	Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2015 To 09/30/2016	Worksheet H-3 Part I Date/Time Prepared: 4/14/2017 11:37 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 (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	6,102,469		6,102,469	33,441	182.48	1.00
2.00	Physical Therapy	3.00	1,449,898	0	1,449,898	30,376	47.73	2.00
3.00	Occupational Therapy	4.00	767,227	0	767,227	3,696	207.58	3.00
4.00	Speech Pathology	5.00	4,956,252	0	4,956,252	882	5,619.33	4.00
5.00	Medical Social Services	6.00	169,851		169,851	576	294.88	5.00
6.00	Home Health Aide	7.00	186,217		186,217	1,724	108.01	6.00
7.00	Total (sum of lines 1-6)		13,631,914	0	13,631,914	70,695		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				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		16974	0	16,390			8.00
8.01	Skilled Nursing Care		29404	0	4,921			8.01
9.00	Physical Therapy		16974	0	14,752			9.00
9.01	Physical Therapy		29404	0	4,743			9.01
10.00	Occupational Therapy		16974	0	2,111			10.00
10.01	Occupational Therapy		29404	0	536			10.01
11.00	Speech Pathology		16974	0	400			11.00
11.01	Speech Pathology		29404	0	142			11.01
12.00	Medical Social Services		16974	0	333			12.00
12.01	Medical Social Services		29404	0	71			12.01
13.00	Home Health Aide		16974	0	1,022			13.00
13.01	Home Health Aide		29404	0	353			13.01
14.00	Total (sum of lines 8-13)			0	45,774			14.00

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

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	365,638	0	365,638	0	0.000000	15.00
16.00	Cost of Drugs	9.00	716,615	0	716,615	0	0.000000	16.00
Cost Center Description	Part A	Program Visits		Cost of Services	Part B			
		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	21,311		0	3,888,831		1.00
2.00	Physical Therapy	0	19,495		0	930,496		2.00
3.00	Occupational Therapy	0	2,647		0	549,464		3.00
4.00	Speech Pathology	0	542		0	3,045,677		4.00
5.00	Medical Social Services	0	404		0	119,132		5.00
6.00	Home Health Aide	0	1,375		0	148,514		6.00
7.00	Total (sum of lines 1-6)	0	45,774		0	8,682,114		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010
HHA CCN: 14-7001

Period:
From 10/01/2015
To 09/30/2016

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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
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		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	3,888,831						1.00
2.00	Physical Therapy	930,496						2.00
3.00	Occupational Therapy	549,464						3.00
4.00	Speech Pathology	3,045,677						4.00
5.00	Medical Social Services	119,132						5.00
6.00	Home Health Aide	148,514						6.00
7.00	Total (sum of lines 1-6)	8,682,114						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2015 To 09/30/2016	Worksheet H-3 Part II Date/Time Prepared: 4/14/2017 11:37 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.408442	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.322446	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.305130	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.406577	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.289983	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2015 To 09/30/2016	Worksheet H-4 Part I-11 Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	12,396,033	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	12,396,033	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	12,396,033	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	3,484	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-3,484
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	9,366,492
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	55,115
13.00	Total PPS Reimbursement - LUPA Episodes		0	129,035
14.00	Total PPS Reimbursement - PEP Episodes		0	61,567
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	8,777
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,527
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	9,619,029
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	9,619,029
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	9,619,029
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	9,619,029
30.00	MISC SETTLEMENT ADJUSTMENT		0	-1,038
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	9,617,991
31.01	Sequestration adjustment (see instructions)		0	192,360
32.00	Interim payments (see instructions)		0	9,425,631
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: 14-0010

Period: From 10/01/2015

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HHA CCN: 14-7001

To 09/30/2016

Date/Time Prepared: 4/14/2017 11:37 am

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		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		9,425,631	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		9,425,631	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		9,425,631	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet I-5 Date/Time Prepared: 4/14/2017 11:37 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0

Hospice CCN: 14-1522

To 09/30/2016

Date/Time Prepared: 4/14/2017 11:37 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	119,287	119,287	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	497,421	0	497,421	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	116,276	116,276	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	1,105	1,105	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	420	420	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	117,880	117,880	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	63,190	15,154	78,344	0	13.00
14.00	PHARMACY*	0	16,677	16,677	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	19,219	19,219	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	1,060,714	1,060,714	0	25.00
26.00	PHYSICIAN SERVICES**	155,836	21,333	177,169	0	26.00
27.00	NURSE PRACTITIONER**	41,988	10,069	52,057	0	27.00
28.00	REGISTERED NURSE**	1,085,086	260,217	1,345,303	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	283,681	68,030	351,711	0	33.00
34.00	SPIRITUAL COUNSELING**	127,428	30,559	157,987	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	473,942	473,942	0	38.00
39.00	PATIENT TRANSPORTATION**	0	127,495	127,495	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	125,671	737,929	863,600	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	94,579	23,384	117,963	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	922,539	158,341	1,080,880	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	41,711	41,711	0	71.00
100.00	TOTAL	3,397,419	3,419,742	6,817,161	0	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0

Hospice CCN: 14-1522

To 09/30/2016

Date/Time Prepared: 4/14/2017 11:37 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	119,287	3.00
4.00	ADMINISTRATIVE & GENERAL*	-317	497,104	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	116,276	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	1,105	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	420	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	117,880	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	78,344	13.00
14.00	PHARMACY*	0	16,677	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	19,219	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	1,060,714	25.00
26.00	PHYSICIAN SERVICES**	0	177,169	26.00
27.00	NURSE PRACTITIONER**	0	52,057	27.00
28.00	REGISTERED NURSE**	0	1,345,303	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	351,711	33.00
34.00	SPIRITUAL COUNSELING**	0	157,987	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	473,942	38.00
39.00	PATIENT TRANSPORTATION**	0	127,495	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	5,849	869,449	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	117,963	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	1,080,880	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	6,452	6,452	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	41,711	71.00
100.00	TOTAL	11,984	6,829,145	100.00

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

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

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

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-2

Hospice CCN: 14-1522

To 09/30/2016

Date/Time Prepared: 4/14/2017 11:37 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	56,353	7,714	64,067	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,085,086	260,217	1,345,303	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	280,500	67,267	347,767	0	33.00
34.00	SPIRITUAL COUNSELING	127,428	30,559	157,987	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	473,942	473,942	0	38.00
39.00	PATIENT TRANSPORTATION	0	127,495	127,495	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	125,671	730,388	856,059	0	46.00
100.00	TOTAL *	1,675,038	1,697,582	3,372,620	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		
26.00	PHYSICIAN SERVICES	0	64,067
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	1,345,303
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	347,767
34.00	SPIRITUAL COUNSELING	0	157,987
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	473,942
39.00	PATIENT TRANSPORTATION	0	127,495
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	856,059
100.00	TOTAL *	0	3,372,620

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

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

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-3

Hospice CCN: 14-1522

To 09/30/2016

Date/Time Prepared: 4/14/2017 11:37 am

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

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
DI RECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	0		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	5,849	5,849		46.00
100.00	TOTAL *	5,849	5,849		100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 14-0010 Hospice CCN: 14-1522	Period: From 10/01/2015 To 09/30/2016	Worksheet 0-4 Date/Time Prepared: 4/14/2017 11:37 am
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED	0	1,060,714	1,060,714	0	1,060,714	25.00
26.00	PHYSICIAN SERVICES	99,483	13,619	113,102	0	113,102	26.00
27.00	NURSE PRACTITIONER	41,988	10,069	52,057	0	52,057	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	3,181	763	3,944	0	3,944	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	7,541	7,541	0	7,541	46.00
100.00	TOTAL *	144,652	1,092,706	1,237,358	0	1,237,358	100.00

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

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	1,060,714	25.00
26.00	PHYSICIAN SERVICES	0	113,102	26.00
27.00	NURSE PRACTITIONER	0	52,057	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,944	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	7,541	46.00
100.00	TOTAL *	0	1,237,358	100.00

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

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

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-5

Hospice CCN: 14-1522

To 09/30/2016

Date/Time Prepared: 4/14/2017 11:37 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	81,555	81,555	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,904	2,904	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	119,287	204,929	324,216	3.00
4.00	ADMINISTRATIVE & GENERAL	497,104	1,424,211	1,921,315	4.00
5.00	PLANT OPERATION & MAINTENANCE	116,276	185,692	301,968	5.00
6.00	LAUNDRY & LINEN SERVICE	1,105	0	1,105	6.00
7.00	HOUSEKEEPING	0	42,840	42,840	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	106,101	106,101	9.00
10.00	ROUTINE MEDICAL SUPPLIES	420	6,410	6,830	10.00
11.00	MEDICAL RECORDS	0	24,322	24,322	11.00
12.00	STAFF TRANSPORTATION	117,880		117,880	12.00
13.00	VOLUNTEER SERVICE COORDINATION	78,344		78,344	13.00
14.00	PHARMACY	16,677	91,135	107,812	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	19,219	0	19,219	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		1,210,292	1,210,292	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,372,620		3,372,620	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	5,849		5,849	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,237,358		1,237,358	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	117,963		117,963	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	1,080,880		1,080,880	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	6,452		6,452	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	41,711		41,711	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	6,829,145	3,380,391	10,209,536	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2016

Part I
Date/Time Prepared:
4/14/2017 11:37 am

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	81,555	81,555			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,904		2,904		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	324,216	0	0	324,216	3.00
4.00	ADMINISTRATIVE & GENERAL	1,921,315	30,677	1,093	47,469	2,000,554
5.00	PLANT OPERATION & MAINTENANCE	301,968	0	0	0	301,968
6.00	LAUNDRY & LINEN SERVICE	1,105	0	0	0	1,105
7.00	HOUSEKEEPING	42,840	0	0	0	42,840
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	106,101	0	0	0	106,101
10.00	ROUTINE MEDICAL SUPPLIES	6,830	0	0	0	6,830
11.00	MEDICAL RECORDS	24,322	0	0	0	24,322
12.00	STAFF TRANSPORTATION	117,880	0	0	0	117,880
13.00	VOLUNTEER SERVICE COORDINATION	78,344	5,077	180	6,031	89,632
14.00	PHARMACY	107,812	0	0	0	107,812
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	19,219	0	0	0	19,219
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		1,210,292
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	3,372,620			159,848	3,532,468
52.00	HOSPICE INPATIENT RESPIRE CARE	5,849	0	0	0	5,849
53.00	HOSPICE GENERAL INPATIENT CARE	1,237,358	4,596	165	13,804	1,255,923
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	117,963	7,642	272	9,026	134,903
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	1,080,880	33,563	1,194	88,038	1,203,675
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	6,452				6,452
71.00	OTHER NONREIMBURSABLE (SPECIFY)	41,711	0	0	0	41,711
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	10,209,536	81,555	2,904	324,216	10,209,536

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2016

Part I
Date/Time Prepared:
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Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	2,000,554					4.00
5.00 PLANT OPERATION & MAINTENANCE	73,648	375,616				5.00
6.00 LAUNDRY & LINEN SERVICE	270	0	1,375			6.00
7.00 HOUSEKEEPING	10,448	0		53,288		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	25,878	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	1,666	0		0		10.00
11.00 MEDICAL RECORDS	5,932	0		0		11.00
12.00 STAFF TRANSPORTATION	28,750	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	21,861	37,483		5,318		13.00
14.00 PHARMACY	26,295	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	4,687	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	295,184	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	861,550					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	1,427	0	83	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	306,313	33,932	1,292	4,814	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	32,902	56,421		8,004		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	293,570	247,780		35,152		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	10,173	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0		0		99.00
100.00 TOTAL	2,000,554	375,616	1,375	53,288	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2016

Part I
Date/Time Prepared:
4/14/2017 11:37 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	131,979					9.00
10.00	0	8,496				10.00
11.00	0		30,254			11.00
12.00	0			146,630		12.00
13.00	0			0	154,294	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	131,979	8,027	28,584	146,630	154,294	51.00
52.00	0	28	101	0	0	52.00
53.00	0	441	1,569	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	131,979	8,496	30,254	146,630	154,294	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2016

Part I
Date/Time Prepared:
4/14/2017 11:37 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	134,107					14.00
15.00	0	0				15.00
16.00	0		23,906			16.00
17.00				1,505,476		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	134,107	0	7,172		5,004,811	51.00
52.00	0	0	0	91,038	98,526	52.00
53.00	0	0	0	1,414,438	3,018,722	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		232,230	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		1,780,177	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00					6,452	70.00
71.00	0	0	16,734	0	68,618	71.00
99.00	0	0	0	0	0	99.00
100.00	134,107	0	23,906	1,505,476	10,209,536	100.00

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

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2016

Part II
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		(SQUARE FEET)	(DOLLAR VALUE)				
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	1,526					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		1,111				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	3,397,419			3.00
4.00	ADMINISTRATIVE & GENERAL	574	418	497,421	-2,000,554	8,202,530	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	301,968	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,105	6.00
7.00	HOUSEKEEPING	0	0	0	0	42,840	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	106,101	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	6,830	10.00
11.00	MEDICAL RECORDS	0	0	0	0	24,322	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	117,880	12.00
13.00	VOLUNTEER SERVICE COORDINATION	95	69	63,193	0	89,632	13.00
14.00	PHARMACY	0	0	0	0	107,812	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	19,219	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	1,210,292	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,675,036	0	3,532,468	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	5,849	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	86	63	144,652	0	1,255,923	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	143	104	94,579	0	134,903	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	628	457	922,538	0	1,203,675	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-6,452		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	41,711	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	81,555	2,904	324,216		2,000,554	100.00
101.00	UNIT COST MULTIPLIER	53.443644	2.613861	0.095430		0.243895	101.00

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

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2015
To 09/30/2016

Part II
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	952					5.00
6.00	LAUNDRY & LINEN SERVICE	0	2,249				6.00
7.00	HOUSEKEEPING	0		952			7.00
8.00	DIETARY	0		0	2,249		8.00
9.00	NURSING ADMINISTRATION	0		0		16	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	95		95		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					16	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	136	0	136	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	86	2,113	86	2,113	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	143		143		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	628		628		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	375,616	1,375	53,288	0	131,979	100.00
101.00	UNIT COST MULTIPLIER	394.554622	0.611383	55.974790	0.000000	8,248.687500	101.00

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

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2016

Part II
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	40,742					10.00
11.00	MEDICAL RECORDS		40,742				11.00
12.00	STAFF TRANSPORTATION			213,552			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	2,080	13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	38,493	38,493	213,552		2,080	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	136	136	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,113	2,113	0		0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	8,496	30,254	146,630		154,294	100.00
101.00	UNIT COST MULTIPLIER	0.208532	0.742575	0.686624		74.179808	101.00
						134,107	0.209638

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

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2016

Part II
Date/Time Prepared:
4/14/2017 11:37 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (ASSIGNED TIME)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	40,742				15.00
16.00	OTHER GENERAL SERVICE		100			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			2,249		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	38,493	30			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	136	0	136		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,113	0	2,113		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	70	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	23,906	1,505,476		100.00
101.00	UNIT COST MULTIPLIER	0.000000	239.060000	669.397955		101.00

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

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-7

Hospice CCN: 14-1522

To 09/30/2016

Date/Time Prepared: 4/14/2017 11:37 am

Hospice I

Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
			HCHC	HRHC	HIRC		
			2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.408442	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.322446	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.305130	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.289983	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.167142	0	0	0	6.00
6.01	VASCULAR LAB	60.01	0.122499	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.406577	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.127917	0	0	0	9.00
10.00	BLANK	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.633553	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

Cost Center Descriptions	Charges by LOC (from Provider Records)	Shared Service Costs by LOC					
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	VASCULAR LAB	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	BLANK	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0010

Period: From 10/01/2015

Worksheet 0-8

Hospice CCN: 14-1522

To 09/30/2016

Date/Time Prepared: 4/14/2017 11:37 am

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			5,004,811
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			38,493
8.00	Total average cost per diem (line 6 divided by line 7)			130.02
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	32,908	2,090	35,000
10.00	Program cost (line 8 times line 9)	4,278,698	271,742	4,550,440
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			98,526
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			136
13.00	Total average cost per diem (line 11 divided by line 12)			724.46
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	131	5	136
15.00	Program cost (line 13 times line 14)	94,904	3,622	98,526
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			3,018,722
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			2,113
18.00	Total average cost per diem (line 16 divided by line 17)			1,428.64
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,544	156	1,700
20.00	Program cost (line 18 times line 19)	2,205,820	222,868	2,428,688
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			8,122,059
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			40,742
23.00	Average cost per diem (line 21 divided by line 22)			199.35

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0010	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 4/14/2017 11:37 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		11,638,619	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		518,969	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)		419.25	3.00
4.00	Number of interns & residents (see instructions)		175.01	4.00
5.00	Indirect medical education percentage (see instructions)		12.50	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)		1,454,827	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.03	8.00
9.00	Sum of lines 7 and 8		17.12	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.53	10.00
11.00	Disproportionate share adjustment (see instructions)		410,843	11.00
12.00	Total prospective capital payments (see instructions)		14,023,258	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00