

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: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/25/2017 4:41 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/25/2017 Time: 4:41 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 06/01/2016 10. NPR Date:
 (1) As Submitted 7. Contractor No. 06101 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (4) Reopened
 (5) Amended

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 RIVERSIDE MEDICAL CENTER (14-0186) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	95,357	-184,508	0	0	1.00
2.00 Subprovider - IPF	0	-1	0		0	2.00
3.00 Subprovider - IRF	0	39,606	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-252		0	9.00
10.00 RURAL HEALTH CLINIC I	0		169		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	134,962	-184,591	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 3:22 pm			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 350 NORTH WALL STREET			PO Box:						1.00
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: USA		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	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	RI VERSI DE MEDI CAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	RI VERSI DE MEDI CAL CENTER - PSY	14S186	28100	4	01/01/2015	N	P	O	4.00
5.00	Subprovider - IRF	RI VERSI DE MEDI CAL CENTER - RHB	14T186	28100	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	RI VERSI DE MEDI CAL CENTER - HHA	147400	28100		01/01/1984	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016		12/31/2016		20.00
21.00	Type of Control (see instructions)					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)					Y		Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,311	7,008	15	0	0	0	0	24.00	

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	419	128	15	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS 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)					N			60.00
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N				0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00				61.01	

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

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

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				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V 1.00		XIX 2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y 90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		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	
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)			N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00	
				Physical 1.00		Occupational 2.00	
				Speech 3.00		Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00		2.00	
				3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N		0 115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0		118.00	
				Premiums 1.00		Losses 2.00	
				Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:			0		0 118.01	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 3:22 pm		
		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		
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
161.10	CORF		N	N	N	161.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 3:22 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				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)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 3:22 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	06/30/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y					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.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/28/2017	Y	04/28/2017		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: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 3:22 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			Y	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
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.	RI CHARD		SCHI LTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	RIVERSIDE MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-935-7256 X3492		RPSCHI LTZ@RHC.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 3:22 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

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	260	95,160	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)		260	95,160	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,588	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	13	4,758	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		291	106,506	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,124		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,980		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		335				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,907	10,086	45,765			1.00
2.00 HMO and other (see instructions)	3,951	6,606				2.00
3.00 HMO IPF Subprovider	225	0				3.00
4.00 HMO IRF Subprovider	326	264				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)	14,907	10,086	45,765			7.00
8.00 INTENSIVE CARE UNIT	4,219	139	4,358			8.00
9.00 CORONARY CARE UNIT	0	0	0			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		502	2,463			13.00
14.00 Total (see instructions)	19,126	10,727	52,586	16.95	1,824.04	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,996	56	2,558	0.00	21.15	16.00
17.00 SUBPROVIDER - IRF	6,356	298	8,137	0.00	39.75	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	14,819	1,180	21,948	0.00	41.14	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	252	0	2,417	0.00	2.99	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				16.95	1,929.07	27.00
28.00 Observation Bed Days		6	1,284			28.00
29.00 Ambulance Trips	2,304					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: 14-0186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

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	4,387	2,842	11,299	1.00
2.00 HMO and other (see instructions)				805	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,387	2,842	11,299	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		199	7	263	16.00
17.00 SUBPROVIDER - IRF	0.00	0		583	50	756	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0186

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 3:22 pm

	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	127,007,679	3,239,149	130,246,828	4,025,984.00	32.35
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		304,178	0	304,178	1,575.00	193.13
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		110,604	0	110,604	1,693.00	65.33
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		76,455	0	76,455	4,284.00	17.85
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,289,104	0	1,289,104	36,480.00	35.34
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		42,511,949	1,025,662	43,537,611	930,880.00	46.77
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,007,261	0	3,007,261	55,008.00	54.67
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		77,400	0	77,400	516.00	150.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,998,353	0	20,998,353		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		6,328,338	0	6,328,338		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		11,510	0	11,510		
24.00	Wage-related costs (RHC/FQHC)		29,121	0	29,121		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	485,004	7,586	492,590	18,625.00	26.45
27.00	Administrative & General	5.00	18,988,212	2,469,783	21,457,995	649,421.00	33.04

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0186

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 3:22 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	426,320	0	426,320	3,722.00	114.54	28.00
29.00	Maintenance & Repairs	1,688,299	40,094	1,728,393	78,221.00	22.10	29.00
30.00	Operation of Plant	457,780	6,529	464,309	30,004.00	15.47	30.00
31.00	Laundry & Linen Service	511,261	7,598	518,859	38,210.00	13.58	31.00
32.00	Housekeeping	1,618,408	23,937	1,642,345	160,855.00	10.21	32.00
33.00	Housekeeping under contract (see instructions)	68,371	0	68,371	1,440.00	47.48	33.00
34.00	Dietary	1,473,319	-858,949	614,370	47,630.00	12.90	34.00
35.00	Dietary under contract (see instructions)	328,016	0	328,016	7,680.00	42.71	35.00
36.00	Cafeteria	0	876,228	876,228	63,988.00	13.69	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,607,460	-1,540,990	1,066,470	53,175.00	20.06	38.00
39.00	Central Services and Supply	419,652	14,337	433,989	26,479.00	16.39	39.00
40.00	Pharmacy	2,398,325	-2,398,325	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	1,441,343	33,835	1,475,178	62,071.00	23.77	41.00
42.00	Social Service	2,245,925	-940,418	1,305,507	40,069.00	32.58	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0186

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2017 3:22 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	126,354,223	3,239,149	129,593,372	3,996,369.00	32.43	1.00
2.00	Excluded area salaries (see instructions)	42,511,949	1,025,662	43,537,611	930,880.00	46.77	2.00
3.00	Subtotal salaries (line 1 minus line 2)	83,842,274	2,213,487	86,055,761	3,065,489.00	28.07	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,084,661	0	3,084,661	55,524.00	55.56	4.00
5.00	Subtotal wage-related costs (see inst.)	20,998,353	0	20,998,353	0.00	24.40	5.00
6.00	Total (sum of lines 3 thru 5)	107,925,288	2,213,487	110,138,775	3,121,013.00	35.29	6.00
7.00	Total overhead cost (see instructions)	35,157,695	-2,258,755	32,898,940	1,281,590.00	25.67	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2017 3:22 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			4,192,291 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		12,896,714	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		550,425	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		-55,122	14.00
15.00	'Workers' Compensation Insurance		848,684	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		8,600,718	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		167,000	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		168,877	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		27,369,587	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: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/25/2017 3:22 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-7400		Period: From 01/01/2016 To 12/31/2016		Worksheet S-4 Date/Time Prepared: 5/25/2017 3:22 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			KANKAKEE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,459	91	143	1,693	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,050.00	25.00	405.00	1,480.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			16.34	0.00	16.34	5.00
6.00	Direct Nursing Service			11.39	0.00	11.39	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			9.48	0.00	9.48	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.95	0.00	1.95	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.16	0.00	0.16	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			0.81	0.00	0.81	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16580			20.00
20.01				16974			20.01
20.02				28100			20.02
20.03				99914			20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	7,237	114	256	163	7,770	21.00
22.00	Skilled Nursing Visit Charges	1,804,000	28,500	62,000	40,750	1,935,250	22.00
23.00	Physical Therapy Visits	5,435	5	67	121	5,628	23.00
24.00	Physical Therapy Visit Charges	1,494,075	1,375	18,425	33,275	1,547,150	24.00
25.00	Occupational Therapy Visits	1,093	3	6	26	1,128	25.00
26.00	Occupational Therapy Visit Charges	300,300	825	1,650	7,150	309,925	26.00
27.00	Speech Pathology Visits	60	0	0	0	60	27.00
28.00	Speech Pathology Visit Charges	16,500	0	0	0	16,500	28.00
29.00	Medical Social Service Visits	29	0	0	1	30	29.00
30.00	Medical Social Service Visit Charges	7,975	0	0	275	8,250	30.00
31.00	Home Health Aide Visits	725	9	2	19	755	31.00
32.00	Home Health Aide Visit Charges	54,375	675	150	1,425	56,625	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,579	131	331	330	15,371	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,677,225	31,375	82,225	82,875	3,873,700	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,121		119	28	1,268	36.00
37.00	Total Number of Outlier Episodes		4		1	5	37.00
38.00	Total Non-Routine Medical Supply Charges	16,959	2,380	1,063	51	20,453	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2016 To 12/31/2016		Worksheet S-8 Date/Time Prepared: 5/25/2017 3:22 pm	
		RHC I		Cost			
				1.00			
1.00	1.00	Clinic Address and Identification Street		3400 SOUTH MAIN		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	2.00	City, State, ZIP Code, County		HOPKINS PARK IL 6094400000		2.00	
				1.00			
3.00	3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0		3.00	
				Grant Award		Date	
				1.00		2.00	
4.00	4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)				4.00	
5.00	5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00	
6.00	6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00	
7.00	7.00	Appalachian Regional Commission				7.00	
8.00	8.00	Look-Alikes				8.00	
9.00	9.00	OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0	
				Sunday		Monday	
				Tuesday			
				from		to	
				1.00		2.00	
				3.00		4.00	
				5.00			
11.00	11.00	Facility hours of operations (1) Clinic		09:00		17:00	
				09:00			
				1.00		2.00	
12.00	12.00	Have you received an approval for an exception to the productivity standard?		N		12.00	
13.00	13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N		0	
				Provider name		CCN number	
				1.00		2.00	
14.00	14.00	RHC/FQHC name, CCN number					
				Y/N		V	
				XVIII		XIX	
				Total Visits			
				1.00		2.00	
				3.00		4.00	
				5.00			
15.00	15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					
				County			
				4.00			
2.00	2.00	City, State, ZIP Code, County		KANKAKEE		2.00	
				Tuesday		Wednesday	
				Thursday			
				to		to	
				6.00		7.00	
				8.00		9.00	
				10.00			
11.00	11.00	Facility hours of operations (1) Clinic		17:00		09:00	
				17:00			

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2016 To 12/31/2016		Worksheet S-8 Date/Time Prepared: 5/25/2017 3:22 pm	
				RHC I		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) Clinic	09:00	17:00				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/25/2017 3:22 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.226191	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		32,212,207	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		157,994,025	6.00
7.00	Medicaid cost (line 1 times line 6)		35,736,827	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,524,620	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)		3,524,620	19.00
			Uninsured patients	Insured patients
			1.00	2.00
20.00	Charity care charges for the entire facility (see instructions)		2,638,567	114,145
21.00	Cost of patients approved for charity care (line 1 times line 20)		596,820	25,819
22.00	Partial payment by patients approved for charity care		0	0
23.00	Cost of charity care (line 21 minus line 22)		596,820	25,819
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,130,672	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		828,978	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		11,301,694	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,556,341	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,178,980	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,703,600	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,101,903	7,101,903	834,061	7,935,964	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		12,985,906	12,985,906	307,382	13,293,288	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	485,004	28,367,817	28,852,821	-2,314,077	26,538,744	4.00
5.01	01160	COMMUNICATIONS	0	0	0	1,261,368	1,261,368	5.01
5.02	00550	DATA PROCESSING	2,944,946	9,763,851	12,708,797	-810,805	11,897,992	5.02
5.03	00591	PURCHASING	633,244	1,627,757	2,261,001	-1,157,577	1,103,424	5.03
5.05	00590	BUSINESS OFFICE	5,214,125	612,124	5,826,249	67,851	5,894,100	5.05
5.06	00592	OTHER ADMIN & GENERAL	10,195,897	22,627,134	32,823,031	4,486,384	37,309,415	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,688,299	6,429,640	8,117,939	437,336	8,555,275	6.00
7.00	00700	OPERATION OF PLANT	457,780	172,457	630,237	4,259	634,496	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	511,261	96,073	607,334	7,598	614,932	8.00
9.00	00900	HOUSEKEEPING	1,618,408	786,847	2,405,255	21,874	2,427,129	9.00
10.00	01000	DIETARY	1,473,319	2,375,499	3,848,818	-2,271,732	1,577,086	10.00
11.00	01100	CAFETERIA	0	0	0	2,289,011	2,289,011	11.00
13.00	01300	NURSING ADMINISTRATION	2,607,460	33,138	2,640,598	-1,544,053	1,096,545	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	419,652	538,150	957,802	14,337	972,139	14.00
15.00	01500	PHARMACY	2,398,325	69,664	2,467,989	-1,379,758	1,088,231	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,441,343	394,909	1,836,252	-173,902	1,662,350	16.00
17.00	01700	SOCIAL SERVICE	2,245,925	133,299	2,379,224	-942,329	1,436,895	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	113,012	1,867,950	1,980,962	726	1,981,688	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,628,286	1,229,795	15,858,081	185,132	16,043,213	30.00
31.00	03100	INTENSIVE CARE UNIT	2,982,471	485,489	3,467,960	85,889	3,553,849	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	1,132,941	380,473	1,513,414	28,843	1,542,257	40.00
41.00	04100	SUBPROVIDER - I RF	2,043,970	866,795	2,910,765	85,987	2,996,752	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,028,094	267,775	1,295,869	51,986	1,347,855	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,747,512	6,380,293	10,127,805	401,473	10,529,278	50.00
51.00	05100	RECOVERY ROOM	1,578,951	113,843	1,692,794	197,911	1,890,705	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,496,256	263,790	1,760,046	46,114	1,806,160	52.00
53.00	05300	ANESTHESIOLOGY	251	430,498	430,749	511,197	941,946	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,957,566	3,472,023	7,429,589	160,549	7,590,138	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	211,108	496,263	707,371	2,996	710,367	54.01
54.02	05404	ULTRASOUND	545,721	306,050	851,771	14,943	866,714	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	861,885	8,579,834	9,441,719	-6,598,196	2,843,523	55.00
57.00	05700	CT SCAN	682,281	178,659	860,940	10,114	871,054	57.00
58.00	05800	MRI	240,235	109,273	349,508	6,504	356,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,117,906	3,450,857	4,568,763	93,506	4,662,269	59.00
60.00	06000	LABORATORY	2,568,997	5,116,753	7,685,750	113,418	7,799,168	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	184,936	360,205	545,141	1,306,112	1,851,253	64.00
65.00	06500	RESPIRATORY THERAPY	1,376,638	357,363	1,734,001	56,322	1,790,323	65.00
66.00	06600	PHYSICAL THERAPY	2,859,853	391,291	3,251,144	143,057	3,394,201	66.00
69.00	06900	ELECTROCARDIOLOGY	927,050	198,224	1,125,274	162,877	1,288,151	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	937,186	937,186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,165,727	12,165,727	0	12,165,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	292	292	11,191,254	11,191,546	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	768,131	768,131	0	768,131	75.01
76.00	03956	CARDIAC REHAB	342,026	19,014	361,040	28,802	389,842	76.00
76.01	03950	OP PSY/CDU	1,071,234	79,739	1,150,973	95,161	1,246,134	76.01
76.02	03957	RIMMS	404,947	312,815	717,762	-16,216	701,546	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	390,907	22,735	413,642	4,767	418,409	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	485,855	473,833	959,688	26,208	985,896	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	179,994	71,603	251,597	-17,607	233,990	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	3,995,870	889,592	4,885,462	288,439	5,173,901	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	873,698	19,394	893,092	31,838	924,930	92.01
93.00	04951	INFUSION	413,788	4,180,483	4,594,271	-3,786,790	807,481	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	893,414	109,294	1,002,708	-950,489	52,219	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,711,489	346,056	3,057,545	121,942	3,179,487	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A

Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,125,193	328,657	3,453,850	25,865	3,479,715	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		9,815,912	9,815,912	-4,404,861	5,411,051	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	93,509,323	159,022,941	252,532,264	-219,813	252,312,451	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	2,905	2,068	4,973	0	4,973	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	33,495,451	9,506,810	43,002,261	219,813	43,222,074	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	127,007,679	168,531,819	295,539,498	0	295,539,498	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A
Date/Time Prepared:
5/25/2017 3:22 pm

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	7,935,964	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	13,293,288	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-41,923	26,496,821	4.00
5.01	01160	COMMUNICATIONS	-3,605	1,257,763	5.01
5.02	00550	DATA PROCESSING	0	11,897,992	5.02
5.03	00591	PURCHASING	0	1,103,424	5.03
5.05	00590	BUSINESS OFFICE	0	5,894,100	5.05
5.06	00592	OTHER ADMIN & GENERAL	-11,025,083	26,284,332	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	8,555,275	6.00
7.00	00700	OPERATION OF PLANT	0	634,496	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	614,932	8.00
9.00	00900	HOUSEKEEPING	0	2,427,129	9.00
10.00	01000	DIETARY	-11,071	1,566,015	10.00
11.00	01100	CAFETERIA	-1,716,715	572,296	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,096,545	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	972,139	14.00
15.00	01500	PHARMACY	0	1,088,231	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,838	1,659,512	16.00
17.00	01700	SOCIAL SERVICE	0	1,436,895	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	1,981,688	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-240,820	15,802,393	30.00
31.00	03100	INTENSIVE CARE UNIT	-5,053	3,548,796	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	1,542,257	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,996,752	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,347,855	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-188,738	10,340,540	50.00
51.00	05100	RECOVERY ROOM	0	1,890,705	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,806,160	52.00
53.00	05300	ANESTHESIOLOGY	-511,191	430,755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-108,779	7,481,359	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	710,367	54.01
54.02	05404	ULTRASOUND	0	866,714	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,843,523	55.00
57.00	05700	CT SCAN	0	871,054	57.00
58.00	05800	MRI	0	356,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,662,269	59.00
60.00	06000	LABORATORY	-39,171	7,759,997	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,851,253	64.00
65.00	06500	RESPIRATORY THERAPY	-19,200	1,771,123	65.00
66.00	06600	PHYSICAL THERAPY	0	3,394,201	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,288,151	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-2,036	935,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,165,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-5,035	11,186,511	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	768,131	75.01
76.00	03956	CARDIAC REHAB	0	389,842	76.00
76.01	03950	OP PSY/CDU	-124,507	1,121,627	76.01
76.02	03957	RIMMS	-375,403	326,143	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	0	418,409	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	-5,238	980,658	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-110,604	123,386	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-118,950	5,054,951	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	924,930	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	924,930	92.01
93.00	04951	INFUSION	0	807,481	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	52,219	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-302,339	2,877,148	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	3,479,715	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-5,411,051	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-20,369,350	231,943,101	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	4,973	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	43,222,074	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-20,369,350	275,170,148	200.00

RECLASSI FI CATIONS

Provi der CCN: 14-0186

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

Worksheet A-6
Date/Time Prepared:
5/25/2017 3:22 pm

		Increases			
	Cost Center	Li ne #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - PROFESSIONAL FEES					
1.00	OPERATING ROOM	50.00	0	36,000	1.00
2.00	ANESTHESIOLOGY	53.00	0	511,191	2.00
3.00	LABORATORY	60.00	0	77,400	3.00
4.00	RESPIRATORY THERAPY	65.00	0	19,200	4.00
5.00	OP PSY/CDU	76.01	0	61,392	5.00
6.00	EMERGENCY	91.00	0	118,950	6.00
7.00	INFUSION	93.00	0	300	7.00
	TOTALS		0	824,433	
B - BONUSES AND VACATION ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,586	0	1.00
2.00	DATA PROCESSING	5.02	73,873	0	2.00
3.00	PURCHASING	5.03	22,139	0	3.00
4.00	BUSINESS OFFICE	5.05	102,653	0	4.00
5.00	OTHER ADMIN & GENERAL	5.06	1,242,890	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	40,094	0	6.00
7.00	OPERATION OF PLANT	7.00	6,529	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	7,598	0	8.00
9.00	HOUSEKEEPING	9.00	23,937	0	9.00
10.00	DIETARY	10.00	17,279	0	10.00
11.00	NURSING ADMINISTRATION	13.00	124,987	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	4,896	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	33,835	0	13.00
14.00	SOCIAL SERVICE	17.00	48,397	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	726	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	219,470	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	39,548	0	17.00
18.00	SUBPROVIDER - IPF	40.00	8,794	0	18.00
19.00	SUBPROVIDER - IRF	41.00	26,015	0	19.00
20.00	NURSERY	43.00	20,300	0	20.00
21.00	OPERATING ROOM	50.00	57,666	0	21.00
22.00	RECOVERY ROOM	51.00	28,613	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	64,643	0	23.00
24.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	2,996	0	24.00
25.00	ULTRASOUND	54.02	14,943	0	25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	32,949	0	26.00
27.00	CT SCAN	57.00	10,114	0	27.00
28.00	MRI	58.00	6,504	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	15,927	0	29.00
30.00	LABORATORY	60.00	36,018	0	30.00
31.00	INTRAVENOUS THERAPY	64.00	3,562	0	31.00
32.00	RESPIRATORY THERAPY	65.00	17,163	0	32.00
33.00	PHYSICAL THERAPY	66.00	60,479	0	33.00
34.00	ELECTROCARDIOLOGY	69.00	97,548	0	34.00
35.00	DRUGS CHARGED TO PATIENTS	73.00	34,791	0	35.00
36.00	CARDIAC REHAB	76.00	4,699	0	36.00
37.00	OP PSY/CDU	76.01	15,523	0	37.00
38.00	RI MMS	76.02	7,216	0	38.00
39.00	DIABETES	76.05	4,767	0	39.00
40.00	HYPERBARIC OXYGEN THERAPY	76.98	7,327	0	40.00
41.00	RURAL HEALTH CLINIC	88.00	4,277	0	41.00
42.00	EMERGENCY	91.00	50,135	0	42.00
43.00	OBSERVATION BEDS (DISTINCT PART)	92.01	5,042	0	43.00
44.00	INFUSION	93.00	7,030	0	44.00
45.00	COMMUNITY HEALTH CENTERS	93.01	34,133	0	45.00
46.00	AMBULANCE SERVICES	95.00	38,191	0	46.00
47.00	HOME HEALTH AGENCY	101.00	65,184	0	47.00
48.00	PHYSICIANS PRIVATE OFFICES	192.00	538,361	0	48.00
	TOTALS		3,337,347	0	
C - CAFETERIA					
1.00	CAFETERIA	11.00	876,228	1,412,783	1.00
	TOTALS		876,228	1,412,783	
D - NURSING ADMINISTRATION					
1.00	CENTRAL SERVICES & SUPPLY	14.00	9,441	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	189,636	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	26,841	0	3.00
4.00	SUBPROVIDER - IPF	40.00	20,049	0	4.00
5.00	SUBPROVIDER - IRF	41.00	59,972	0	5.00
6.00	NURSERY	43.00	31,686	0	6.00
7.00	OPERATING ROOM	50.00	84,311	0	7.00
8.00	RECOVERY ROOM	51.00	35,523	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	46,114	0	9.00

RECLASSI FI CATI ONS

Provi der CCN: 14-0186

Peri od:
From 01/01/2016
To 12/31/2016

Worksheet A-6

Date/Time Prepared:
5/25/2017 3:22 pm

		Increases			
	Cost Center	Li ne #	Salary	Other	
	2. 00	3. 00	4. 00	5. 00	
10.00	ANESTHESIOLOGY	53.00	6	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	21,281	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	78,779	0	12.00
13.00	RESPIRATORY THERAPY	65.00	9,609	0	13.00
14.00	PHYSICAL THERAPY	66.00	83,910	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	65,329	0	15.00
16.00	CARDIAC REHAB	76.00	24,103	0	16.00
17.00	OP PSY/CDU	76.01	19,062	0	17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	8,531	0	18.00
19.00	EMERGENCY	91.00	120,462	0	19.00
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	26,796	0	20.00
21.00	AMBULANCE SERVICES	95.00	104,232	0	21.00
	TOTALS		1,065,673	0	
E - COST OF GOODS SOLD					
1.00	INTRAVENOUS THERAPY	64.00	0	655,274	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	937,186	2.00
3.00	PHARMACY	15.00	0	1,018,567	3.00
	TOTALS		0	2,611,027	
F - UTILIZATION REVIEW					
1.00	OTHER ADMIN & GENERAL	5.06	988,815	0	1.00
	TOTALS		988,815	0	
G - RECOVERY ROOM					
1.00	RECOVERY ROOM	51.00	133,775	0	1.00
	TOTALS		133,775	0	
H - IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	647,276	0	1.00
	TOTALS		647,276	0	
I - INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,015,684	1.00
	TOTALS		0	1,015,684	
J - INTEREST					
1.00	OTHER ADMIN & GENERAL	5.06	0	4,404,861	1.00
	TOTALS		0	4,404,861	
K - RADIOLOGY					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	298,345	0	1.00
	TOTALS		298,345	0	
L - ESTABLISH OTHER CRC					
1.00	OTHER CAP REL COSTS	3.00	0	1,141,443	1.00
	TOTALS		0	1,141,443	
M - NEW LIFE GRANT					
1.00	NONPAID WORKERS	193.00	0	98,198	1.00
	TOTALS		0	98,198	
N - RX SALARIES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	2,398,325	0	1.00
	TOTALS		2,398,325	0	
O - FLOAT NURSING					
1.00	ADULTS & PEDIATRICS	30.00	600,304	0	1.00
	TOTALS		600,304	0	
P - CHC DIRECTORS					
1.00	RURAL HEALTH CLINIC	88.00	4,667	808	1.00
2.00	PHYSICIANS PRIVATE OFFICES	192.00	865,585	107,253	2.00
	TOTALS		870,252	108,061	
Q - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,425,215	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	10,425,215	
R - IT CONTRACT LABOR					
1.00	OTHER ADMIN & GENERAL	5.06	0	206,497	1.00
	TOTALS		0	206,497	
S - UTILITIES					
1.00	MAINTENANCE & REPAIRS	6.00	0	1,658,610	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

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
TOTALS					0	1,658,610
T - POSTAGE						
1.00	OTHER ADMIN & GENERAL	5.06	0	232,339		1.00
TOTALS					0	232,339
U - I&R SALARIES						
1.00	OTHER ADMIN & GENERAL	5.06	39,413	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	19,500	0		2.00
3.00	OPERATING ROOM	50.00	224,565	0		3.00
4.00	RESPIRATORY THERAPY	65.00	10,350	0		4.00
5.00	HYPERBARIC OXYGEN THERAPY	76.98	10,350	0		5.00
TOTALS					304,178	0
V - COMMUNICATIONS						
1.00	COMMUNICATIONS	5.01	0	1,261,368		1.00
TOTALS					0	1,261,368
500.00	Grand Total: Increases		11,520,518	25,400,519		500.00

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PROFESSIONAL FEES							
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	400,000	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	424,433	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	824,433			
B - BONUSES AND VACATION ACCRUAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,337,347	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
	TOTALS		0	3,337,347			
C - CAFETERIA							
1.00	DIETARY	10.00	876,228	1,412,783	0		1.00
	TOTALS		876,228	1,412,783			
D - NURSING ADMINISTRATION							
1.00	NURSING ADMINISTRATION	13.00	1,065,673	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00

RECLASSI FI CATI ONS

Provi der CCN: 14-0186

Peri od:
From 01/01/2016
To 12/31/2016

Worksheet A-6
Date/Time Prepared:
5/25/2017 3:22 pm

		Decreases					
	Cost Center	Li ne #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
TOTALS			1,065,673	0			
E - COST OF GOODS SOLD							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,666,785	0	1.00	
2.00	PURCHASING	5.03	0	944,242	0	2.00	
3.00		0.00	0	0	0	3.00	
TOTALS			0	2,611,027			
F - UTI LI ZATI ON REVI EW							
1.00	SOCI AL SERVI CE	17.00	988,815	0	0	1.00	
TOTALS			988,815	0			
G - RECOVERY ROOM							
1.00	ADULTS & PEDI ATRI CS	30.00	133,775	0	0	1.00	
TOTALS			133,775	0			
H - IV THERAPY							
1.00	ADULTS & PEDI ATRI CS	30.00	647,276	0	0	1.00	
TOTALS			647,276	0			
I - INSURANCE							
1.00	OTHER ADMI N & GENERAL	5.06	0	1,015,684	0	1.00	
TOTALS			0	1,015,684			
J - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	4,404,861	0	1.00	
TOTALS			0	4,404,861			
K - RADIOLOGY							
1.00	PHYSI CI ANS PRI VATE OFFI CES	192.00	298,345	0	0	1.00	
TOTALS			298,345	0			
L - ESTABLI SH OTHER CRC							
1.00	OTHER ADMI N & GENERAL	5.06	0	1,141,443	0	1.00	
TOTALS			0	1,141,443			
M - NEW LI FE GRANT							
1.00	NONPAI D WORKERS	193.00	98,198	0	0	1.00	
TOTALS			98,198	0			
N - RX SALARI ES							
1.00	PHARMACY	15.00	2,398,325	0	0	1.00	
TOTALS			2,398,325	0			
O - FLOAT NURSING							
1.00	NURSING ADMI NI STRATI ON	13.00	600,304	0	0	1.00	
TOTALS			600,304	0			
P - CHC DI RECTORS							
1.00	COMMUNI TY HEALTH CENTERS	93.01	4,667	808	0	1.00	
2.00	COMMUNI TY HEALTH CENTERS	93.01	865,585	107,253	0	2.00	
TOTALS			870,252	108,061			
Q - BILLABLE DRUGS							
1.00	RADIOLOGY-THERAPEUTI C	55.00	0	6,631,095	0	1.00	
2.00	INFUSI ON	93.00	0	3,794,120	0	2.00	
TOTALS			0	10,425,215			
R - IT CONTRACT LABOR							
1.00	MEDI CAL RECORDS & LI BRARY	16.00	0	206,497	0	1.00	
TOTALS			0	206,497			
S - UTI LI TI ES							
1.00	DATA PROCESSI NG	5.02	0	884,678	0	1.00	
2.00	PURCHASI NG	5.03	0	3,135	0	2.00	
3.00	BUSI NESS OFFI CE	5.05	0	34,802	0	3.00	
4.00	OTHER ADMI N & GENERAL	5.06	0	46,871	0	4.00	
5.00	OPERATI ON OF PLANT	7.00	0	2,270	0	5.00	
6.00	HOUSEKEEPI NG	9.00	0	2,063	0	6.00	
7.00	NURSING ADMI NI STRATI ON	13.00	0	3,063	0	7.00	
8.00	MEDI CAL RECORDS & LI BRARY	16.00	0	1,240	0	8.00	
9.00	SOCI AL SERVI CE	17.00	0	1,911	0	9.00	
10.00	ADULTS & PEDI ATRI CS	30.00	0	43,227	0	10.00	
11.00	OPERATI NG ROOM	50.00	0	1,069	0	11.00	
12.00	RADIOLOGY-DI AGNOSTI C	54.00	0	223,720	0	12.00	
13.00	RADIOLOGY-THERAPEUTI C	55.00	0	50	0	13.00	
14.00	CARDI AC CATHETERI ZATI ON	59.00	0	1,200	0	14.00	
15.00	PHYSI CAL THERAPY	66.00	0	1,332	0	15.00	
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	292	0	16.00	

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
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Decreases								
	Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00			
17.00	OP PSY/CDU	76.01	0	816	0			17.00
18.00	RI MMS	76.02	0	23,432	0			18.00
19.00	RURAL HEALTH CLINIC	88.00	0	27,359	0			19.00
20.00	EMERGENCY	91.00	0	1,108	0			20.00
21.00	COMMUNITY HEALTH CENTERS	93.01	0	6,309	0			21.00
22.00	AMBULANCE SERVICES	95.00	0	20,481	0			22.00
23.00	HOME HEALTH AGENCY	101.00	0	39,319	0			23.00
24.00	PHYSICIANS PRIVATE OFFICES	192.00	0	288,863	0			24.00
	TOTALS		0	1,658,610				
T - POSTAGE								
1.00	PURCHASING	5.03	0	232,339	0			1.00
	TOTALS		0	232,339				
U - I&R SALARIES								
1.00	PHYSICIANS PRIVATE OFFICES	192.00	304,178	0	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
	TOTALS		304,178	0	0			
V - COMMUNICATIONS								
1.00	MAINTENANCE & REPAIRS	6.00	0	1,261,368	0			1.00
	TOTALS		0	1,261,368				
500.00	Grand Total: Decreases		8,281,369	28,639,668				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

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		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,974,131	0	0	0	0	1.00
2.00	Land Improvements	350,846	2,167,092	0	2,167,092	0	2.00
3.00	Buildings and Fixtures	138,416,690	90,223,680	0	90,223,680	0	3.00
4.00	Building Improvements	11,063,359	56,418,571	0	56,418,571	0	4.00
5.00	Fixed Equipment	710,986	1,503,485	0	1,503,485	0	5.00
6.00	Movable Equipment	32,814,673	81,000,292	0	81,000,292	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	191,330,685	231,313,120	0	231,313,120	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	191,330,685	231,313,120	0	231,313,120	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,974,131	0				1.00
2.00	Land Improvements	2,517,938	0				2.00
3.00	Buildings and Fixtures	228,640,370	0				3.00
4.00	Building Improvements	67,481,930	0				4.00
5.00	Fixed Equipment	2,214,471	0				5.00
6.00	Movable Equipment	113,814,965	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	422,643,805	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	422,643,805	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,101,903	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,985,906	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	20,087,809	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	7,101,903				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	12,985,906				2.00
3.00	Total (sum of lines 1-2)	0	20,087,809				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

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	308,828,840	0	308,828,840	0.730707	304,793	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	113,814,965	0	113,814,965	0.269293	112,327	2.00
3.00	Total (sum of lines 1-2)	422,643,805	0	422,643,805	1.000000	417,120	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	529,268	0	834,061	7,101,903	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	195,055	0	307,382	12,985,906	0	2.00
3.00	Total (sum of lines 1-2)	724,323	0	1,141,443	20,087,809	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	304,793	529,268	0	7,935,964	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	112,327	195,055	0	13,293,288	2.00
3.00	Total (sum of lines 1-2)	0	417,120	724,323	0	21,229,252	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0186

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

Worksheet A-8

Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			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)	B	-3,605		COMMUNICATIONS	5.01	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,365,789				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,458		RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,428,505		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-2,036		MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	16.00
17.00 Sale of drugs to other than patients	B	-5,035		DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,838		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-11,071		DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 FAMILY RESOURCE	B	-540		OTHER ADMIN & GENERAL	5.06	0	33.00
33.01 ACLS REVENUE	B	-9,085		AMBULANCE SERVICES	95.00	0	33.01

Provider CCN: 14-0186
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8
 Date/Time Prepared: 5/25/2017 3:22 pm

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	
33.02 GOURMET COFFEE	B	-288,210	CAFETERIA	11.00	0 33.02
33.03 AMBULANCE REVENUE	B	-293,254	AMBULANCE SERVICES	95.00	0 33.03
33.04 MISCELLANEOUS INCOME	B	-241,373	OTHER ADMIN & GENERAL	5.06	0 33.04
33.05 IHA DUES	A	-29,415	OTHER ADMIN & GENERAL	5.06	0 33.05
33.06 VOCATIONAL TRAINING	A	-128,200	ADULTS & PEDIATRICS	30.00	0 33.06
33.07 VOCATIONAL TRAINING	A	-57,188	OP PSY/CDU	76.01	0 33.07
33.09 NON-ALLOWABLE MARKETING	A	-548,272	OTHER ADMIN & GENERAL	5.06	0 33.09
33.10 NON-ALLOWABLE ADMIN	A	-293,729	OTHER ADMIN & GENERAL	5.06	0 33.10
33.11 CHARITY CARE	A	-70,485	OTHER ADMIN & GENERAL	5.06	0 33.11
33.12 NON-ALLOWABLE INTEREST	A	-5,411,051	INTEREST EXPENSE	113.00	0 33.12
33.13 MEDICAID ASSESSMENT	A	-9,098,390	OTHER ADMIN & GENERAL	5.06	0 33.13
33.15 REAL ESTATE TAX	A	-724,323	OTHER ADMIN & GENERAL	5.06	0 33.15
33.16 NON OPERATING INC UNRESTRICT DONOR	B	-18,556	OTHER ADMIN & GENERAL	5.06	0 33.16
33.17 NURSE PRACTITIONER PART B BENEFITS	A	-41,923	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.17
33.19 NURSE PRACTITIONER PART B SALARIES	A	-91,192	RIMMS	76.02	0 33.19
33.20 NURSE PRACTITIONER PART B SALARIES	A	-96,506	RURAL HEALTH CLINIC	88.00	0 33.20
33.22 NURSE PRACTITIONER PART B SALARIES	A	-107,321	RADIOLOGY-DIAGNOSTIC	54.00	0 33.22
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,369,350			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: 14-0186

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2017 3:22 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	30.00	ADULTS & PEDIATRICS	60,000	60,000	1.00
2.00	0.00	FACILITY RENT	0	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		60,000	60,000	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.

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	A	RESOLVE CENTER	100.00	OAKSIDE CORP	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: 14-0186

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2017 3:22 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	9		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0			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	CHEM DEPENDENCY		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: 14-0186

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2017 3:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	112,620	112,620	0	154,100	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	19,500	0	19,500	154,100	195	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	154,100	0	3.00
4.00	50.00	OPERATING ROOM	260,565	36,000	224,565	204,100	732	4.00
5.00	53.00	ANESTHESIOLOGY	511,191	511,191	0	200,300	0	5.00
6.00	60.00	LABORATORY	77,400	0	77,400	154,100	516	6.00
7.00	65.00	RESPIRATORY THERAPY	29,550	19,200	10,350	219,500	104	7.00
8.00	76.01	OP PSY/CDU	67,319	67,319	0	154,100	0	8.00
9.00	76.02	RIMMS	284,211	284,211	0	154,100	0	9.00
10.00	76.98	HYPERBARIC OXYGEN THERAPY	10,350	0	10,350	154,100	69	10.00
11.00	88.00	RURAL HEALTH CLINIC	14,098	14,098	0	154,100	0	11.00
12.00	91.00	EMERGENCY	118,950	118,950	0	154,100	0	12.00
200.00			1,505,754	1,163,589	342,165		1,616	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	14,447	722	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	71,827	3,591	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	38,229	1,911	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	10,975	549	0	0	0	7.00
8.00	76.01	OP PSY/CDU	0	0	0	0	0	8.00
9.00	76.02	RIMMS	0	0	0	0	0	9.00
10.00	76.98	HYPERBARIC OXYGEN THERAPY	5,112	256	0	0	0	10.00
11.00	88.00	RURAL HEALTH CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			140,590	7,029	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	112,620	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	14,447	5,053	5,053	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	71,827	152,738	188,738	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	511,191	5.00
6.00	60.00	LABORATORY	0	38,229	39,171	39,171	6.00
7.00	65.00	RESPIRATORY THERAPY	0	10,975	0	19,200	7.00
8.00	76.01	OP PSY/CDU	0	0	0	67,319	8.00
9.00	76.02	RIMMS	0	0	0	284,211	9.00
10.00	76.98	HYPERBARIC OXYGEN THERAPY	0	5,112	5,238	5,238	10.00
11.00	88.00	RURAL HEALTH CLINIC	0	0	0	14,098	11.00
12.00	91.00	EMERGENCY	0	0	0	118,950	12.00
200.00			0	140,590	202,200	1,365,789	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,935,964	7,935,964			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,293,288		13,293,288		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,496,821	36,418	4,630	26,537,869	4.00
5.01 01160	COMMUNICATIONS	1,257,763	2,171	0	0	5.01
5.02 00550	DATA PROCESSING	11,897,992	117,901	2,705,706	769,694	5.02
5.03 00591	PURCHASING	1,103,424	241,720	483,332	174,345	5.03
5.05 00590	BUSINESS OFFICE	5,894,100	139,522	54,378	1,455,391	5.05
5.06 00592	OTHER ADMIN & GENERAL	26,284,332	657,984	169,679	2,415,050	5.06
6.00 00600	MAINTENANCE & REPAIRS	8,555,275	190,298	805,414	543,112	6.00
7.00 00700	OPERATION OF PLANT	634,496	1,710,727	347,070	135,534	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	614,932	51,577	7,728	153,251	8.00
9.00 00900	HOUSEKEEPING	2,427,129	31,378	105,682	582,823	9.00
10.00 01000	DIETARY	1,566,015	132,026	34,876	163,653	10.00
11.00 01100	CAFETERIA	572,296	120,808	0	239,759	11.00
13.00 01300	NURSING ADMINISTRATION	1,096,545	0	131,020	120,760	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	972,139	82,348	78,881	127,723	14.00
15.00 01500	PHARMACY	1,088,231	30,577	29,330	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,659,512	73,341	11,410	411,691	16.00
17.00 01700	SOCIAL SERVICE	1,436,895	6,862	18,088	260,168	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	1,981,688	3,360	1,520	42,386	22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,802,393	824,193	207,135	3,379,930	30.00
31.00 03100	INTENSIVE CARE UNIT	3,548,796	117,952	295,369	689,219	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	1,542,257	0	26,754	230,763	40.00
41.00 04100	SUBPROVIDER - IRF	2,996,752	103,375	26,431	465,814	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,347,855	22,358	11,899	259,246	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,340,540	202,808	2,448,007	918,661	50.00
51.00 05100	RECOVERY ROOM	1,890,705	53,555	16,379	406,954	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,806,160	68,016	160,554	340,608	52.00
53.00 05300	ANESTHESIOLOGY	430,755	5,273	17,715	791	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,481,359	128,769	956,992	895,317	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	710,367	6,332	20,039	39,865	54.01
54.02 05404	ULTRASOUND	866,714	5,841	151,225	105,146	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	2,843,523	0	849,400	173,494	55.00
57.00 05700	CT SCAN	871,054	7,431	226,212	111,137	57.00
58.00 05800	MRI	356,012	15,405	460,057	40,943	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,662,269	44,909	716,168	277,970	59.00
60.00 06000	LABORATORY	7,759,997	84,145	366,954	622,270	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	1,851,253	0	7,008	180,698	64.00
65.00 06500	RESPIRATORY THERAPY	1,771,123	16,180	218,634	364,586	65.00
66.00 06600	PHYSICAL THERAPY	3,394,201	236,809	54,290	672,061	66.00
69.00 06900	ELECTROCARDIOLOGY	1,288,151	35,953	339,904	210,421	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	935,150	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,165,727	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,186,511	0	0	499,518	73.00
75.01 03955	RENAL DIALYSIS (IP)	768,131	0	0	0	75.01
76.00 03956	CARDIAC REHAB	389,842	23,676	8,111	94,822	76.00
76.01 03950	OP PSY/CDU	1,121,627	151,592	3,308	268,402	76.01
76.02 03957	RIMMS	326,143	51,061	14,476	176,364	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	0	76.04
76.05 03953	DIABETES	418,409	6,384	1,191	104,565	76.05
76.98 07698	HYPERTHERMIC OXYGEN THERAPY	980,658	19,489	13,424	83,125	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	123,386	75,124	6,070	27,099	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 09100	EMERGENCY	5,054,951	112,240	139,611	835,367	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	924,930	61,451	3,821	170,874	92.01
93.00 04951	INFUSION	807,481	0	15,187	99,320	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	52,219	382,133	0	8,875	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	2,877,148	82,865	210,773	766,562	4,386	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	3,479,715	36,806	14,646	689,021	20,834	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	231,943,101	6,611,143	12,996,488	21,805,148	1,150,279	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	16,594	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102	CARE-A-VAN	4,973	0	0	389	0	191.02
192.00 19200	PHYSICIANS PRIVATE OFFICES	43,222,074	833,342	296,749	4,715,948	52,634	192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300	NONPAID WORKERS	0	474,885	51	16,384	57,021	193.00
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)	275,170,148	7,935,964	13,293,288	26,537,869	1,259,934	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	15,579,017					5.02
5.03	00591	PURCHASING	248,074	2,267,343				5.03
5.05	00590	BUSINESS OFFICE	2,398,044	1,434	9,993,310			5.05
5.06	00592	OTHER ADMIN & GENERAL	2,431,119	1,247	0	32,220,390	32,220,390	5.06
6.00	00600	MAINTENANCE & REPAIRS	347,303	2,757	0	10,486,924	1,390,797	6.00
7.00	00700	OPERATION OF PLANT	281,150	103	0	3,127,721	414,805	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,510	0	830,095	110,089	8.00
9.00	00900	HOUSEKEEPING	99,229	2,553	0	3,257,566	432,025	9.00
10.00	01000	DIETARY	165,382	861	0	2,078,165	275,610	10.00
11.00	01100	CAFETERIA	0	0	0	932,863	123,718	11.00
13.00	01300	NURSING ADMINISTRATION	181,921	776	0	1,548,567	205,374	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	82,691	15,306	0	1,363,474	180,827	14.00
15.00	01500	PHARMACY	314,226	37,805	0	1,511,134	200,410	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	479,609	34	0	2,691,521	356,955	16.00
17.00	01700	SOCIAL SERVICE	347,303	81	0	2,079,266	275,756	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	3	0	2,030,054	269,230	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,604,209	27,894	571,716	22,597,304	2,996,900	30.00
31.00	03100	INTENSIVE CARE UNIT	281,150	14,059	117,493	5,084,872	674,366	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	34,811	1,834,585	243,306	40.00
41.00	04100	SUBPROVIDER - IRF	248,074	6,052	76,248	3,938,098	522,278	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	49,615	5,054	29,921	1,730,334	229,480	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	413,456	313,949	994,801	15,661,829	2,077,103	50.00
51.00	05100	RECOVERY ROOM	231,535	5,004	156,450	2,783,610	369,168	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,153	9,324	70,596	2,527,990	335,267	52.00
53.00	05300	ANESTHESIOLOGY	0	24,400	343,385	823,416	109,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	380,379	83,253	696,526	10,640,140	1,411,117	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	16,538	33,488	67,584	896,406	118,883	54.01
54.02	05404	ULTRASOUND	99,229	6,843	147,350	1,386,734	183,911	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	181,921	44,862	164,202	4,274,947	566,952	55.00
57.00	05700	CT SCAN	132,306	10,915	632,458	1,998,092	264,991	57.00
58.00	05800	MRI	148,844	6,150	160,669	1,194,659	158,438	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,076	233,017	532,185	6,505,077	862,716	59.00
60.00	06000	LABORATORY	1,025,371	348,522	1,258,281	11,501,726	1,525,382	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	49,615	15,620	71,368	2,177,755	288,818	64.00
65.00	06500	RESPIRATORY THERAPY	132,306	19,050	263,136	2,792,691	370,372	65.00
66.00	06600	PHYSICAL THERAPY	1,025,371	11,889	267,029	5,693,450	755,077	66.00
69.00	06900	ELECTROCARDIOLOGY	198,459	11,936	250,144	2,352,513	311,995	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	123,662	1,058,812	140,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	843,640	381,851	13,391,218	1,775,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,199,259	12,885,288	1,708,873	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	12,347	780,478	103,509	75.01
76.00	03956	CARDIAC REHAB	115,768	407	12,830	649,842	86,183	76.00
76.01	03950	OP PSY/CDU	198,459	1,097	99,203	1,843,688	244,514	76.01
76.02	03957	RIMMS	0	11,701	14,706	607,610	80,582	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	82,691	495	9,696	627,817	83,262	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	16,715	38,020	1,151,431	152,705	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	203	5,340	241,608	32,043	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	413,456	36,465	825,788	7,475,995	991,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	889	127,922	1,289,887	171,067	92.01
93.00	04951	INFUSION	0	22,747	60,598	1,005,333	133,329	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	551	58,681	504,652	66,928	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	115,768	1,079	62,315	4,120,896	546,521	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	578,838	5,714	54,739	4,880,313	647,237	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,198,638	2,237,454	9,993,310	225,068,836	25,575,945
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	16,594	2,201
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	1	0	5,363	711
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	29,493	0	49,150,240	6,518,312
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	380,379	395	0	929,115	123,221
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)	15,579,017	2,267,343	9,993,310	275,170,148	32,220,390

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/25/2017 3:22 pm
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00591	PURCHASING					5.03	
5.05	00590	BUSINESS OFFICE					5.05	
5.06	00592	OTHER ADMIN & GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS	11,877,721				6.00	
7.00	00700	OPERATION OF PLANT	0	3,542,526			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	52,423	992,607		8.00	
9.00	00900	HOUSEKEEPING	2,166	31,892	0	3,723,649	9.00	
10.00	01000	DIETARY	0	134,190	6,561	165,556	2,660,082	10.00
11.00	01100	CAFETERIA	0	122,788	0	151,490	1,586,374	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,166	83,698	49,627	103,262	0	14.00
15.00	01500	PHARMACY	2,166	31,078	0	38,342	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	74,543	0	91,967	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,975	0	8,605	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	3,415	0	4,213	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	892,345	837,701	426,254	1,033,509	759,079	30.00
31.00	03100	INTENSIVE CARE UNIT	411,518	119,885	121,508	147,908	174,948	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	12,995	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	28,157	105,069	71,440	129,628	132,191	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	220,920	22,724	0	28,036	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,448,977	206,132	45,845	254,314	0	50.00
51.00	05100	RECOVERY ROOM	227,418	54,433	41,452	67,156	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,262	69,131	0	85,290	0	52.00
53.00	05300	ANESTHESIOLOGY	864,189	5,359	2,162	6,612	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,195,569	98,186	62,706	121,137	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	90,967	6,436	0	7,941	0	54.01
54.02	05404	ULTRASOUND	225,252	5,937	0	7,325	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	192,764	0	0	0	0	55.00
57.00	05700	CT SCAN	47,650	7,553	0	9,318	0	57.00
58.00	05800	MRI	17,327	15,657	0	19,317	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	677,922	45,645	16,521	56,314	0	59.00
60.00	06000	LABORATORY	457,002	85,524	0	109,080	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,444,646	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	749,397	16,445	2,821	20,289	0	65.00
66.00	06600	PHYSICAL THERAPY	155,944	240,690	19,592	296,951	0	66.00
69.00	06900	ELECTROCARDIOLOGY	444,007	36,542	5,891	45,084	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	80,138	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	184,100	24,064	0	29,689	0	76.00
76.01	03950	OP PSY/CDU	0	154,077	0	190,091	0	76.01
76.02	03957	RIMMS	47,650	51,897	1,891	64,028	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	4,332	6,489	0	8,006	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	19,808	1,078	24,438	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	15,161	76,355	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	495,988	114,080	82,218	140,745	7,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	201,427	62,458	0	77,057	0	92.01
93.00	04951	INFUSION	101,797	0	5,063	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	103,963	84,223	6,141	103,910	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	4,332	37,409	0	46,153	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,249,614	3,150,911	968,771	3,692,761	2,660,082
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	16,866	0	20,808	0
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	SENIOR ADVAN	0	0	0	0	0
191.02	19102	CARE-A-VAN	0	0	0	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	625,941	366,579	23,836	0	0
192.01	19201	REFERENCE LAB	0	0	0	0	0
192.02	19202	MEALS ON WHEELS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	2,166	8,170	0	10,080	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	11,877,721	3,542,526	992,607	3,723,649	2,660,082

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
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	2,917,233					11.00
13.00	01300	NURSING ADMINISTRATION	106,508	1,860,449				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	40,206	30,974	1,854,234			14.00
15.00	01500	PHARMACY	91,501	0	0	1,874,631		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,214,986	16.00
17.00	01700	SOCIAL SERVICE	93,905	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	21,309	16,416	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	736,179	609,841	0	0	183,905	30.00
31.00	03100	INTENSIVE CARE UNIT	132,251	101,886	0	0	37,794	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	64,689	49,836	0	0	11,198	40.00
41.00	04100	SUBPROVIDER - I RF	121,684	93,744	0	0	24,527	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	39,555	30,473	0	0	9,625	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	173,948	134,009	0	0	319,999	50.00
51.00	05100	RECOVERY ROOM	71,645	55,195	0	0	50,325	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	75,233	57,959	0	0	22,709	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	110,457	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,470	0	0	0	224,053	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	7,965	0	0	0	21,740	54.01
54.02	05404	ULTRASOUND	23,311	0	0	0	47,398	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	38,683	0	0	0	52,819	55.00
57.00	05700	CT SCAN	32,186	0	0	0	203,444	57.00
58.00	05800	MRI	9,093	0	0	0	51,683	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,125	37,846	0	0	171,189	59.00
60.00	06000	LABORATORY	155,626	0	0	0	405,175	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	7,159	5,515	0	0	22,957	64.00
65.00	06500	RESPIRATORY THERAPY	58,668	45,197	0	0	84,643	65.00
66.00	06600	PHYSICAL THERAPY	72,842	102,171	0	0	85,896	66.00
69.00	06900	ELECTROCARDIOLOGY	45,345	34,933	1,854,234	0	80,464	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	39,779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	122,830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,874,631	385,767	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	3,972	75.01
76.00	03956	CARDIAC REHAB	17,049	13,134	0	0	4,127	76.00
76.01	03950	OP PSY/CDU	0	47,901	0	0	31,911	76.01
76.02	03957	RIMMS	0	0	0	0	4,730	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	3,119	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,855	0	0	0	12,230	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	1,718	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	206,673	161,922	0	0	265,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	43,870	33,797	0	0	41,149	92.01
93.00	04951	INFUSION	19,282	0	0	0	19,493	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	18,876	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	143,073	0	0	20,045	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	17,608	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,655,815	1,805,822	1,854,234	1,874,631	3,214,986
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	261,418	54,627	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
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)	2,917,233	1,860,449	1,854,234	1,874,631	3,214,986

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

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Part I
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Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 01160						5.01
5.02 00550						5.02
5.03 00591						5.03
5.05 00590						5.05
5.06 00592						5.06
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
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
21.00 02100	2,464,507	0	0			21.00
22.00 02200	0		2,344,637			22.00
23.00 02301	0			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	1,465,557	0	1,131,712	0	33,670,286	30.00
31.00 03100	97,446	0	180,385	0	7,284,767	31.00
32.00 03200	0	0	0	0	0	32.00
40.00 04000	0	0	0	0	2,216,609	40.00
41.00 04100	846,594	0	0	0	6,013,410	41.00
42.00 04200	0	0	0	0	0	42.00
43.00 04300	0	0	0	0	2,311,147	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	44,598	0	56,137	0	20,422,891	50.00
51.00 05100	0	0	0	0	3,720,402	51.00
52.00 05200	0	0	0	0	3,372,841	52.00
53.00 05300	0	0	0	0	1,921,398	53.00
54.00 05400	0	0	28,443	0	13,873,821	54.00
54.01 05401	0	0	34,056	0	1,184,394	54.01
54.02 05404	0	0	0	0	1,879,868	54.02
55.00 05500	0	0	75,597	0	5,201,762	55.00
57.00 05700	0	0	0	0	2,563,234	57.00
58.00 05800	0	0	0	0	1,466,174	58.00
59.00 05900	0	0	160,551	0	8,582,906	59.00
60.00 06000	0	0	22,829	0	14,262,344	60.00
60.01 06001	0	0	0	0	0	60.01
62.00 06200	0	0	0	0	0	62.00
64.00 06400	0	0	0	0	3,946,850	64.00
65.00 06500	0	0	0	0	4,140,523	65.00
66.00 06600	0	0	0	0	7,422,613	66.00
69.00 06900	0	0	56,137	0	5,267,145	69.00
71.00 07100	0	0	0	0	1,239,013	71.00
72.00 07200	0	0	0	0	15,290,018	72.00
73.00 07300	0	0	0	0	16,854,559	73.00
75.01 03955	0	0	0	0	968,097	75.01
76.00 03956	0	0	0	0	1,008,188	76.00
76.01 03950	0	0	0	0	2,512,182	76.01
76.02 03957	0	0	0	0	858,388	76.02
76.03 03951	0	0	0	0	0	76.03
76.04 03952	0	0	0	0	0	76.04
76.05 03953	0	0	0	0	733,025	76.05
76.98 07698	0	0	0	0	1,369,545	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	0	0	0	0	366,885	88.00
89.00 08900	0	0	0	0	0	89.00
91.00 09100	0	0	49,400	0	9,991,624	91.00
92.00 09200	0	0	0	0	0	92.00
92.01 09202	0	0	0	0	1,920,712	92.01
93.00 04951	0	0	0	0	1,284,297	93.00
93.01 04950	0	0	0	0	590,456	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	0	0	0	0	5,128,772	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS				PARAMED EDUCATION PROGRAM	Subtotal		
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER					
				Y & FRINGES A	PRGM COSTS A					
			17.00	21.00	22.00	23.00	24.00			
99.10	09910	CORF	0	0	0	0	0	0	99.10	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	5,633,052	101.00	
SPECIAL PURPOSE COST CENTERS										
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,454,195	0	1,795,247	0	0	216,474,198	118.00	
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	56,469	190.00	
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00	
191.01	19101	SENIOR ADVAN	0	0	0	0	0	0	191.01	
191.02	19102	CARE-A-VAN	0	0	0	0	0	6,074	191.02	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	549,390	0	0	57,550,343	192.00	
192.01	19201	REFERENCE LAB	0	0	0	0	0	0	192.01	
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	0	192.02	
193.00	19300	NONPAID WORKERS	10,312	0	0	0	0	1,083,064	193.00	
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	2,464,507	0	2,344,637	0	0	275,170,148	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	01160			5.01
5.02	00550			5.02
5.03	00591			5.03
5.05	00590			5.05
5.06	00592			5.06
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
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02301			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	-1,131,712	32,538,574	30.00
31.00	03100	-180,385	7,104,382	31.00
32.00	03200	0	0	32.00
40.00	04000	0	2,216,609	40.00
41.00	04100	0	6,013,410	41.00
42.00	04200	0	0	42.00
43.00	04300	0	2,311,147	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	-56,137	20,366,754	50.00
51.00	05100	0	3,720,402	51.00
52.00	05200	0	3,372,841	52.00
53.00	05300	0	1,921,398	53.00
54.00	05400	-28,443	13,845,378	54.00
54.01	05401	-34,056	1,150,338	54.01
54.02	05404	0	1,879,868	54.02
55.00	05500	-75,597	5,126,165	55.00
57.00	05700	0	2,563,234	57.00
58.00	05800	0	1,466,174	58.00
59.00	05900	-160,551	8,422,355	59.00
60.00	06000	-22,829	14,239,515	60.00
60.01	06001	0	0	60.01
62.00	06200	0	0	62.00
64.00	06400	0	3,946,850	64.00
65.00	06500	0	4,140,523	65.00
66.00	06600	0	7,422,613	66.00
69.00	06900	-56,137	5,211,008	69.00
71.00	07100	0	1,239,013	71.00
72.00	07200	0	15,290,018	72.00
73.00	07300	0	16,854,559	73.00
75.01	03955	0	968,097	75.01
76.00	03956	0	1,008,188	76.00
76.01	03950	0	2,512,182	76.01
76.02	03957	0	858,388	76.02
76.03	03951	0	0	76.03
76.04	03952	0	0	76.04
76.05	03953	0	733,025	76.05
76.98	07698	0	1,369,545	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	0	366,885	88.00
89.00	08900	0	0	89.00
91.00	09100	-49,400	9,942,224	91.00
92.00	09200	0	0	92.00
92.01	09202	0	1,920,712	92.01
93.00	04951	0	1,284,297	93.00
93.01	04950	0	590,456	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	0	5,128,772	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

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Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	5,633,052	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,795,247	214,678,951	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	56,469	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	6,074	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	-549,390	57,000,953	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,083,064	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-2,344,637	272,825,511	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	36,418	4,630	41,048	41,048 4.00
5.01 01160	COMMUNICATIONS	0	2,171	0	2,171	0 5.01
5.02 00550	DATA PROCESSING	0	117,901	2,705,706	2,823,607	1,191 5.02
5.03 00591	PURCHASING	0	241,720	483,332	725,052	270 5.03
5.05 00590	BUSINESS OFFICE	0	139,522	54,378	193,900	2,251 5.05
5.06 00592	OTHER ADMIN & GENERAL	0	657,984	169,679	827,663	3,736 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	190,298	805,414	995,712	840 6.00
7.00 00700	OPERATION OF PLANT	0	1,710,727	347,070	2,057,797	210 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	51,577	7,728	59,305	237 8.00
9.00 00900	HOUSEKEEPING	0	31,378	105,682	137,060	901 9.00
10.00 01000	DIETARY	0	132,026	34,876	166,902	253 10.00
11.00 01100	CAFETERIA	0	120,808	0	120,808	371 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	131,020	131,020	187 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	82,348	78,881	161,229	198 14.00
15.00 01500	PHARMACY	0	30,577	29,330	59,907	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	73,341	11,410	84,751	637 16.00
17.00 01700	SOCIAL SERVICE	0	6,862	18,088	24,950	402 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	3,360	1,520	4,880	66 22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	824,193	207,135	1,031,328	5,228 30.00
31.00 03100	INTENSIVE CARE UNIT	0	117,952	295,369	413,321	1,066 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - I PF	0	0	26,754	26,754	357 40.00
41.00 04100	SUBPROVIDER - I RF	0	103,375	26,431	129,806	721 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	22,358	11,899	34,257	401 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	202,808	2,448,007	2,650,815	1,421 50.00
51.00 05100	RECOVERY ROOM	0	53,555	16,379	69,934	629 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	68,016	160,554	228,570	527 52.00
53.00 05300	ANESTHESIOLOGY	0	5,273	17,715	22,988	1 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	128,769	956,992	1,085,761	1,385 54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	6,332	20,039	26,371	62 54.01
54.02 05404	ULTRASOUND	0	5,841	151,225	157,066	163 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	849,400	849,400	268 55.00
57.00 05700	CT SCAN	0	7,431	226,212	233,643	172 57.00
58.00 05800	MRI	0	15,405	460,057	475,462	63 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	44,909	716,168	761,077	430 59.00
60.00 06000	LABORATORY	0	84,145	366,954	451,099	963 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	7,008	7,008	279 64.00
65.00 06500	RESPIRATORY THERAPY	0	16,180	218,634	234,814	564 65.00
66.00 06600	PHYSICAL THERAPY	0	236,809	54,290	291,099	1,040 66.00
69.00 06900	ELECTROCARDIOLOGY	0	35,953	339,904	375,857	325 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	773 73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00 03956	CARDIAC REHAB	0	23,676	8,111	31,787	147 76.00
76.01 03950	OP PSY/CDU	0	151,592	3,308	154,900	415 76.01
76.02 03957	RIMMS	0	51,061	14,476	65,537	273 76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05 03953	DIABETES	0	6,384	1,191	7,575	162 76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	19,489	13,424	32,913	129 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	75,124	6,070	81,194	42 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	0	112,240	139,611	251,851	1,292 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	61,451	3,821	65,272	264 92.01
93.00 04951	INFUSION	0	0	15,187	15,187	154 93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	382,133	0	382,133	14 93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00					
	0			2A	4.00			
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	82,865	210,773	293,638	1,186	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	36,806	14,646	51,452	1,066	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,611,143	12,996,488	19,607,631	33,732	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	16,594	0	16,594	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	1	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	833,342	296,749	1,130,091	7,290	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	474,885	51	474,936	25	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	7,935,964	13,293,288	21,229,252	41,048	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
			5.01	5.02	5.03	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	2,171					5.01
5.02	00550	DATA PROCESSING	151	2,824,949				5.02
5.03	00591	PURCHASING	28	44,983	770,333			5.03
5.05	00590	BUSINESS OFFICE	87	434,838	487	631,563		5.05
5.06	00592	OTHER ADMIN & GENERAL	449	440,835	424	0	1,273,107	5.06
6.00	00600	MAINTENANCE & REPAIRS	74	62,977	937	0	54,951	6.00
7.00	00700	OPERATION OF PLANT	32	50,981	35	0	16,389	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2	0	513	0	4,350	8.00
9.00	00900	HOUSEKEEPING	15	17,993	867	0	17,070	9.00
10.00	01000	DIETARY	26	29,989	293	0	10,890	10.00
11.00	01100	CAFETERIA	0	0	0	0	4,888	11.00
13.00	01300	NURSING ADMINISTRATION	30	32,988	264	0	8,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8	14,994	5,200	0	7,145	14.00
15.00	01500	PHARMACY	19	56,979	12,844	0	7,918	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	96	86,968	12	0	14,104	16.00
17.00	01700	SOCIAL SERVICE	17	62,977	28	0	10,895	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	2	0	1	0	10,637	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	310	290,892	9,477	36,118	118,410	30.00
31.00	03100	INTENSIVE CARE UNIT	36	50,981	4,777	7,423	26,645	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,199	9,613	40.00
41.00	04100	SUBPROVIDER - IRF	26	44,983	2,056	4,817	20,636	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8	8,997	1,717	1,890	9,067	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51	74,972	106,666	62,846	82,068	50.00
51.00	05100	RECOVERY ROOM	40	41,984	1,700	9,884	14,586	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11	11,996	3,168	4,460	13,247	52.00
53.00	05300	ANESTHESIOLOGY	2	0	8,290	21,693	4,315	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30	68,974	28,286	44,002	55,754	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	4	2,999	11,378	4,270	4,697	54.01
54.02	05404	ULTRASOUND	8	17,993	2,325	9,309	7,266	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	30	32,988	15,242	10,373	22,401	55.00
57.00	05700	CT SCAN	11	23,991	3,708	39,955	10,470	57.00
58.00	05800	MRI	11	26,990	2,090	10,150	6,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	9	5,998	79,169	33,620	34,087	59.00
60.00	06000	LABORATORY	62	185,931	118,413	79,735	60,269	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	4	8,997	5,307	4,509	11,411	64.00
65.00	06500	RESPIRATORY THERAPY	13	23,991	6,472	16,623	14,634	65.00
66.00	06600	PHYSICAL THERAPY	55	185,931	4,039	16,869	29,834	66.00
69.00	06900	ELECTROCARDIOLOGY	30	35,987	4,055	15,803	12,327	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	7,812	5,548	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	286,623	24,123	70,170	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	75,762	67,519	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	780	4,090	75.01
76.00	03956	CARDIAC REHAB	8	20,992	138	811	3,405	76.00
76.01	03950	OP PSY/CDU	0	35,987	373	6,267	9,661	76.01
76.02	03957	RIMMS	23	0	3,975	929	3,184	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	8	14,994	168	613	3,290	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	5,679	2,402	6,033	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	8	0	69	337	1,266	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	100	74,972	12,389	52,168	39,174	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	302	8,081	6,759	92.01
93.00	04951	INFUSION	0	0	7,728	3,828	5,268	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	4	0	187	3,707	2,644	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8	20,992	366	3,937	21,593	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	36	104,961	1,941	3,458	25,573	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
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Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL		
		5.01	5.02	5.03	5.05	5.06		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,982	2,755,975	760,178	631,563	1,010,525	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	87	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	28	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	91	0	10,021	0	257,598	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	98	68,974	134	0	4,869	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,171	2,824,949	770,333	631,563	1,273,107	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	1,115,491					6.00
7.00	00700	OPERATION OF PLANT	0	2,125,444				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	31,453	95,860			8.00
9.00	00900	HOUSEKEEPING	203	19,135	0	193,244		9.00
10.00	01000	DIETARY	0	80,511	634	8,592	298,090	10.00
11.00	01100	CAFETERIA	0	73,671	0	7,862	177,770	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	203	50,217	4,793	5,359	0	14.00
15.00	01500	PHARMACY	203	18,646	0	1,990	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44,724	0	4,773	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,185	0	447	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	2,049	0	219	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,804	502,602	41,164	53,633	85,063	30.00
31.00	03100	INTENSIVE CARE UNIT	38,648	71,929	11,735	7,676	19,605	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,220	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,644	63,039	6,899	6,727	14,813	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,748	13,634	0	1,455	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	136,083	123,675	4,427	13,198	0	50.00
51.00	05100	RECOVERY ROOM	21,358	32,658	4,003	3,485	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,714	41,477	0	4,426	0	52.00
53.00	05300	ANESTHESIOLOGY	81,160	3,215	209	343	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,281	58,910	6,056	6,287	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	8,543	3,862	0	412	0	54.01
54.02	05404	ULTRASOUND	21,154	3,562	0	380	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	18,103	0	0	0	0	55.00
57.00	05700	CT SCAN	4,475	4,532	0	484	0	57.00
58.00	05800	MRI	1,627	9,394	0	1,002	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	63,667	27,386	1,596	2,923	0	59.00
60.00	06000	LABORATORY	42,919	51,312	0	5,661	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	135,673	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	70,379	9,867	272	1,053	0	65.00
66.00	06600	PHYSICAL THERAPY	14,645	144,409	1,892	15,411	0	66.00
69.00	06900	ELECTROCARDIOLOGY	41,699	21,925	569	2,340	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	7,526	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	17,290	14,438	0	1,541	0	76.00
76.01	03950	OP PSY/CDU	0	92,443	0	9,865	0	76.01
76.02	03957	RIMMS	4,475	31,137	183	3,323	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	407	3,893	0	415	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	11,884	104	1,268	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,424	45,812	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	46,580	68,446	7,940	7,304	839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	18,917	37,474	0	3,999	0	92.01
93.00	04951	INFUSION	9,560	0	489	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,764	50,532	593	5,393	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	407	22,445	0	2,395	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,056,503	1,890,483	93,558	191,641	298,090
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	10,119	0	1,080	0
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	SENIOR ADVAN	0	0	0	0	0
191.02	19102	CARE-A-VAN	0	0	0	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	58,785	219,940	2,302	0	0
192.01	19201	REFERENCE LAB	0	0	0	0	0
192.02	19202	MEALS ON WHEELS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	203	4,902	0	523	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,115,491	2,125,444	95,860	193,244	298,090

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
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	385,370					11.00
13.00	01300	NURSING ADMINISTRATION	14,070	186,673				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,311	3,108	257,765			14.00
15.00	01500	PHARMACY	12,087	0	0	170,593		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	236,065	16.00
17.00	01700	SOCIAL SERVICE	12,405	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	2,815	1,647	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	97,251	61,191	0	0	13,525	30.00
31.00	03100	INTENSIVE CARE UNIT	17,471	10,223	0	0	2,779	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	8,546	5,000	0	0	823	40.00
41.00	04100	SUBPROVIDER - I RF	16,075	9,406	0	0	1,804	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,225	3,058	0	0	708	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,979	13,446	0	0	23,533	50.00
51.00	05100	RECOVERY ROOM	9,464	5,538	0	0	3,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,938	5,815	0	0	1,670	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	8,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,215	0	0	0	16,477	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,052	0	0	0	1,599	54.01
54.02	05404	ULTRASOUND	3,079	0	0	0	3,486	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	5,110	0	0	0	3,884	55.00
57.00	05700	CT SCAN	4,252	0	0	0	14,962	57.00
58.00	05800	MRI	1,201	0	0	0	3,801	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,489	3,797	0	0	12,590	59.00
60.00	06000	LABORATORY	20,558	0	0	0	29,428	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	946	553	0	0	1,688	64.00
65.00	06500	RESPIRATORY THERAPY	7,750	4,535	0	0	6,225	65.00
66.00	06600	PHYSICAL THERAPY	9,623	10,252	0	0	6,317	66.00
69.00	06900	ELECTROCARDIOLOGY	5,990	3,505	257,765	0	5,917	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	2,925	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	170,593	28,370	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	292	75.01
76.00	03956	CARDIAC REHAB	2,252	1,318	0	0	304	76.00
76.01	03950	OP PSY/CDU	0	4,806	0	0	2,347	76.01
76.02	03957	RIMMS	0	0	0	0	348	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	229	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,038	0	0	0	899	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	126	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	27,302	16,247	0	0	19,535	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	5,795	3,391	0	0	3,026	92.01
93.00	04951	INFUSION	2,547	0	0	0	1,434	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	1,388	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	14,356	0	0	1,474	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,295	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	350,836	181,192	257,765	170,593	236,065
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	34,534	5,481	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
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)	385,370	186,673	257,765	170,593	236,065

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
	17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00591	PURCHASING				5.03
5.05	00590	BUSINESS OFFICE				5.05
5.06	00592	OTHER ADMIN & GENERAL				5.06
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
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	116,306			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	22,316		22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	69,162			30.00
31.00	03100	INTENSIVE CARE UNIT	4,599			31.00
32.00	03200	CORONARY CARE UNIT	0			32.00
40.00	04000	SUBPROVIDER - IPF	0			40.00
41.00	04100	SUBPROVIDER - IRF	39,953			41.00
42.00	04200	SUBPROVIDER	0			42.00
43.00	04300	NURSERY	0			43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,105			50.00
51.00	05100	RECOVERY ROOM	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			52.00
53.00	05300	ANESTHESIOLOGY	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0			54.01
54.02	05404	ULTRASOUND	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0			55.00
57.00	05700	CT SCAN	0			57.00
58.00	05800	MRI	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0			59.00
60.00	06000	LABORATORY	0			60.00
60.01	06001	BLOOD LABORATORY	0			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0			62.00
64.00	06400	INTRAVENOUS THERAPY	0			64.00
65.00	06500	RESPIRATORY THERAPY	0			65.00
66.00	06600	PHYSICAL THERAPY	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			73.00
75.01	03955	RENAL DIALYSIS (IP)	0			75.01
76.00	03956	CARDIAC REHAB	0			76.00
76.01	03950	OP PSY/CDU	0			76.01
76.02	03957	RIMMS	0			76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0			76.03
76.04	03952	PAIN CLINIC	0			76.04
76.05	03953	DIABETES	0			76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			89.00
91.00	09100	EMERGENCY	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0			92.01
93.00	04951	INFUSION	0			93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0			93.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM	Subtotal	
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
			17.00	21.00	22.00	23.00	24.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	215,029	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	115,819	0	0	0	18,897,743	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	27,880	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	29	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	1,726,133	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	487	0	0	0	555,151	193.00
200.00		Cross Foot Adjustments	0	0	22,316	0	22,316	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	116,306	0	22,316	0	21,229,252	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 3:22 pm
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00591	PURCHASING			5.03
5.05	00590	BUSINESS OFFICE			5.05
5.06	00592	OTHER ADMIN & GENERAL			5.06
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
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
21.00	02100	I&R SERVICES-SALARY & FRINGES A			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A			22.00
23.00	02301	PARAMED EDUCATION PROGRAM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	2,499,158	30.00
31.00	03100	INTENSIVE CARE UNIT	0	688,914	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	54,512	40.00
41.00	04100	SUBPROVIDER - I RF	0	364,405	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	101,165	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,318,285	50.00
51.00	05100	RECOVERY ROOM	0	218,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	344,019	52.00
53.00	05300	ANESTHESIOLOGY	0	150,339	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,496,418	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	65,249	54.01
54.02	05404	ULTRASOUND	0	225,791	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	957,799	55.00
57.00	05700	CT SCAN	0	340,655	57.00
58.00	05800	MRI	0	538,051	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,032,838	59.00
60.00	06000	LABORATORY	0	1,046,350	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	176,375	64.00
65.00	06500	RESPIRATORY THERAPY	0	397,192	65.00
66.00	06600	PHYSICAL THERAPY	0	731,416	66.00
69.00	06900	ELECTROCARDIOLOGY	0	784,094	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	16,285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	389,949	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	343,017	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	12,688	75.01
76.00	03956	CARDIAC REHAB	0	94,431	76.00
76.01	03950	OP PSY/CDU	0	317,064	76.01
76.02	03957	RIMMS	0	113,387	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	0	31,754	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	62,349	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	130,278	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	0	626,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	153,280	92.01
93.00	04951	INFUSION	0	46,195	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	390,077	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	423,832	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	215,029	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	18,897,743	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	27,880	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	29	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,726,133	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	555,151	193.00
200.00		Cross Foot Adjustments	0	22,316	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	21,229,252	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	614,075				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		8,659,587			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,818	3,016	23,948,526		4.00
5.01 01160	COMMUNICATIONS	168	0	0	1,149	5.01
5.02 00550	DATA PROCESSING	9,123	1,762,567	694,594	80	942 5.02
5.03 00591	PURCHASING	18,704	314,855	157,334	15	15 5.03
5.05 00590	BUSINESS OFFICE	10,796	35,423	1,313,386	46	145 5.05
5.06 00592	OTHER ADMIN & GENERAL	50,914	110,533	2,179,410	238	147 5.06
6.00 00600	MAINTENANCE & REPAIRS	14,725	524,667	490,120	39	21 6.00
7.00 00700	OPERATION OF PLANT	132,374	226,090	122,310	17	17 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,991	5,034	138,298	1	0 8.00
9.00 00900	HOUSEKEEPING	2,428	68,844	525,956	8	6 9.00
10.00 01000	DIETARY	10,216	22,719	147,685	14	10 10.00
11.00 01100	CAFETERIA	9,348	0	216,365	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	85,350	108,977	16	11 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,372	51,385	115,261	4	5 14.00
15.00 01500	PHARMACY	2,366	19,106	0	10	19 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,675	7,433	371,522	51	29 16.00
17.00 01700	SOCIAL SERVICE	531	11,783	234,783	9	21 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	260	990	38,250	1	0 22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	63,775	134,933	3,050,145	164	97 30.00
31.00 03100	INTENSIVE CARE UNIT	9,127	192,411	621,971	19	17 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	17,428	208,247	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	7,999	17,218	420,364	14	15 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,730	7,751	233,951	4	3 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,693	1,594,694	829,026	27	25 50.00
51.00 05100	RECOVERY ROOM	4,144	10,670	367,247	21	14 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,263	104,589	307,374	6	4 52.00
53.00 05300	ANESTHESIOLOGY	408	11,540	714	1	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,964	623,409	807,960	16	23 54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	13,054	35,975	2	1 54.01
54.02 05404	ULTRASOUND	452	98,512	94,887	4	6 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	553,321	156,566	16	11 55.00
57.00 05700	CT SCAN	575	147,360	100,293	6	8 57.00
58.00 05800	MRI	1,192	299,693	36,948	6	9 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,475	466,530	250,848	5	2 59.00
60.00 06000	LABORATORY	6,511	239,043	561,554	33	62 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00 06400	INTRAVENOUS THERAPY	0	4,565	163,067	2	3 64.00
65.00 06500	RESPIRATORY THERAPY	1,252	142,424	329,013	7	8 65.00
66.00 06600	PHYSICAL THERAPY	18,324	35,366	606,487	29	62 66.00
69.00 06900	ELECTROCARDIOLOGY	2,782	221,422	189,890	16	12 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	450,779	0	0 73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00 03956	CARDIAC REHAB	1,832	5,284	85,570	4	7 76.00
76.01 03950	OP PSY/CDU	11,730	2,155	242,214	0	12 76.01
76.02 03957	RIMMS	3,951	9,430	159,156	12	0 76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05 03953	DIABETES	494	776	94,362	4	5 76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,508	8,745	75,014	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	5,813	3,954	24,455	4	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	8,685	90,946	753,859	53	25 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	4,755	2,489	154,202	0	0 92.01
93.00 04951	INFUSION	0	9,893	89,629	0	0 93.00
93.01 04950	COMMUNITY HEALTH CENTERS	29,569	0	8,009	2	0 93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,412	137,303	691,767	4	7	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,848	9,541	621,792	19	35	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	511,562	8,466,244	19,677,586	1,049	919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,284	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	351	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	64,483	193,310	4,255,804	48	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	36,746	33	14,785	52	23	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,935,964	13,293,288	26,537,869	1,259,934	15,579,017	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.923444	1.535095	1.108121	1,096.548303	16,538.234607	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			41,048	2,171	2,824,949	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001714	1.889469	2,998.884289	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591	32,532,973					5.03
5.05	00590	20,572	905,769,591				5.05
5.06	00592	17,898		-32,220,390	242,949,758		5.06
6.00	00600	39,559			10,486,924	5,484	6.00
7.00	00700	1,480			3,127,721		7.00
8.00	00800	21,664			830,095		8.00
9.00	00900	36,632			3,257,566		9.00
10.00	01000	12,354			2,078,165		10.00
11.00	01100				932,863		11.00
13.00	01300	11,138			1,548,567		13.00
14.00	01400	219,614			1,363,474		14.00
15.00	01500	542,442			1,511,134		15.00
16.00	01600	489			2,691,521		16.00
17.00	01700	1,167			2,079,266		17.00
21.00	02100						21.00
22.00	02200	44			2,030,054		22.00
23.00	02301						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	400,232	51,818,738		22,597,304	412	30.00
31.00	03100	201,721	10,649,238		5,084,872	190	31.00
32.00	03200						32.00
40.00	04000		3,155,128		1,834,585	6	40.00
41.00	04100	86,843	6,910,893		3,938,098	13	41.00
42.00	04200						42.00
43.00	04300	72,521	2,711,985		1,730,334	102	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,504,679	90,165,972		15,661,829	669	50.00
51.00	05100	71,800	14,180,186		2,783,610	105	51.00
52.00	05200	133,781	6,398,639		2,527,990	92	52.00
53.00	05300	350,109	31,123,460		823,416	399	53.00
54.00	05400	1,194,554	63,131,168		10,640,140	552	54.00
54.01	05401	480,505	6,125,666		896,406	42	54.01
54.02	05404	98,182	13,355,405		1,386,734	104	54.02
55.00	05500	643,701	14,882,793		4,274,947	89	55.00
57.00	05700	156,607	57,324,231		1,998,092	22	57.00
58.00	05800	88,244	14,562,564		1,194,659	8	58.00
59.00	05900	3,343,431	48,235,742		6,505,077	313	59.00
60.00	06000	5,000,742	114,051,177		11,501,726	211	60.00
60.01	06001						60.01
62.00	06200						62.00
64.00	06400	224,116	6,468,624		2,177,755	667	64.00
65.00	06500	273,339	23,849,901		2,792,691	346	65.00
66.00	06600	170,593	24,202,737		5,693,450	72	66.00
69.00	06900	171,262	22,672,325		2,352,513	205	69.00
71.00	07100		11,208,402		1,058,812		71.00
72.00	07200	12,105,075	34,609,864		13,391,218		72.00
73.00	07300		108,697,480		12,885,288		73.00
75.01	03955		1,119,111		780,478	37	75.01
76.00	03956	5,833	1,162,846		649,842	85	76.00
76.01	03950	15,738	8,991,445		1,843,688		76.01
76.02	03957	167,891	1,332,875		607,610	22	76.02
76.03	03951						76.03
76.04	03952						76.04
76.05	03953	7,109	878,814		627,817	2	76.05
76.98	07698	239,827	3,445,999		1,151,431		76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	2,907	484,037		241,608	7	88.00
89.00	08900						89.00
91.00	09100	523,211	74,847,088		7,475,995	229	91.00
92.00	09200						92.00
92.01	09202	12,759	11,594,447		1,289,887	93	92.01
93.00	04951	326,379	5,492,440		1,005,333	47	93.00
93.01	04950	7,900	5,318,695		504,652		93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	15,476	5,648,065		4,120,896	48	95.00
99.10	09910						99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
101.00	10100 HOME HEALTH AGENCY	81,983	4,961,411	0	4,880,313		2 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,104,103	905,769,591	-32,220,390	192,848,446	5,194	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	16,594	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	17	0	0	5,363	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	423,185	0	0	49,150,240	289	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	5,668	0	0	929,115	1	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,267,343	9,993,310		32,220,390	11,877,721	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.069694	0.011033		0.132622	2,165.886397	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	770,333	631,563		1,273,107	1,115,491	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.023679	0.000697		0.005240	203.408279	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591						5.03
5.05	00590						5.05
5.06	00592						5.06
6.00	00600						6.00
7.00	00700	269,696					7.00
8.00	00800	3,991	186,851				8.00
9.00	00900	2,428	0	229,776			9.00
10.00	01000	10,216	1,235	10,216	1,241,687		10.00
11.00	01100	9,348	0	9,348	740,496	1,984,009	11.00
13.00	01300	0	0	0	0	72,436	13.00
14.00	01400	6,372	9,342	6,372	0	27,344	14.00
15.00	01500	2,366	0	2,366	0	62,230	15.00
16.00	01600	5,675	0	5,675	0	0	16.00
17.00	01700	531	0	531	0	63,865	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	260	0	260	0	14,492	22.00
23.00	02301	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	63,775	80,239	63,775	354,327	500,675	30.00
31.00	03100	9,127	22,873	9,127	81,663	89,944	31.00
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	0	0	0	43,995	40.00
41.00	04100	7,999	13,448	7,999	61,705	82,757	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,730	0	1,730	0	26,901	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,693	8,630	15,693	0	118,302	50.00
51.00	05100	4,144	7,803	4,144	0	48,726	51.00
52.00	05200	5,263	0	5,263	0	51,166	52.00
53.00	05300	408	407	408	0	0	53.00
54.00	05400	7,475	11,804	7,475	0	62,889	54.00
54.01	05401	490	0	490	0	5,417	54.01
54.02	05404	452	0	452	0	15,854	54.02
55.00	05500	0	0	0	0	26,308	55.00
57.00	05700	575	0	575	0	21,890	57.00
58.00	05800	1,192	0	1,192	0	6,184	58.00
59.00	05900	3,475	3,110	3,475	0	33,410	59.00
60.00	06000	6,511	0	6,731	0	105,841	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	0	0	0	0	4,869	64.00
65.00	06500	1,252	531	1,252	0	39,900	65.00
66.00	06600	18,324	3,688	18,324	0	49,540	66.00
69.00	06900	2,782	1,109	2,782	0	30,839	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.01	03955	0	0	0	0	0	75.01
76.00	03956	1,832	0	1,832	0	11,595	76.00
76.01	03950	11,730	0	11,730	0	0	76.01
76.02	03957	3,951	356	3,951	0	0	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	0	0	0	0	76.04
76.05	03953	494	0	494	0	0	76.05
76.98	07698	1,508	203	1,508	0	5,342	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	5,813	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	8,685	15,477	8,685	3,496	140,558	91.00
92.00	09200						92.00
92.01	09202	4,755	0	4,755	0	29,836	92.01
93.00	04951	0	953	0	0	13,114	93.00
93.01	04950	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	6,412	1,156	6,412	0	0	95.00
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
101.00	10100 HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	239,882	182,364	227,870	1,241,687	1,806,219	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	1,284	0	1,284	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	27,908	4,487	0	0	177,790	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	622	0	622	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,542,526	992,607	3,723,649	2,660,082	2,917,233	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.135256	5.312292	16.205561	2.142313	1.470373	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,125,444	95,860	193,244	298,090	385,370	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.880888	0.513029	0.841010	0.240069	0.194238	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591						5.03
5.05	00590						5.05
5.06	00592						5.06
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
13.00	01300	1,642,392					13.00
14.00	01400	27,344	100				14.00
15.00	01500	0	0	12,413,757			15.00
16.00	01600	0	0	0	905,769,591		16.00
17.00	01700	0	0	0	0	9,560	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	14,492	0	0	0	0	22.00
23.00	02301	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	538,361	0	0	51,818,738	5,685	30.00
31.00	03100	89,944	0	0	10,649,238	378	31.00
32.00	03200	0	0	0	0	0	32.00
40.00	04000	43,995	0	0	3,155,128	0	40.00
41.00	04100	82,757	0	0	6,910,893	3,284	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	26,901	0	0	2,711,985	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	118,302	0	0	90,165,972	173	50.00
51.00	05100	48,726	0	0	14,180,186	0	51.00
52.00	05200	51,166	0	0	6,398,639	0	52.00
53.00	05300	0	0	0	31,123,460	0	53.00
54.00	05400	0	0	0	63,131,168	0	54.00
54.01	05401	0	0	0	6,125,666	0	54.01
54.02	05404	0	0	0	13,355,405	0	54.02
55.00	05500	0	0	0	14,882,793	0	55.00
57.00	05700	0	0	0	57,324,231	0	57.00
58.00	05800	0	0	0	14,562,564	0	58.00
59.00	05900	33,410	0	0	48,235,742	0	59.00
60.00	06000	0	0	0	114,051,177	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	4,869	0	0	6,468,624	0	64.00
65.00	06500	39,900	0	0	23,849,901	0	65.00
66.00	06600	90,196	0	0	24,202,737	0	66.00
69.00	06900	30,839	100	0	22,672,325	0	69.00
71.00	07100	0	0	0	11,208,402	0	71.00
72.00	07200	0	0	0	34,609,864	0	72.00
73.00	07300	0	0	12,413,757	108,697,480	0	73.00
75.01	03955	0	0	0	1,119,111	0	75.01
76.00	03956	11,595	0	0	1,162,846	0	76.00
76.01	03950	42,287	0	0	8,991,445	0	76.01
76.02	03957	0	0	0	1,332,875	0	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	0	0	0	0	76.04
76.05	03953	0	0	0	878,814	0	76.05
76.98	07698	0	0	0	3,445,999	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	484,037	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	142,944	0	0	74,847,088	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09202	29,836	0	0	11,594,447	0	92.01
93.00	04951	0	0	0	5,492,440	0	93.00
93.01	04950	0	0	0	5,318,695	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	126,304	0	0	5,648,065	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,961,411	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,594,168	100	12,413,757	905,769,591	9,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	48,224	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	40	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,860,449	1,854,234	1,874,631	3,214,986	2,464,507	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.132768	18,542.340000	0.151012	0.003549	257.793619	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	186,673	257,765	170,593	236,065	116,306	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.113659	2,577.650000	0.013742	0.000261	12.165900	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 01160	COMMUNICATIONS				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00591	PURCHASING				5.03
5.05 00590	BUSINESS OFFICE				5.05
5.06 00592	OTHER ADMIN & GENERAL				5.06
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
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
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		6,265		22.00
23.00 02301	PARAMED EDUCATION PROGRAM			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	3,024	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	482	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	150	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	76	0	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	91	0	54.01
54.02 05404	ULTRASOUND	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	202	0	55.00
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	429	0	59.00
60.00 06000	LABORATORY	0	61	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
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
69.00 06900	ELECTROCARDIOLOGY	0	150	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00 03956	CARDIAC REHAB	0	0	0	76.00
76.01 03950	OP PSY/CDU	0	0	0	76.01
76.02 03957	RIMMS	0	0	0	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	76.04
76.05 03953	DIABETES	0	0	0	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 09100	EMERGENCY	0	132	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04951	INFUSION	0	0	0	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)				
	21.00	22.00	23.00			
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,797	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,468	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,344,637	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	374.243735	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	22,316	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.562011	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0186

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	32,538,574		32,538,574	0	32,538,574	30.00
31.00	03100 INTENSIVE CARE UNIT	7,104,382		7,104,382	5,053	7,109,435	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - I PF	2,216,609		2,216,609	0	2,216,609	40.00
41.00	04100 SUBPROVIDER - I RF	6,013,410		6,013,410	0	6,013,410	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,311,147		2,311,147	0	2,311,147	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	20,366,754		20,366,754	152,738	20,519,492	50.00
51.00	05100 RECOVERY ROOM	3,720,402		3,720,402	0	3,720,402	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,372,841		3,372,841	0	3,372,841	52.00
53.00	05300 ANESTHESIOLOGY	1,921,398		1,921,398	0	1,921,398	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,845,378		13,845,378	0	13,845,378	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	1,150,338		1,150,338	0	1,150,338	54.01
54.02	05404 ULTRASOUND	1,879,868		1,879,868	0	1,879,868	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,126,165		5,126,165	0	5,126,165	55.00
57.00	05700 CT SCAN	2,563,234		2,563,234	0	2,563,234	57.00
58.00	05800 MRI	1,466,174		1,466,174	0	1,466,174	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,422,355		8,422,355	0	8,422,355	59.00
60.00	06000 LABORATORY	14,239,515		14,239,515	39,171	14,278,686	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0		0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	3,946,850		3,946,850	0	3,946,850	64.00
65.00	06500 RESPIRATORY THERAPY	4,140,523	0	4,140,523	0	4,140,523	65.00
66.00	06600 PHYSICAL THERAPY	7,422,613	0	7,422,613	0	7,422,613	66.00
69.00	06900 ELECTROCARDIOLOGY	5,211,008		5,211,008	0	5,211,008	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	1,239,013		1,239,013	0	1,239,013	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,290,018		15,290,018	0	15,290,018	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,854,559		16,854,559	0	16,854,559	73.00
75.01	03955 RENAL DIALYSIS (IP)	968,097		968,097	0	968,097	75.01
76.00	03956 CARDIAC REHAB	1,008,188		1,008,188	0	1,008,188	76.00
76.01	03950 OP PSY/CDU	2,512,182		2,512,182	0	2,512,182	76.01
76.02	03957 RIMMS	858,388		858,388	0	858,388	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0		0	0	0	76.03
76.04	03952 PAIN CLINIC	0		0	0	0	76.04
76.05	03953 DIABETES	733,025		733,025	0	733,025	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,369,545		1,369,545	5,238	1,374,783	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	366,885		366,885	0	366,885	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100 EMERGENCY	9,942,224		9,942,224	0	9,942,224	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	888,002		888,002	0	888,002	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	1,920,712		1,920,712	0	1,920,712	92.01
93.00	04951 INFUSION	1,284,297		1,284,297	0	1,284,297	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	590,456		590,456	0	590,456	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,128,772		5,128,772	0	5,128,772	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,633,052		5,633,052	0	5,633,052	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	215,566,953	0	215,566,953	202,200	215,769,153	200.00
201.00	Less Observation Beds	888,002		888,002	0	888,002	201.00
202.00	Total (see instructions)	214,678,951	0	214,678,951	202,200	214,881,151	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 3:22 pm
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		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	51,626,463		51,626,463		30.00
31.00	03100	INTENSIVE CARE UNIT	10,649,238		10,649,238		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - I/PF	3,347,403		3,347,403		40.00
41.00	04100	SUBPROVIDER - I/RF	6,910,893		6,910,893		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,711,985		2,711,985		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,655,308	44,415,643	90,070,951	0.226119	50.00
51.00	05100	RECOVERY ROOM	6,086,119	7,825,976	13,912,095	0.267422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	365,758	1,674,506	2,040,264	1.653139	52.00
53.00	05300	ANESTHESIOLOGY	20,093,620	14,736,853	34,830,473	0.055164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,504,574	81,343,377	88,847,951	0.155832	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,507,166	5,283,140	6,790,306	0.169409	54.01
54.02	05402	ULTRASOUND	3,395,254	11,725,091	15,120,345	0.124327	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	677,546	47,935,717	48,613,263	0.105448	55.00
57.00	05700	CT SCAN	24,851,803	42,699,754	67,551,557	0.037945	57.00
58.00	05800	MRI	4,312,514	13,298,603	17,611,117	0.083253	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,919,620	33,313,252	53,232,872	0.158217	59.00
60.00	06000	LABORATORY	37,943,021	77,981,574	115,924,595	0.122834	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	517,142	125,377	642,519	6.142776	64.00
65.00	06500	RESPIRATORY THERAPY	13,219,926	6,284,620	19,504,546	0.212285	65.00
66.00	06600	PHYSICAL THERAPY	15,500,672	10,411,975	25,912,647	0.286448	66.00
69.00	06900	ELECTROCARDIOLOGY	7,018,328	16,452,882	23,471,210	0.222017	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,782,475	4,852,648	10,635,123	0.116502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,241,930	14,085,805	35,327,735	0.432805	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,487,198	8,971,908	46,459,106	0.362783	73.00
75.01	03955	RENAL DIALYSIS (IP)	745,992	53,753	799,745	1.210507	75.01
76.00	03956	CARDIAC REHAB	236,954	1,176,010	1,412,964	0.713527	76.00
76.01	03950	OP PSY/CDU	7,761	9,257,884	9,265,645	0.271129	76.01
76.02	03957	RIMMS	0	1,213,821	1,213,821	0.707178	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	03953	DIABETES	3,098	871,764	874,862	0.837875	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,359,655	2,704,687	4,064,342	0.336966	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	322,342	322,342		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	09100	EMERGENCY	21,757,944	55,939,470	77,697,414	0.127961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	449,221	2,287,935	2,737,156	0.324425	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	636,058	4,708,235	5,344,293	0.359395	92.01
93.00	04951	INFUSION	257,293	35,219,158	35,476,451	0.036201	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	7,018,423	7,018,423	0.084129	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	864,047	5,454,114	6,318,161	0.811751	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	4,812,839	4,812,839		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	374,643,979	574,459,136	949,103,115		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	374,643,979	574,459,136	949,103,115		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 3:22 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227815		50.00
51.00	05100	RECOVERY ROOM	0.267422		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.653139		52.00
53.00	05300	ANESTHESIOLOGY	0.055164		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155832		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.169409		54.01
54.02	05404	ULTRASOUND	0.124327		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105448		55.00
57.00	05700	CT SCAN	0.037945		57.00
58.00	05800	MRI	0.083253		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158217		59.00
60.00	06000	LABORATORY	0.123172		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	6.142776		64.00
65.00	06500	RESPIRATORY THERAPY	0.212285		65.00
66.00	06600	PHYSICAL THERAPY	0.286448		66.00
69.00	06900	ELECTROCARDIOLOGY	0.222017		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.116502		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432805		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362783		73.00
75.01	03955	RENAL DIALYSIS (IP)	1.210507		75.01
76.00	03956	CARDIAC REHAB	0.713527		76.00
76.01	03950	OP PSY/CDU	0.271129		76.01
76.02	03957	RIMMS	0.707178		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952	PAIN CLINIC	0.000000		76.04
76.05	03953	DIABETES	0.837875		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.338255		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100	EMERGENCY	0.127961		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.324425		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.359395		92.01
93.00	04951	INFUSION	0.036201		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.084129		93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.811751		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 3:22 pm
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		Title XIX		Hospital		Cost
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	32,538,574		32,538,574	0	32,538,574
31.00	03100 INTENSIVE CARE UNIT	7,104,382		7,104,382	5,053	7,109,435
32.00	03200 CORONARY CARE UNIT	0		0	0	0
40.00	04000 SUBPROVIDER - I/PF	2,216,609		2,216,609	0	2,216,609
41.00	04100 SUBPROVIDER - I/RF	6,013,410		6,013,410	0	6,013,410
42.00	04200 SUBPROVIDER	0		0	0	0
43.00	04300 NURSERY	2,311,147		2,311,147	0	2,311,147
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20,366,754		20,366,754	152,738	20,519,492
51.00	05100 RECOVERY ROOM	3,720,402		3,720,402	0	3,720,402
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,372,841		3,372,841	0	3,372,841
53.00	05300 ANESTHESIOLOGY	1,921,398		1,921,398	0	1,921,398
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,845,378		13,845,378	0	13,845,378
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	1,150,338		1,150,338	0	1,150,338
54.02	05404 ULTRASOUND	1,879,868		1,879,868	0	1,879,868
55.00	05500 RADIOLOGY-THERAPEUTIC	5,126,165		5,126,165	0	5,126,165
57.00	05700 CT SCAN	2,563,234		2,563,234	0	2,563,234
58.00	05800 MRI	1,466,174		1,466,174	0	1,466,174
59.00	05900 CARDIAC CATHETERIZATION	8,422,355		8,422,355	0	8,422,355
60.00	06000 LABORATORY	14,239,515		14,239,515	39,171	14,278,686
60.01	06001 BLOOD LABORATORY	0		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0		0	0	0
64.00	06400 INTRAVENOUS THERAPY	3,946,850		3,946,850	0	3,946,850
65.00	06500 RESPIRATORY THERAPY	4,140,523	0	4,140,523	0	4,140,523
66.00	06600 PHYSICAL THERAPY	7,422,613	0	7,422,613	0	7,422,613
69.00	06900 ELECTROCARDIOLOGY	5,211,008		5,211,008	0	5,211,008
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	1,239,013		1,239,013	0	1,239,013
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,290,018		15,290,018	0	15,290,018
73.00	07300 DRUGS CHARGED TO PATIENTS	16,854,559		16,854,559	0	16,854,559
75.01	03955 RENAL DIALYSIS (IP)	968,097		968,097	0	968,097
76.00	03956 CARDIAC REHAB	1,008,188		1,008,188	0	1,008,188
76.01	03950 OP PSY/CDU	2,512,182		2,512,182	0	2,512,182
76.02	03957 RIMMS	858,388		858,388	0	858,388
76.03	03951 GENETIC/OAK PLAZA CLINICS	0		0	0	0
76.04	03952 PAIN CLINIC	0		0	0	0
76.05	03953 DIABETES	733,025		733,025	0	733,025
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,369,545		1,369,545	5,238	1,374,783
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	366,885		366,885	0	366,885
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
91.00	09100 EMERGENCY	9,942,224		9,942,224	0	9,942,224
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	888,002		888,002	0	888,002
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	1,920,712		1,920,712	0	1,920,712
93.00	04951 INFUSION	1,284,297		1,284,297	0	1,284,297
93.01	04950 COMMUNITY HEALTH CENTERS	590,456		590,456	0	590,456
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	5,128,772		5,128,772	0	5,128,772
99.10	09910 CORF	0		0	0	0
101.00	10100 HOME HEALTH AGENCY	5,633,052		5,633,052	0	5,633,052
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0	0	0
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0
111.00	11100 ISLET ACQUISITION	0		0	0	0
113.00	11300 INTEREST EXPENSE	0		0	0	0
200.00	Subtotal (see instructions)	215,566,953	0	215,566,953	202,200	215,769,153
201.00	Less Observation Beds	888,002		888,002	0	888,002
202.00	Total (see instructions)	214,678,951	0	214,678,951	202,200	214,881,151

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0186

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,626,463		51,626,463		30.00
31.00	03100	INTENSIVE CARE UNIT	10,649,238		10,649,238		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - I/PF	3,347,403		3,347,403		40.00
41.00	04100	SUBPROVIDER - I/RF	6,910,893		6,910,893		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,711,985		2,711,985		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,655,308	44,415,643	90,070,951	0.226119	50.00
51.00	05100	RECOVERY ROOM	6,086,119	7,825,976	13,912,095	0.267422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	365,758	1,674,506	2,040,264	1.653139	52.00
53.00	05300	ANESTHESIOLOGY	20,093,620	14,736,853	34,830,473	0.055164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,504,574	81,343,377	88,847,951	0.155832	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,507,166	5,283,140	6,790,306	0.169409	54.01
54.02	05402	ULTRASOUND	3,395,254	11,725,091	15,120,345	0.124327	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	677,546	47,935,717	48,613,263	0.105448	55.00
57.00	05700	CT SCAN	24,851,803	42,699,754	67,551,557	0.037945	57.00
58.00	05800	MRI	4,312,514	13,298,603	17,611,117	0.083253	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,919,620	33,313,252	53,232,872	0.158217	59.00
60.00	06000	LABORATORY	37,943,021	77,981,574	115,924,595	0.122834	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	517,142	125,377	642,519	6.142776	64.00
65.00	06500	RESPIRATORY THERAPY	13,219,926	6,284,620	19,504,546	0.212285	65.00
66.00	06600	PHYSICAL THERAPY	15,500,672	10,411,975	25,912,647	0.286448	66.00
69.00	06900	ELECTROCARDIOLOGY	7,018,328	16,452,882	23,471,210	0.222017	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,782,475	4,852,648	10,635,123	0.116502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,241,930	14,085,805	35,327,735	0.432805	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,487,198	8,971,908	46,459,106	0.362783	73.00
75.01	03955	RENAL DIALYSIS (IP)	745,992	53,753	799,745	1.210507	75.01
76.00	03956	CARDIAC REHAB	236,954	1,176,010	1,412,964	0.713527	76.00
76.01	03950	OP PSY/CDU	7,761	9,257,884	9,265,645	0.271129	76.01
76.02	03957	RIMMS	0	1,213,821	1,213,821	0.707178	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	03953	DIABETES	3,098	871,764	874,862	0.837875	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,359,655	2,704,687	4,064,342	0.336966	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	322,342	322,342	1.138186	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	21,757,944	55,939,470	77,697,414	0.127961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	449,221	2,287,935	2,737,156	0.324425	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	636,058	4,708,235	5,344,293	0.359395	92.01
93.00	04951	INFUSION	257,293	35,219,158	35,476,451	0.036201	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	7,018,423	7,018,423	0.084129	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	864,047	5,454,114	6,318,161	0.811751	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	4,812,839	4,812,839		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	374,643,979	574,459,136	949,103,115		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	374,643,979	574,459,136	949,103,115		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 3:22 pm
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
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		54.01
54.02	05404	ULTRASOUND	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
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
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.01	03955	RENAL DIALYSIS (IP)	0.000000		75.01
76.00	03956	CARDIAC REHAB	0.000000		76.00
76.01	03950	OP PSY/CDU	0.000000		76.01
76.02	03957	RIMMS	0.000000		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952	PAIN CLINIC	0.000000		76.04
76.05	03953	DIABETES	0.000000		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	INFUSION	0.000000		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/25/2017 3:22 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,499,158	0	2,499,158	47,049	53.12	30.00
31.00	INTENSIVE CARE UNIT	688,914		688,914	4,358	158.08	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	54,512	0	54,512	2,558	21.31	40.00
41.00	SUBPROVIDER - IRF	364,405	0	364,405	8,137	44.78	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	101,165		101,165	2,463	41.07	43.00
200.00	Total (Lines 30-199)	3,708,154		3,708,154	64,565		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	14,907	791,860				30.00
31.00	INTENSIVE CARE UNIT	4,219	666,940				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
40.00	SUBPROVIDER - IPF	1,996	42,535				40.00
41.00	SUBPROVIDER - IRF	6,356	284,622				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	27,478	1,785,957				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS 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	3,318,285	90,070,951	0.036841	19,679,676	725,019	50.00
51.00	05100	RECOVERY ROOM	218,964	13,912,095	0.015739	2,472,569	38,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	344,019	2,040,264	0.168615	611	103	52.00
53.00	05300	ANESTHESIOLOGY	150,339	34,830,473	0.004316	8,175,044	35,283	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,496,418	88,847,951	0.016842	4,264,982	71,831	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	65,249	6,790,306	0.009609	952,302	9,151	54.01
54.02	05404	ULTRASOUND	225,791	15,120,345	0.014933	1,626,597	24,290	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	957,799	48,613,263	0.019702	108,923	2,146	55.00
57.00	05700	CT SCAN	340,655	67,551,557	0.005043	10,595,192	53,432	57.00
58.00	05800	MRI	538,051	17,611,117	0.030552	1,894,957	57,895	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,032,838	53,232,872	0.019402	12,459,915	241,747	59.00
60.00	06000	LABORATORY	1,046,350	115,924,595	0.009026	17,993,436	162,409	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	176,375	642,519	0.274506	261,485	71,779	64.00
65.00	06500	RESPIRATORY THERAPY	397,192	19,504,546	0.020364	9,261,488	188,601	65.00
66.00	06600	PHYSICAL THERAPY	731,416	25,912,647	0.028226	2,202,149	62,158	66.00
69.00	06900	ELECTROCARDIOLOGY	784,094	23,471,210	0.033407	3,908,384	130,567	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	16,285	10,635,123	0.001531	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	389,949	35,327,735	0.011038	9,429,611	104,084	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	343,017	46,459,106	0.007383	21,446,896	158,342	73.00
75.01	03955	RENAL DIALYSIS (IP)	12,688	799,745	0.015865	421,894	6,693	75.01
76.00	03956	CARDIAC REHAB	94,431	1,412,964	0.066832	119,509	7,987	76.00
76.01	03950	OP PSY/CDU	317,064	9,265,645	0.034219	0	0	76.01
76.02	03957	RIMMS	113,387	1,213,821	0.093413	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	31,754	874,862	0.036296	2,737	99	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	62,349	4,064,342	0.015340	704,664	10,810	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	130,278	322,342	0.404161	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	626,139	77,697,414	0.008059	11,040,219	88,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	68,204	2,737,156	0.024918	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	153,280	5,344,293	0.028681	603,910	17,321	92.01
93.00	04951	INFUSION	46,195	35,476,451	0.001302	172,334	224	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	390,077	7,018,423	0.055579	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,618,932	862,726,133		139,799,484	2,269,860	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/25/2017 3:22 pm
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Cost Center Description			Title XVIII				Hospital	
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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	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	47,049	0.00	14,907	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,358	0.00	4,219	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
40.00	04000	SUBPROVIDER - I PF	2,558	0.00	1,996	0		40.00
41.00	04100	SUBPROVIDER - I RF	8,137	0.00	6,356	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	2,463	0.00	0	0		43.00
200.00		Total (lines 30-199)	64,565		27,478	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:22 pm
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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	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
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	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	76.01
76.02	03957	RI MMS	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:22 pm
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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	90,070,951	0.000000	0.000000	19,679,676	50.00
51.00	05100	RECOVERY ROOM	0	13,912,095	0.000000	0.000000	2,472,569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,040,264	0.000000	0.000000	611	52.00
53.00	05300	ANESTHESIOLOGY	0	34,830,473	0.000000	0.000000	8,175,044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,847,951	0.000000	0.000000	4,264,982	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	6,790,306	0.000000	0.000000	952,302	54.01
54.02	05404	ULTRASOUND	0	15,120,345	0.000000	0.000000	1,626,597	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	48,613,263	0.000000	0.000000	108,923	55.00
57.00	05700	CT SCAN	0	67,551,557	0.000000	0.000000	10,595,192	57.00
58.00	05800	MRI	0	17,611,117	0.000000	0.000000	1,894,957	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,232,872	0.000000	0.000000	12,459,915	59.00
60.00	06000	LABORATORY	0	115,924,595	0.000000	0.000000	17,993,436	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	642,519	0.000000	0.000000	261,485	64.00
65.00	06500	RESPIRATORY THERAPY	0	19,504,546	0.000000	0.000000	9,261,488	65.00
66.00	06600	PHYSICAL THERAPY	0	25,912,647	0.000000	0.000000	2,202,149	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,471,210	0.000000	0.000000	3,908,384	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	10,635,123	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	35,327,735	0.000000	0.000000	9,429,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,459,106	0.000000	0.000000	21,446,896	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	799,745	0.000000	0.000000	421,894	75.01
76.00	03956	CARDIAC REHAB	0	1,412,964	0.000000	0.000000	119,509	76.00
76.01	03950	OP PSY/CDU	0	9,265,645	0.000000	0.000000	0	76.01
76.02	03957	RIMMS	0	1,213,821	0.000000	0.000000	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	03953	DIABETES	0	874,862	0.000000	0.000000	2,737	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	4,064,342	0.000000	0.000000	704,664	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	322,342	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100	EMERGENCY	0	77,697,414	0.000000	0.000000	11,040,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	2,737,156	0.000000	0.000000	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	5,344,293	0.000000	0.000000	603,910	92.01
93.00	04951	INFUSION	0	35,476,451	0.000000	0.000000	172,334	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	7,018,423	0.000000	0.000000	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	862,726,133			139,799,484	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:22 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	15,435,138	0		50.00
51.00	05100 RECOVERY ROOM	0	2,749,166	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	834	0		52.00
53.00	05300 ANESTHESIOLOGY	0	4,475,619	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	30,400,699	0		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	3,058,333	0		54.01
54.02	05404 ULTRASOUND	0	2,745,947	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	17,584,108	0		55.00
57.00	05700 CT SCAN	0	12,748,980	0		57.00
58.00	05800 MRI	0	3,883,624	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,162,934	0		59.00
60.00	06000 LABORATORY	0	9,378,481	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0		62.00
64.00	06400 INTRAVENOUS THERAPY	0	51,207	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	2,180,228	0		65.00
66.00	06600 PHYSICAL THERAPY	0	123,561	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	6,711,684	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,430,947	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,806,919	0		73.00
75.01	03955 RENAL DIALYSIS (IP)	0	35,867	0		75.01
76.00	03956 CARDIAC REHAB	0	654,786	0		76.00
76.01	03950 OP PSY/CDU	0	189,171	0		76.01
76.02	03957 RIMMS	0	0	0		76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0		76.03
76.04	03952 PAIN CLINIC	0	0	0		76.04
76.05	03953 DIABETES	0	147,543	0		76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,239,700	0		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	09100 EMERGENCY	0	11,401,673	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	4,708,235	0		92.01
93.00	04951 INFUSION	0	16,424,796	0		93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0		93.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
200.00	Total (lines 50-199)	0	176,730,180	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.226119	15,435,138	0	0	3,490,178	50.00
51.00	05100 RECOVERY ROOM	0.267422	2,749,166	0	0	735,187	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.653139	834	0	0	1,379	52.00
53.00	05300 ANESTHESIOLOGY	0.055164	4,475,619	0	0	246,893	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.155832	30,400,699	16	0	4,737,402	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.169409	3,058,333	0	0	518,109	54.01
54.02	05404 ULTRASOUND	0.124327	2,745,947	0	0	341,395	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.105448	17,584,108	60	0	1,854,209	55.00
57.00	05700 CT SCAN	0.037945	12,748,980	0	0	483,760	57.00
58.00	05800 MRI	0.083253	3,883,624	0	0	323,323	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.158217	21,162,934	0	0	3,348,336	59.00
60.00	06000 LABORATORY	0.122834	9,378,481	24,359	0	1,151,996	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	6.142776	51,207	20	0	314,553	64.00
65.00	06500 RESPIRATORY THERAPY	0.212285	2,180,228	108	0	462,830	65.00
66.00	06600 PHYSICAL THERAPY	0.286448	123,561	0	0	35,394	66.00
69.00	06900 ELECTROCARDIOLOGY	0.222017	6,711,684	0	0	1,490,108	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.116502	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.432805	6,430,947	0	0	2,783,346	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.362783	2,806,919	14,432	10,615	1,018,302	73.00
75.01	03955 RENAL DIALYSIS (IP)	1.210507	35,867	0	0	43,417	75.01
76.00	03956 CARDIAC REHAB	0.713527	654,786	0	0	467,207	76.00
76.01	03950 OP PSY/CDU	0.271129	189,171	0	0	51,290	76.01
76.02	03957 RIMMS	0.707178	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03953 DIABETES	0.837875	147,543	0	0	123,623	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.336966	1,239,700	0	0	417,737	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
91.00	09100 EMERGENCY	0.127961	11,401,673	182	0	1,458,969	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.324425	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.359395	4,708,235	0	0	1,692,116	92.01
93.00	04951 INFUSION	0.036201	16,424,796	20	0	594,594	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.084129	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.811751		0			95.00
200.00	Subtotal (see instructions)		176,730,180	39,197	10,615	28,185,653	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		176,730,180	39,197	10,615	28,185,653	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 3:22 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2	0		54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	6	0		55.00
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	2,992	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	123	0		64.00
65.00 06500 RESPIRATORY THERAPY	23	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,236	3,851		73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03956 CARDIAC REHAB	0	0		76.00
76.01 03950 OP PSY/CDU	0	0		76.01
76.02 03957 RIMMS	0	0		76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 09100 EMERGENCY	23	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 INFUSION	1	0		93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0		93.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	8,406	3,851		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,406	3,851		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/25/2017 3:22 pm	
			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	3,318,285	90,070,951	0.036841	17,665	651	50.00
51.00	05100	RECOVERY ROOM	218,964	13,912,095	0.015739	11,925	188	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	344,019	2,040,264	0.168615	0	0	52.00
53.00	05300	ANESTHESIOLOGY	150,339	34,830,473	0.004316	14,227	61	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,496,418	88,847,951	0.016842	28,017	472	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	65,249	6,790,306	0.009609	1,441	14	54.01
54.02	05404	ULTRASOUND	225,791	15,120,345	0.014933	22,102	330	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	957,799	48,613,263	0.019702	0	0	55.00
57.00	05700	CT SCAN	340,655	67,551,557	0.005043	126,359	637	57.00
58.00	05800	MRI	538,051	17,611,117	0.030552	28,647	875	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,032,838	53,232,872	0.019402	0	0	59.00
60.00	06000	LABORATORY	1,046,350	115,924,595	0.009026	412,805	3,726	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	176,375	642,519	0.274506	379	104	64.00
65.00	06500	RESPIRATORY THERAPY	397,192	19,504,546	0.020364	67,160	1,368	65.00
66.00	06600	PHYSICAL THERAPY	731,416	25,912,647	0.028226	46,598	1,315	66.00
69.00	06900	ELECTROCARDIOLOGY	784,094	23,471,210	0.033407	49,736	1,662	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	16,285	10,635,123	0.001531	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	389,949	35,327,735	0.011038	6,684	74	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	343,017	46,459,106	0.007383	418,787	3,092	73.00
75.01	03955	RENAL DIALYSIS (IP)	12,688	799,745	0.015865	3,291	52	75.01
76.00	03956	CARDIAC REHAB	94,431	1,412,964	0.066832	0	0	76.00
76.01	03950	OP PSY/CDU	317,064	9,265,645	0.034219	6,800	233	76.01
76.02	03957	RIMMS	113,387	1,213,821	0.093413	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	31,754	874,862	0.036296	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	62,349	4,064,342	0.015340	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	130,278	322,342	0.404161	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	626,139	77,697,414	0.008059	103,368	833	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,737,156	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	153,280	5,344,293	0.028681	0	0	92.01
93.00	04951	INFUSION	46,195	35,476,451	0.001302	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	390,077	7,018,423	0.055579	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,550,728	862,726,133		1,365,991	15,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:22 pm
Title XVIII		Subprovider - IPF	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	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	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
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	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	76.01
76.02	03957	RI MMS	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:22 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	90,070,951	0.000000	0.000000	17,665	50.00
51.00	05100	RECOVERY ROOM	0	13,912,095	0.000000	0.000000	11,925	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,040,264	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	34,830,473	0.000000	0.000000	14,227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,847,951	0.000000	0.000000	28,017	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	6,790,306	0.000000	0.000000	1,441	54.01
54.02	05404	ULTRASOUND	0	15,120,345	0.000000	0.000000	22,102	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	48,613,263	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	67,551,557	0.000000	0.000000	126,359	57.00
58.00	05800	MRI	0	17,611,117	0.000000	0.000000	28,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,232,872	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	115,924,595	0.000000	0.000000	412,805	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	642,519	0.000000	0.000000	379	64.00
65.00	06500	RESPIRATORY THERAPY	0	19,504,546	0.000000	0.000000	67,160	65.00
66.00	06600	PHYSICAL THERAPY	0	25,912,647	0.000000	0.000000	46,598	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,471,210	0.000000	0.000000	49,736	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	10,635,123	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	35,327,735	0.000000	0.000000	6,684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,459,106	0.000000	0.000000	418,787	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	799,745	0.000000	0.000000	3,291	75.01
76.00	03956	CARDIAC REHAB	0	1,412,964	0.000000	0.000000	0	76.00
76.01	03950	OP PSY/CDU	0	9,265,645	0.000000	0.000000	6,800	76.01
76.02	03957	RIMMS	0	1,213,821	0.000000	0.000000	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	03953	DIABETES	0	874,862	0.000000	0.000000	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,064,342	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	322,342	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100	EMERGENCY	0	77,697,414	0.000000	0.000000	103,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,737,156	0.000000	0.000000	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	5,344,293	0.000000	0.000000	0	92.01
93.00	04951	INFUSION	0	35,476,451	0.000000	0.000000	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	7,018,423	0.000000	0.000000	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	0	862,726,133			1,365,991	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:22 pm
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	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
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
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 3:22 pm
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 Subject To Ded. & Coins. (see inst.)	Cost Reimbursed 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	0.226119	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.267422	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.653139	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055164	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155832	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.169409	0	0	0	54.01
54.02	05404	ULTRASOUND	0.124327	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105448	0	0	0	55.00
57.00	05700	CT SCAN	0.037945	0	0	0	57.00
58.00	05800	MRI	0.083253	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158217	0	0	0	59.00
60.00	06000	LABORATORY	0.122834	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	6.142776	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.212285	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.286448	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.222017	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.116502	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432805	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362783	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	1.210507	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0.713527	0	0	0	76.00
76.01	03950	OP PSY/CDU	0.271129	0	0	0	76.01
76.02	03957	RIMMS	0.707178	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	0	0	76.04
76.05	03953	DIABETES	0.837875	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.336966	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00	09100	EMERGENCY	0.127961	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.324425	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.359395	0	0	0	92.01
93.00	04951	INFUSION	0.036201	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.084129	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.811751		0		95.00
200.00		Subtotal (see instructions)		0	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	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 3:22 pm
		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
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
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 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03956 CARDIAC REHAB	0	0		76.00
76.01 03950 OP PSY/CDU	0	0		76.01
76.02 03957 RIMMS	0	0		76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 INFUSION	0	0		93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0		93.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/25/2017 3:22 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,318,285	90,070,951	0.036841	128,223	4,724	50.00
51.00	05100	RECOVERY ROOM	218,964	13,912,095	0.015739	24,652	388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	344,019	2,040,264	0.168615	0	0	52.00
53.00	05300	ANESTHESIOLOGY	150,339	34,830,473	0.004316	50,883	220	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,496,418	88,847,951	0.016842	122,435	2,062	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	65,249	6,790,306	0.009609	17,658	170	54.01
54.02	05404	ULTRASOUND	225,791	15,120,345	0.014933	100,912	1,507	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	957,799	48,613,263	0.019702	346	7	55.00
57.00	05700	CT SCAN	340,655	67,551,557	0.005043	320,013	1,614	57.00
58.00	05800	MRI	538,051	17,611,117	0.030552	85,290	2,606	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,032,838	53,232,872	0.019402	15,314	297	59.00
60.00	06000	LABORATORY	1,046,350	115,924,595	0.009026	1,176,077	10,615	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	176,375	642,519	0.274506	1,794	492	64.00
65.00	06500	RESPIRATORY THERAPY	397,192	19,504,546	0.020364	780,030	15,885	65.00
66.00	06600	PHYSICAL THERAPY	731,416	25,912,647	0.028226	8,558,173	241,563	66.00
69.00	06900	ELECTROCARDIOLOGY	784,094	23,471,210	0.033407	69,310	2,315	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	16,285	10,635,123	0.001531	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	389,949	35,327,735	0.011038	40,252	444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	343,017	46,459,106	0.007383	1,758,680	12,984	73.00
75.01	03955	RENAL DIALYSIS (IP)	12,688	799,745	0.015865	68,014	1,079	75.01
76.00	03956	CARDIAC REHAB	94,431	1,412,964	0.066832	0	0	76.00
76.01	03950	OP PSY/CDU	317,064	9,265,645	0.034219	0	0	76.01
76.02	03957	RIMMS	113,387	1,213,821	0.093413	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	31,754	874,862	0.036296	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	62,349	4,064,342	0.015340	170,178	2,611	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	130,278	322,342	0.404161	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	626,139	77,697,414	0.008059	14,783	119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	2,737,156	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	153,280	5,344,293	0.028681	32,148	922	92.01
93.00	04951	INFUSION	46,195	35,476,451	0.001302	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	390,077	7,018,423	0.055579	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,550,728	862,726,133		13,535,165	302,624	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:22 pm
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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	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
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	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	76.01
76.02	03957	RI MMS	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:22 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	90,070,951	0.000000	0.000000	128,223	50.00
51.00 05100 RECOVERY ROOM	0	13,912,095	0.000000	0.000000	24,652	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2,040,264	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	34,830,473	0.000000	0.000000	50,883	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	88,847,951	0.000000	0.000000	122,435	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	6,790,306	0.000000	0.000000	17,658	54.01
54.02 05404 ULTRASOUND	0	15,120,345	0.000000	0.000000	100,912	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	48,613,263	0.000000	0.000000	346	55.00
57.00 05700 CT SCAN	0	67,551,557	0.000000	0.000000	320,013	57.00
58.00 05800 MRI	0	17,611,117	0.000000	0.000000	85,290	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	53,232,872	0.000000	0.000000	15,314	59.00
60.00 06000 LABORATORY	0	115,924,595	0.000000	0.000000	1,176,077	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	642,519	0.000000	0.000000	1,794	64.00
65.00 06500 RESPIRATORY THERAPY	0	19,504,546	0.000000	0.000000	780,030	65.00
66.00 06600 PHYSICAL THERAPY	0	25,912,647	0.000000	0.000000	8,558,173	66.00
69.00 06900 ELECTROCARDIOLOGY	0	23,471,210	0.000000	0.000000	69,310	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	10,635,123	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	35,327,735	0.000000	0.000000	40,252	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	46,459,106	0.000000	0.000000	1,758,680	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	799,745	0.000000	0.000000	68,014	75.01
76.00 03956 CARDIAC REHAB	0	1,412,964	0.000000	0.000000	0	76.00
76.01 03950 OP PSY/CDU	0	9,265,645	0.000000	0.000000	0	76.01
76.02 03957 RIMMS	0	1,213,821	0.000000	0.000000	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04 03952 PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05 03953 DIABETES	0	874,862	0.000000	0.000000	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	4,064,342	0.000000	0.000000	170,178	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	322,342	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00 09100 EMERGENCY	0	77,697,414	0.000000	0.000000	14,783	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	2,737,156	0.000000	0.000000	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	5,344,293	0.000000	0.000000	32,148	92.01
93.00 04951 INFUSION	0	35,476,451	0.000000	0.000000	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	7,018,423	0.000000	0.000000	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	862,726,133			13,535,165	95.00
200.00 Total (Lines 50-199)	0	862,726,133			13,535,165	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 3:22 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
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
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2017 3:22 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,049	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,049	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)		45,765	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)		14,907	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)		32,538,574	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)		32,538,574	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)		32,538,574	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)		691.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,309,532	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)		10,309,532	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1		
Title XVIII			Hospital		PPS				
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
			1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00	
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	7,109,435	4,358	1,631.35	4,219	6,882,666	43.00	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	47.00	
Cost Center Description									
							1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						30,788,867	48.00	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						47,981,065	49.00	49.00
PASS THROUGH COST ADJUSTMENTS									
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,458,800	50.00	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,269,860	51.00	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						3,728,660	52.00	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						44,252,405	53.00	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges						0	54.00	54.00
55.00	Target amount per discharge						0.00	55.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00	57.00
58.00	Bonus payment (see instructions)						0	58.00	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	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	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	61.00
62.00	Relief payment (see instructions)						0	62.00	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00	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	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	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	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	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	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00	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	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00	71.00
72.00	Program routine service cost (line 9 x line 71)							72.00	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00	76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00	80.00
81.00	Inpatient routine service cost per diem limitation							81.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00	82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00	83.00
84.00	Program inpatient ancillary services (see instructions)							84.00	84.00
85.00	Utilization review - physician compensation (see instructions)							85.00	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)						1,284	87.00	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						691.59	88.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						888,002	89.00	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,499,158	32,538,574	0.076806	888,002	68,204	90.00
91.00	Nursing School cost	0	32,538,574	0.000000	888,002	0	91.00
92.00	Allied health cost	0	32,538,574	0.000000	888,002	0	92.00
93.00	All other Medical Education	0	32,538,574	0.000000	888,002	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 3:22 pm
		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)		2,558	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,558	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)		2,558	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,996	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)		2,216,609	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)		2,216,609	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)		2,216,609	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)		866.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,729,614	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,729,614	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 14-S186	Date/Time Prepared: 5/25/2017 3:22 pm		
				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
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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)					288,234		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,017,848		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)					42,535		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,687		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					58,222		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,959,626		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 3:22 pm	
		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	54,512	2,216,609	0.024593	0	0	90.00
91.00	Nursing School cost	0	2,216,609	0.000000	0	0	91.00
92.00	Allied health cost	0	2,216,609	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,216,609	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,137	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,137	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)		8,137	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)		6,356	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)		6,013,410	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)		6,013,410	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)		6,013,410	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)		739.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,697,211	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,697,211	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					3,692,039	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,389,250	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)					284,622	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					302,624	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					587,246	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,802,004	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 3:22 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	364,405	6,013,410	0.060599	0	0	90.00
91.00	Nursing School cost	0	6,013,410	0.000000	0	0	91.00
92.00	Allied health cost	0	6,013,410	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,013,410	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 3:22 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,418,777	30.00
31.00	03100	INTENSIVE CARE UNIT		3,591,401	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I/PF		924,106	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227815	19,679,676	50.00
51.00	05100	RECOVERY ROOM	0.267422	2,472,569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.653139	611	52.00
53.00	05300	ANESTHESIOLOGY	0.055164	8,175,044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155832	4,264,982	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.169409	952,302	54.01
54.02	05404	ULTRASOUND	0.124327	1,626,597	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105448	108,923	55.00
57.00	05700	CT SCAN	0.037945	10,595,192	57.00
58.00	05800	MRI	0.083253	1,894,957	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158217	12,459,915	59.00
60.00	06000	LABORATORY	0.123172	17,993,436	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	6.142776	261,485	64.00
65.00	06500	RESPIRATORY THERAPY	0.212285	9,261,488	65.00
66.00	06600	PHYSICAL THERAPY	0.286448	2,202,149	66.00
69.00	06900	ELECTROCARDIOLOGY	0.222017	3,908,384	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.116502	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432805	9,429,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362783	21,446,896	73.00
75.01	03955	RENAL DIALYSIS (IP)	1.210507	421,894	75.01
76.00	03956	CARDIAC REHAB	0.713527	119,509	76.00
76.01	03950	OP PSY/CDU	0.271129	0	76.01
76.02	03957	RIMMS	0.707178	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	76.04
76.05	03953	DIABETES	0.837875	2,737	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.338255	704,664	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.127961	11,040,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.324425	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.359395	603,910	92.01
93.00	04951	INFUSION	0.036201	172,334	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.084129	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		139,799,484	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)		139,799,484	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 3:22 pm	
		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
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		2,423,297	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227815	17,665	50.00
51.00	05100	RECOVERY ROOM	0.267422	11,925	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.653139	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055164	14,227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155832	28,017	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.169409	1,441	54.01
54.02	05404	ULTRASOUND	0.124327	22,102	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105448	0	55.00
57.00	05700	CT SCAN	0.037945	126,359	57.00
58.00	05800	MRI	0.083253	28,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158217	0	59.00
60.00	06000	LABORATORY	0.123172	412,805	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	6.142776	379	64.00
65.00	06500	RESPIRATORY THERAPY	0.212285	67,160	65.00
66.00	06600	PHYSICAL THERAPY	0.286448	46,598	66.00
69.00	06900	ELECTROCARDIOLOGY	0.222017	49,736	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.116502	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432805	6,684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362783	418,787	73.00
75.01	03955	RENAL DIALYSIS (IP)	1.210507	3,291	75.01
76.00	03956	CARDIAC REHAB	0.713527	0	76.00
76.01	03950	OP PSY/CDU	0.271129	6,800	76.01
76.02	03957	RIMMS	0.707178	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	76.04
76.05	03953	DIABETES	0.837875	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.338255	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.127961	103,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.324425	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.359395	0	92.01
93.00	04951	INFUSION	0.036201	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.084129	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,365,991	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,365,991	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 3:22 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		5,416,088	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227815	128,223	50.00
51.00	05100	RECOVERY ROOM	0.267422	24,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.653139	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055164	50,883	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155832	122,435	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.169409	17,658	54.01
54.02	05404	ULTRASOUND	0.124327	100,912	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105448	346	55.00
57.00	05700	CT SCAN	0.037945	320,013	57.00
58.00	05800	MRI	0.083253	85,290	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158217	15,314	59.00
60.00	06000	LABORATORY	0.123172	1,176,077	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	6.142776	1,794	64.00
65.00	06500	RESPIRATORY THERAPY	0.212285	780,030	65.00
66.00	06600	PHYSICAL THERAPY	0.286448	8,558,173	66.00
69.00	06900	ELECTROCARDIOLOGY	0.222017	69,310	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.116502	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.432805	40,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.362783	1,758,680	73.00
75.01	03955	RENAL DIALYSIS (IP)	1.210507	68,014	75.01
76.00	03956	CARDIAC REHAB	0.713527	0	76.00
76.01	03950	OP PSY/CDU	0.271129	0	76.01
76.02	03957	RIMMS	0.707178	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	76.04
76.05	03953	DIABETES	0.837875	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.338255	170,178	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.127961	14,783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.324425	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.359395	32,148	92.01
93.00	04951	INFUSION	0.036201	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.084129	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		13,535,165	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)		13,535,165	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		29,599,560	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,401,638	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)		252,905	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		7,252,876	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		287.49	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		18.42	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)		18.42	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		16.95	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		16.95	12.00
13.00	Total allowable FTE count for the prior year.		18.42	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.		17.83	14.00
15.00	Sum of lines 12 through 14 divided by 3.		17.73	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		17.73	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.061672	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.063925	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.061672	21.00
22.00	IME payment adjustment (see instructions)		1,291,720	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		240,215	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)		-1.47	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)		1,291,720	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		240,215	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.91	30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.96	31.00
32.00	Sum of lines 30 and 31		37.87	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.46	33.00
34.00	Disproportionate share adjustment (see instructions)		1,994,912	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	0	35.00
35.01	Factor 3 (see instructions)	0.000492875	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,157,426	2,823,022	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,363,756	711,557	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,075,313		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	45,616,048		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)		45,856,263	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,526,652	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).		537,701	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		7,802	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		49,928,418	59.00
60.00	Primary payer payments		25,509	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		49,902,909	61.00
62.00	Deductibles billed to program beneficiaries		3,889,984	62.00
63.00	Coinurance billed to program beneficiaries		135,562	63.00
64.00	Allowable bad debts (see instructions)		604,263	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		392,771	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		533,469	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,270,134	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)		73,246	70.93
70.94	HRR adjustment amount (see instructions)		-55,277	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 3:22 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		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		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)		46,288,103		71.00
71.01	Sequestration adjustment (see instructions)		925,762		71.01
72.00	Interim payments		45,266,984		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)		95,357		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,112,482		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)		248,942		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		33,426		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0186

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2017 3:22 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	29,599,560	0	29,599,560		29,599,560	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,401,638	0		9,401,638	9,401,638	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	252,905	0	215,512	37,393	252,905	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,252,876	0	0	7,252,876	7,252,876	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.061672	0.061672	0.061672	0.061672		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,291,720	0	980,338	311,382	1,291,720	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	240,215	0	240,215	0	240,215	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,291,720	0	980,338	311,382	1,291,720	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	240,215	0	240,215	0	240,215	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2046	0.2046	0.2046	0.2046		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,994,912	0	1,514,018	480,894	1,994,912	11.00
11.01	Uncompensated care payments	36.00	3,075,313	0	3,663,148	0	3,663,148	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	45,616,048	0	35,384,741	10,231,307	45,616,048	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	45,856,263	0	35,624,956	10,231,307	45,856,263	15.00
16.00	Payment for inpatient program capital	50.00	3,526,652	0	2,673,983	852,669	3,526,652	16.00
17.00	Special add-on payments for new technologies	54.00	7,802	0	4,695	3,107	7,802	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0186

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2017 3:22 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	38,303,634	11,087,083	49,390,717	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,135,340	0	2,374,244	761,096	3,135,340	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	24,790	0	22,189	2,601	24,790	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0372	0.0372	0.0372	0.0372		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	116,635	0	88,322	28,313	116,635	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0797	0.0797	0.0797	0.0797		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	249,887	0	189,228	60,659	249,887	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,526,652	0	2,673,983	852,669	3,526,652	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2017 3:22 pm	
		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	29,599,560	29,599,560		29,599,560	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,401,638		9,401,638	9,401,638	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	252,905	215,512	37,393	252,905	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	7,252,876	0	7,252,876	7,252,876	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.061672	0.061672	0.061672		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,291,720	980,338	311,382	1,291,720	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	240,215	0	240,215	240,215	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	1,291,720	980,338	311,382	1,291,720	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	240,215	0	240,215	240,215	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2046	0.2046	0.2046		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,994,912	1,514,018	480,894	1,994,912	11.00
11.01	Uncompensated care payments	36.00	3,075,313	2,363,756	711,557	3,075,313	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	45,616,048	34,673,184	10,942,864	45,616,048	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	45,856,263	34,673,184	11,183,079	45,856,263	15.00
16.00	Payment for inpatient program capital	50.00	3,526,652	2,673,983	852,669	3,526,652	16.00
17.00	Special add-on payments for new technologies	54.00	7,802	4,695	3,107	7,802	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			37,351,862	12,038,855	49,390,717	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2017 3:22 pm	
Title XVIII				Hospital		PPS	

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,135,340	2,374,244	761,096	3,135,340	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	24,790	22,189	2,601	24,790	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	0.0372	0.0372	0.0372		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	116,635	88,322	28,313	116,635	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0797	0.0797	0.0797		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	249,887	189,228	60,659	249,887	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,526,652	2,673,983	852,669	3,526,652	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	73,246	58,653	14,593	73,246	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	-55,277	-35,526	-19,751	-55,277	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: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,257	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,185,653	2.00
3.00	PPS payments		28,953,053	3.00
4.00	Outlier payment (see instructions)		121,190	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)		12,257	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		49,812	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)		49,812	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)		49,812	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		37,555	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)		12,257	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)		29,074,243	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)		5,396,195	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)		23,690,305	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		259,829	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)		23,950,134	30.00
31.00	Primary payer payments		14,416	31.00
32.00	Subtotal (line 30 minus line 31)		23,935,718	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)		659,771	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		428,851	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		543,305	36.00
37.00	Subtotal (see instructions)		24,364,569	37.00
38.00	MSP-LCC reconciliation amount from PS&R		462	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)		24,364,107	40.00
40.01	Sequestration adjustment (see instructions)		487,282	40.01
41.00	Interim payments		24,061,333	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-184,508	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		530,509	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		130,861	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: 14-0186 Component CCN: 14-S186	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 3:22 pm
		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)		0	2.00
3.00	PPS payments		0	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)		0	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)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 14-0186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		44,821,735		23,891,469	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	08/23/2016	225,772	08/23/2016	132,996	3.01	
3.02		12/22/2016	219,477	12/22/2016	36,868	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)		445,249		169,864	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)		45,266,984		24,061,333	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		95,357		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		184,508	6.02	
7.00	Total Medicare program liability (see instructions)		45,362,341		23,876,825	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0186
Component CCN: 14-S186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

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		1,622,182		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)		1,622,182		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		1		0	6.02
7.00	Total Medicare program liability (see instructions)		1,622,181		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0186
Component CCN: 14-T186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2017 3:22 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,299,187		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/23/2016	29,332		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)		-29,332		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)		10,269,855		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		39,606		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,309,461		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			11,299 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			19,126 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,951 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			50,123 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			949,103,115 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			2,752,712 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: 14-0186 Component CCN: 14-S186	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/25/2017 3:22 pm
		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)			1,787,357 1.00
2.00	Net IPF PPS Outlier Payments			566 2.00
3.00	Net IPF PPS ECT Payments			0 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)			0.00 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)			0.00 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)			0.00 8.00
9.00	Average Daily Census (see instructions)			6.989071 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,787,923 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)			1,787,923 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,787,923 18.00
19.00	Deductibles			127,484 19.00
20.00	Subtotal (line 18 minus line 19)			1,660,439 20.00
21.00	Coinsurance			5,152 21.00
22.00	Subtotal (line 20 minus line 21)			1,655,287 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,655,287 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)			0 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)			1,655,287 31.00
31.01	Sequestration adjustment (see instructions)			33,106 31.01
32.00	Interim payments			1,622,182 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)			-1 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			566 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: 14-0186 Component CCN: 14-T186	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			10,319,496 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0244 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			297,201 3.00
4.00	Outlier Payments			53,823 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			22.232240 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			10,670,520 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)			10,670,520 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			10,670,520 19.00
20.00	Deductibles			132,580 20.00
21.00	Subtotal (line 19 minus line 20)			10,537,940 21.00
22.00	Coinsurance			25,438 22.00
23.00	Subtotal (line 21 minus line 22)			10,512,502 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			11,317 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			7,356 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			8,640 26.00
27.00	Subtotal (sum of lines 23 and 25)			10,519,858 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)			0 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)			10,519,858 32.00
32.01	Sequestration adjustment (see instructions)			210,397 32.01
33.00	Interim payments			10,269,855 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)			39,606 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			842 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			53,823 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0186		Period: From 01/01/2016 To 12/31/2016		Worksheet E-4 Date/Time Prepared: 5/25/2017 3:22 pm	
		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.					0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					18.42	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)					0.00	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)					18.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					16.95	6.00
7.00	Enter the lesser of line 5 or line 6					16.95	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.	10.95	4.00			14.95	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.	10.95	4.00			14.95	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00				10.01
11.00	Total weighted FTE count	10.95	4.00				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.02	3.87				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	11.75	4.04				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	11.57	3.97				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	11.57	3.97				17.00
18.00	Per resident amount	99,580.89	99,580.89				18.00
19.00	Approved amount for resident costs	1,152,151	395,336			1,547,487	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)					0.00	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)					99,580.89	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)					1,547,487	25.00
		Inpatient Part A	Managed care				
		1.00	2.00			3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	27,478	4,502				26.00
27.00	Total Inpatient Days (see instructions)	60,818	60,818				27.00
28.00	Ratio of inpatient days to total inpatient days	0.451807	0.074024				28.00
29.00	Program direct GME amount	699,165	114,551				29.00
30.00	Reduction for direct GME payments for Medicare Advantage		16,186				30.00
31.00	Net Program direct GME amount					797,530	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/25/2017 3:22 pm
		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)		0	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)		58,388,163	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)		25,509	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		58,362,654	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		28,218,403	42.00
43.00	Primary payer payments (see instructions)		16,269	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		28,202,134	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		86,564,788	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.674208	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.325792	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		797,530	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		537,701	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		259,829	50.00

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

Provider CCN: 14-0186

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

Worksheet G

Date/Time Prepared:
5/25/2017 3:22 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	31,483,380	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	42,837,008	0	0	0	4.00
5.00	Other receivable	894,612	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,910,180	0	0	0	7.00
8.00	Prepaid expenses	3,821,970	0	0	0	8.00
9.00	Other current assets	27,161,644	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)	113,108,794	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,979,046	0	0	0	12.00
13.00	Land improvements	2,264,266	0	0	0	13.00
14.00	Accumulated depreciation	-778,742	0	0	0	14.00
15.00	Buildings	229,616,820	0	0	0	15.00
16.00	Accumulated depreciation	-102,311,734	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	183,450,773	0	0	0	23.00
24.00	Accumulated depreciation	-99,537,403	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	220,683,026	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	260,606,410	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	5,930,904	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	266,537,314	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	600,329,134	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,179,846	0	0	0	37.00
38.00	Salaries, wages, and fees payable	22,347,625	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,798,904	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	26,448,561	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	60,774,936	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	134,208,161	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	22,703,277	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	156,911,438	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	217,686,374	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	382,642,760	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	382,642,760	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	600,329,134	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0186

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

Worksheet G-1

Date/Time Prepared:
5/25/2017 3:22 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		352,610,530		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,012,511			2.00
3.00	Total (sum of line 1 and line 2)		381,623,041		0	3.00
4.00	INCREASE IN TEMPORARILY RESTRICTED N	1,019,094		0		4.00
5.00	INCREASE IN PERMANENTLY RESTRICTED N	625		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,019,719		0	10.00
11.00	Subtotal (line 3 plus line 10)		382,642,760		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		382,642,760		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	INCREASE IN TEMPORARILY RESTRICTED N		0			4.00
5.00	INCREASE IN PERMANENTLY RESTRICTED N		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00			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: 14-0186

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2017 3:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	52,135,038		52,135,038	1.00
2.00	SUBPROVIDER - IPF	3,155,128		3,155,128	2.00
3.00	SUBPROVIDER - IRF	6,910,893		6,910,893	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,201,059		62,201,059	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,649,238		10,649,238	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,649,238		10,649,238	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	72,850,297		72,850,297	17.00
18.00	Ancillary services	278,141,879	458,700,160	736,842,039	18.00
19.00	Outpatient services	23,100,516	105,173,221	128,273,737	19.00
20.00	RURAL HEALTH CLINIC	0	322,342	322,342	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,812,839	4,812,839	22.00
23.00	AMBULANCE SERVICES	864,047	5,454,114	6,318,161	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	69,818,654	69,818,654	27.00
27.01	JOINT VENTURE REVENUE	0	12,336,499	12,336,499	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	374,956,739	656,617,829	1,031,574,568	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		295,539,498		29.00
30.00	MISCELLANEOUS	2,658,600			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		2,658,600		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		298,198,098		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0186

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

Worksheet G-3

Date/Time Prepared:
5/25/2017 3:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,031,574,568	1.00
2.00	Less contractual allowances and discounts on patients' accounts	734,795,266	2.00
3.00	Net patient revenues (line 1 minus line 2)	296,779,302	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	298,198,098	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,418,796	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	11,111,255	24.00
24.01	NON OPERATING INCOME	19,328,605	24.01
24.02		0	24.02
25.00	Total other income (sum of lines 6-24)	30,439,860	25.00
26.00	Total (line 5 plus line 25)	29,021,064	26.00
27.00	NON-HOSPITAL BASED DEPARTMENTS EXPEN	8,553	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	8,553	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	29,012,511	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0186

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

Worksheet H

HHA CCN: 14-7400

Date/Time Prepared: 5/25/2017 3:22 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	2,408	2,408	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,241,479	0	0	260,003	1,501,482	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	865,239	0	0	0	865,239	6.00
7.00	Physical Therapy	720,277	0	0	0	720,277	7.00
8.00	Occupational Therapy	148,307	0	0	0	148,307	8.00
9.00	Speech Pathology	12,090	0	0	0	12,090	9.00
10.00	Medical Social Services	75,971	0	0	0	75,971	10.00
11.00	Home Health Aide	61,831	0	0	0	61,831	11.00
12.00	Supplies (see instructions)	0	0	0	62,175	62,175	12.00
13.00	Drugs	0	0	0	4,071	4,071	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,125,194	0	0	328,657	3,453,851	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	2,408	0	2,408		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	10,275	1,511,757	0	1,511,757		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	7,161	872,400	0	872,400		6.00
7.00	Physical Therapy	5,961	726,238	0	726,238		7.00
8.00	Occupational Therapy	1,227	149,534	0	149,534		8.00
9.00	Speech Pathology	100	12,190	0	12,190		9.00
10.00	Medical Social Services	629	76,600	0	76,600		10.00
11.00	Home Health Aide	511	62,342	0	62,342		11.00
12.00	Supplies (see instructions)	0	62,175	0	62,175		12.00
13.00	Drugs	0	4,071	0	4,071		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	25,864	3,479,715	0	3,479,715		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: 14-0186 HHA CCN: 14-7400		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part I Date/Time Prepared: 5/25/2017 3:22 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	2,408	0	0	2,408	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,511,757	0	0	2,408	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	872,400	0	0	0	0	6.00
7.00	Physical Therapy	726,238	0	0	0	0	7.00
8.00	Occupational Therapy	149,534	0	0	0	0	8.00
9.00	Speech Pathology	12,190	0	0	0	0	9.00
10.00	Medical Social Services	76,600	0	0	0	0	10.00
11.00	Home Health Aide	62,342	0	0	0	0	11.00
12.00	Supplies (see instructions)	62,175	0	0	0	0	12.00
13.00	Drugs	4,071	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,479,715	0	0	2,408	0	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,514,165					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	672,054	1,544,454				6.00
7.00	Physical Therapy	559,459	1,285,697				7.00
8.00	Occupational Therapy	115,194	264,728				8.00
9.00	Speech Pathology	9,391	21,581				9.00
10.00	Medical Social Services	59,009	135,609				10.00
11.00	Home Health Aide	48,025	110,367				11.00
12.00	Supplies (see instructions)	47,897	110,072				12.00
13.00	Drugs	3,136	7,207				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,479,715				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0186 HHA CCN: 14-7400		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part II Date/Time Prepared: 5/25/2017 3:22 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	2,848		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	2,848	0	-1,514,165	1,965,550
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	872,400
7.00	Physical Therapy	0	0	0	0	0	726,238
8.00	Occupational Therapy	0	0	0	0	0	149,534
9.00	Speech Pathology	0	0	0	0	0	12,190
10.00	Medical Social Services	0	0	0	0	0	76,600
11.00	Home Health Aide	0	0	0	0	0	62,342
12.00	Supplies (see instructions)	0	0	0	0	0	62,175
13.00	Drugs	0	0	0	0	0	4,071
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	2,848	0	-1,514,165	1,965,550
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	2,408	0		1,514,165
26.00	Unit Cost Multiplier	0.000000	0.000000	0.845506	0.000000		0.770352

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part I Date/Time Prepared: 5/25/2017 3:22 pm
		HHA CCN: 14-7400	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			4.00	5.01	5.02	
1.00 Administrative and General	0	36,806	14,646	689,021	20,834	578,838	1.00
2.00 Skilled Nursing Care	1,544,454	0	0	0	0	0	2.00
3.00 Physical Therapy	1,285,697	0	0	0	0	0	3.00
4.00 Occupational Therapy	264,728	0	0	0	0	0	4.00
5.00 Speech Pathology	21,581	0	0	0	0	0	5.00
6.00 Medical Social Services	135,609	0	0	0	0	0	6.00
7.00 Home Health Aide	110,367	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	110,072	0	0	0	0	0	8.00
9.00 Drugs	7,207	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)	3,479,715	36,806	14,646	689,021	20,834	578,838	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.05	5A.05	5.06	6.00	7.00	
1.00 Administrative and General	5,714	54,739	1,400,598	185,750	4,332	37,409	1.00
2.00 Skilled Nursing Care	0	0	1,544,454	204,828	0	0	2.00
3.00 Physical Therapy	0	0	1,285,697	170,512	0	0	3.00
4.00 Occupational Therapy	0	0	264,728	35,109	0	0	4.00
5.00 Speech Pathology	0	0	21,581	2,862	0	0	5.00
6.00 Medical Social Services	0	0	135,609	17,985	0	0	6.00
7.00 Home Health Aide	0	0	110,367	14,637	0	0	7.00
8.00 Supplies (see instructions)	0	0	110,072	14,598	0	0	8.00
9.00 Drugs	0	0	7,207	956	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)	5,714	54,739	4,880,313	647,237	4,332	37,409	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0186

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 14-7400

To 12/31/2016

Part I
Date/Time Prepared:
5/25/2017 3:22 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	46,153	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	46,153	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	PARAMED EDUCATION PROGRAM	
		15.00	16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	0	17,608	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	17,608	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: 14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

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

Part I
Date/Time Prepared:
5/25/2017 3:22 pm

Home Health
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	1,691,850	0	1,691,850				1.00
2.00 Skilled Nursing Care	1,749,282	0	1,749,282	750,918	2,500,200		2.00
3.00 Physical Therapy	1,456,209	0	1,456,209	625,111	2,081,320		3.00
4.00 Occupational Therapy	299,837	0	299,837	128,712	428,549		4.00
5.00 Speech Pathology	24,443	0	24,443	10,493	34,936		5.00
6.00 Medical Social Services	153,594	0	153,594	65,934	219,528		6.00
7.00 Home Health Aide	125,004	0	125,004	53,661	178,665		7.00
8.00 Supplies (see instructions)	124,670	0	124,670	53,517	178,187		8.00
9.00 Drugs	8,163	0	8,163	3,504	11,667		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	5,633,052	0	5,633,052	1,691,850	5,633,052		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.				0.429273			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: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/25/2017 3:22 pm
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		Home Health Agency I	PPS
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,848	9,541	621,792	19	35	81,983	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)	2,848	9,541	621,792	19	35	81,983	20.00
21.00 Total cost to be allocated	36,806	14,646	689,021	20,834	578,838	5,714	21.00
22.00 Unit cost multiplier	12.923455	1.535059	1.108121	1,096.526316	16,538.228571	0.069697	22.00

Cost Center Description	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.05	5A.06	5.06	6.00	7.00	8.00	
1.00 Administrative and General	4,961,411	0	1,400,598	2	2,848	0	1.00
2.00 Skilled Nursing Care	0	0	1,544,454	0	0	0	2.00
3.00 Physical Therapy	0	0	1,285,697	0	0	0	3.00
4.00 Occupational Therapy	0	0	264,728	0	0	0	4.00
5.00 Speech Pathology	0	0	21,581	0	0	0	5.00
6.00 Medical Social Services	0	0	135,609	0	0	0	6.00
7.00 Home Health Aide	0	0	110,367	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	110,072	0	0	0	8.00
9.00 Drugs	0	0	7,207	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)	4,961,411	0	4,880,313	2	2,848	0	20.00
21.00 Total cost to be allocated	54,739		647,237	4,332	37,409	0	21.00
22.00 Unit cost multiplier	0.011033		0.132622	2,166.000000	13.135183	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/25/2017 3:22 pm
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		Home Health Agency I	PPS
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Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	9.00	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	2,848	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)	2,848	0	0	0	0	0	20.00
21.00 Total cost to be allocated	46,153	0	0	0	0	0	21.00
22.00 Unit cost multiplier	16.205407	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES ASSIGNED TIME	SERVICES-OTHER PRGM COSTS ASSIGNED TIME		
	16.00	17.00	21.00	22.00	23.00	
1.00 Administrative and General	4,961,411	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	4,961,411	0	0	0	0	20.00
21.00 Total cost to be allocated	17,608	0	0	0	0	21.00
22.00 Unit cost multiplier	0.003549	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0186 HHA CCN: 14-7400		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part I Date/Time Prepared: 5/25/2017 3:22 pm	
				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	2,500,200		2,500,200	11,248	222.28	1.00	
2.00	Physical Therapy	3.00	2,081,320	0	2,081,320	8,071	257.88	2.00	
3.00	Occupational Therapy	4.00	428,549	0	428,549	1,565	273.83	3.00	
4.00	Speech Pathology	5.00	34,936	0	34,936	102	342.51	4.00	
5.00	Medical Social Services	6.00	219,528		219,528	43	5,105.30	5.00	
6.00	Home Health Aide	7.00	178,665		178,665	919	194.41	6.00	
7.00	Total (sum of lines 1-6)		5,443,198	0	5,443,198	21,948		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		16580	0	57			8.00	
8.01	Skilled Nursing Care		16974	0	657			8.01	
8.02	Skilled Nursing Care		28100	0	6,299			8.02	
8.03	Skilled Nursing Care		99914	0	757			8.03	
9.00	Physical Therapy		16580	0	66			9.00	
9.01	Physical Therapy		16974	0	588			9.01	
9.02	Physical Therapy		28100	0	4,331			9.02	
9.03	Physical Therapy		99914	0	643			9.03	
10.00	Occupational Therapy		16580	0	12			10.00	
10.01	Occupational Therapy		16974	0	149			10.01	
10.02	Occupational Therapy		28100	0	862			10.02	
10.03	Occupational Therapy		99914	0	105			10.03	
11.00	Speech Pathology		16580	0	0			11.00	
11.01	Speech Pathology		16974	0	16			11.01	
11.02	Speech Pathology		28100	0	44			11.02	
11.03	Speech Pathology		99914	0	0			11.03	
12.00	Medical Social Services		16580	0	0			12.00	
12.01	Medical Social Services		16974	0	5			12.01	
12.02	Medical Social Services		28100	0	25			12.02	
12.03	Medical Social Services		99914	0	0			12.03	
13.00	Home Health Aide		16580	0	0			13.00	
13.01	Home Health Aide		16974	0	68			13.01	
13.02	Home Health Aide		28100	0	637			13.02	
13.03	Home Health Aide		99914	0	50			13.03	
14.00	Total (sum of lines 8-13)			0	15,371			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	178,187	0	178,187	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	11,667	0	11,667	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0186 HHA CCN: 14-7400		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part I Date/Time Prepared: 5/25/2017 3:22 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Visits			Cost of Services					
	Part A	Part B		Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	7,770		0	1,727,116		1.00	
2.00	Physical Therapy	0	5,628		0	1,451,349		2.00	
3.00	Occupational Therapy	0	1,128		0	308,880		3.00	
4.00	Speech Pathology	0	60		0	20,551		4.00	
5.00	Medical Social Services	0	30		0	153,159		5.00	
6.00	Home Health Aide	0	755		0	146,780		6.00	
7.00	Total (sum of lines 1-6)	0	15,371		0	3,807,835		7.00	
Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
14.00	Total (sum of lines 8-13)							14.00	
Program Covered Charges									
Cost Center Description	Part A	Part B		Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		256	0		0	0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/25/2017 3:22 pm
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Total Program Cost (sum of cols. 9-10)		
	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
Cost Per Visit Computation			
1.00	Skilled Nursing Care	1,727,116	1.00
2.00	Physical Therapy	1,451,349	2.00
3.00	Occupational Therapy	308,880	3.00
4.00	Speech Pathology	20,551	4.00
5.00	Medical Social Services	153,159	5.00
6.00	Home Health Aide	146,780	6.00
7.00	Total (sum of lines 1-6)	3,807,835	7.00
	Cost Center Description		
		12.00	
Limitation Cost Computation			
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/25/2017 3:22 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00 Physical Therapy	66.00	0.286448	0	0	col. 2, line 2.00	1.00
2.00 Occupational Therapy						2.00
3.00 Speech Pathology						3.00
4.00 Cost of Medical Supplies	71.00	0.116502	0	0	col. 2, line 15.00	4.00
5.00 Cost of Drugs	73.00	0.362783	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-11 Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	256	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	256	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	256	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	1,853	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	-1,853
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,019,693
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		0	47,806
14.00	Total PPS Reimbursement - PEP Episodes		0	28,404
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	10,195
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	142
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	3,104,387
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,104,387
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,104,387
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,104,387
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	3,104,387
31.01	Sequestration adjustment (see instructions)		0	62,087
32.00	Interim payments (see instructions)		0	3,042,552
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	-252
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: 14-0186
HHA CCN: 14-7400

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

Worksheet H-5
Date/Time Prepared:
5/25/2017 3:22 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,042,552	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		3,042,552	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		252	6.02
7.00	Total Medicare program liability (see instructions)		0		3,042,300	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0186	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,135,340	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		24,790	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)		136.95	3.00
4.00	Number of interns & residents (see instructions)		17.73	4.00
5.00	Indirect medical education percentage (see instructions)		3.72	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)		116,635	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.91	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.96	8.00
9.00	Sum of lines 7 and 8		37.87	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.97	10.00
11.00	Disproportionate share adjustment (see instructions)		249,887	11.00
12.00	Total prospective capital payments (see instructions)		3,526,652	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0186

Period: From 01/01/2016

Worksheet M-1

Component CCN: 14-3976

To 12/31/2016

Date/Time Prepared: 5/25/2017 3:22 pm

		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	110,604	0	110,604	0	110,604	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	69,390	0	69,390	4,277	73,667	9.00
10.00	Subtotal (sum of lines 1 through 9)	179,994	0	179,994	4,277	184,271	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	977	977	0	977	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	5,856	5,856	0	5,856	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	6,833	6,833	0	6,833	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	179,994	6,833	186,827	4,277	191,104	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	-27,359	-27,359	29.00
30.00	Administrative Costs	0	64,770	64,770	5,475	70,245	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	64,770	64,770	-21,884	42,886	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	179,994	71,603	251,597	-17,607	233,990	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0186

Period: From 01/01/2016

Worksheet M-1

Component CCN: 14-3976

To 12/31/2016

Date/Time Prepared: 5/25/2017 3:22 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC I	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	-14,098	96,506		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	-96,506	-96,506		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	73,667		9.00
10.00	Subtotal (sum of lines 1 through 9)	-110,604	73,667		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	977		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	5,856		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	6,833		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-110,604	80,500		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
FACILITY OVERHEAD					
29.00	Facility Costs	0	-27,359		29.00
30.00	Administrative Costs	0	70,245		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	42,886		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-110,604	123,386		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2016 To 12/31/2016	Worksheet M-2 Date/Time Prepared: 5/25/2017 3:22 pm
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		RHC I		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.00	103	4,200	0	1.00
2.00	Physician Assistant	0.01	103	2,100	21	2.00
3.00	Nurse Practitioner	0.79	2,211	2,100	1,659	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.80	2,417		1,680	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.80	2,417		2,417	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				80,500	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				80,500	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				42,886	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				243,499	15.00
16.00	Total overhead (sum of lines 14 and 15)				286,385	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				286,385	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				286,385	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				366,885	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2016 To 12/31/2016	Worksheet M-3 Date/Time Prepared: 5/25/2017 3:22 pm
		Title XVIII	RHC I	Cost
		1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		366,885	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		366,885	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		2,417	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		2,417	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		151.79	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	80.44	81.32	8.00
9.00	Rate for Program covered visits (see instructions)	80.44	81.32	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	252	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	20,493	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	20,493	16.00
16.01	Total program charges (see instructions)(from contractor's records)		37,046	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		14,586	16.04
16.05	Total program cost (see instructions)	0	14,586	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		2,260	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		6,957	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		14,586	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		14,586	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		14,586	26.00
26.01	Sequestration adjustment (see instructions)		292	26.01
27.00	Interim payments		14,125	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		169	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2016 To 12/31/2016	Worksheet M-5 Date/Time Prepared: 5/25/2017 3:22 pm
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		14,125	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		14,125	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	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		169	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		14,294	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.	06101	8.00