

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: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet S Parts I-III Date/Time Prepared: 4/27/2017 9:00 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: _____ Time: _____

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

6. Date Received: _____

7. Contractor No. _____

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date: _____

11. Contractor's Vendor Code: _____ 4

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 INGALLS MEMORIAL HOSPITAL (14-0191) for the cost reporting period beginning 10/01/2015 and ending 09/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

	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	986,472	28,969	0	0 1.00
2.00	Subprovider - IPF	0	57,027	0	0	0 2.00
3.00	Subprovider - IRF	0	19,371	0	0	0 3.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	2,491	0	0 9.00
200.00	Total	0	1,062,870	31,460	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: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 4/27/2017 9:00 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE INGALLS DRIVE			PO Box:							1.00
2.00	City: HARVEY			State: IL		Zip Code: 60426		County: COOK			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		INGALLS MEMORIAL HOSPITAL	140191	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		PSYCH UNIT OF INGALLS MEMORIAL HOSPI	14S191	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF		REHAB UNIT OF INGALLS MEMORIAL HOSPI	14T191	16974	5	11/02/1989	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		INGALLS HOME CARE	147435	16974		07/24/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		INGALLS HOME CARE HOSPICE	141535	16974		02/28/1990				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2015	09/30/2016		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickles amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			12,974	4,178	0	0	3,372	360		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.	96	24	0	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 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					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)					Y	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.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
		Y/N		IME		Direct GME			
		1.00		2.00		3.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)						0.00	0.00	61.00
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		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

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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		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00	
				Physical 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.			Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00	
				Premiums 1.00		Losses 2.00	
				Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:			0		0 14,754,951 118.01	

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		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part I Date/Time Prepared: 4/27/2017 9:00 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)						0.00	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)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet S-2 Part II Date/Time Prepared: 4/27/2017 9:00 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	V/I	
				1.00	2.00	3.00	
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	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			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.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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)			Y	03/01/2017	Y	03/01/2017
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 4/27/2017 9:00 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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY		LEONE	41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023		TONY@LEONE-CONSULTING.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part II Date/Time Prepared: 4/27/2017 9:00 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.	CONSULTANT		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

HFS Supplemental Information		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet S-2 Part IX Date/Time Prepared: 4/27/2017 9:00 pm
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0191

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

Worksheet S-3
Part I
Date/Time Prepared:
4/27/2017 9:00 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	243	88,938	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)		243	88,938	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,150	0.00	0	8.00
8.01 CHILDRENS HOSPITAL	31.01	20	7,320	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		288	105,408	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,856		0	16.00
17.00 SUBPROVIDER - IRF	41.00	42	15,372		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		346				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: 14-0191

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

Worksheet S-3
Part I
Date/Time Prepared:
4/27/2017 9:00 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)	18,868	1,574	38,195			1.00
2.00 HMO and other (see instructions)	2,475	17,324				2.00
3.00 HMO IPF Subprovider	0	549				3.00
4.00 HMO IRF Subprovider	0	197				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	18,868	1,574	38,195			7.00
8.00 INTENSIVE CARE UNIT	1,890	62	3,962			8.00
8.01 CHILDRENS HOSPITAL	0	1,100	3,354			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		464	1,333			13.00
14.00 Total (see instructions)	20,758	3,200	46,844	0.00	1,524.04	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,029	1,635	15,331	0.00	12.20	16.00
17.00 SUBPROVIDER - IRF	4,827	52	6,256	0.00	36.96	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	25,238	2,757	38,958	0.00	123.34	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	22.73	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,719.27	27.00
28.00 Observation Bed Days		0	6,092			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	360	448			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: 14-0191

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

Worksheet S-3
Part I
Date/Time Prepared:
4/27/2017 9:00 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	4,209	583	10,449	1.00
2.00	HMO and other (see instructions)			431	2,877		2.00
3.00	HMO IPF Subprovider				62		3.00
4.00	HMO IRF Subprovider				16		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	CHILDRENS HOSPITAL						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,209	583	10,449	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	218	382	2,255	16.00
17.00	SUBPROVIDER - IRF	0.00	0	394	4	521	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

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

Worksheet S-3
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	102,400,834	34	102,400,868	3,462,615.00	29.57	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		14,384,098	61,574	14,445,672	389,993.00	37.04	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		8,284,018	0	8,284,018	81,856.00	101.20	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		942,331	0	942,331	6,149.00	153.25	13.00
14.00	Home office and/or related organization salaries and wage-related costs		8,553,425	0	8,553,425	58,433.00	146.38	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		14,027,124	0	14,027,124			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,679,839	0	1,679,839			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	874,827	-78,746	796,081	30,059.00	26.48	26.00
27.00	Administrative & General	5.00	12,556,888	78,746	12,635,634	456,401.00	27.69	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

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

Worksheet S-3
Part II
Date/Time Prepared:
4/27/2017 9:00 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.)	3,236,622	0	3,236,622	73,290.00	44.16	28.00
29.00	Maintenance & Repairs	6.00 -34	34	0	1.00	0.00	29.00
30.00	Operation of Plant	7.00 1,020,894	0	1,020,894	49,144.00	20.77	30.00
31.00	Laundry & Linen Service	8.00 103,467	0	103,467	6,406.00	16.15	31.00
32.00	Housekeeping	9.00 0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	4,417,503	0	4,417,503	246,662.00	17.91	33.00
34.00	Dietary	10.00 680	0	680	16.00	42.50	34.00
35.00	Dietary under contract (see instructions)	2,979,468	0	2,979,468	136,994.00	21.75	35.00
36.00	Cafeteria	11.00 0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 3,072,499	0	3,072,499	101,253.00	30.34	38.00
39.00	Central Services and Supply	14.00 306,247	0	306,247	18,182.00	16.84	39.00
40.00	Pharmacy	15.00 3,660,298	-121,307	3,538,991	94,270.00	37.54	40.00
41.00	Medical Records & Medical Records Library	16.00 2,512,656	0	2,512,656	94,008.00	26.73	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

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

Worksheet S-3
Part III
Date/Time Prepared:
4/27/2017 9:00 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)	113,034,427	34	113,034,461	3,919,561.00	28.84	1.00
2.00	Excluded area salaries (see instructions)	14,384,098	61,574	14,445,672	389,993.00	37.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	98,650,329	-61,540	98,588,789	3,529,568.00	27.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,779,774	0	17,779,774	146,438.00	121.42	4.00
5.00	Subtotal wage-related costs (see inst.)	14,027,124	0	14,027,124	0.00	14.23	5.00
6.00	Total (sum of lines 3 thru 5)	130,457,227	-61,540	130,395,687	3,676,006.00	35.47	6.00
7.00	Total overhead cost (see instructions)	34,742,015	-121,273	34,620,742	1,306,686.00	26.50	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 4/27/2017 9:00 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,189,415	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)		5,512,981	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		219,321	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		106,607	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		168,998	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		-573,297	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		7,624,136	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		238,138	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		220,664	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		15,706,963	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet S-3 Part V Date/Time Prepared: 4/27/2017 9:00 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	8,284,018	15,706,963	1.00
2.00	Hospital	8,284,018	14,027,124	2.00
3.00	Subprovider - IPF	0	107,993	3.00
4.00	Subprovider - IRF	0	349,776	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	913,036	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	184,030	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	125,004	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0191 Component CCN: 14-7435		Period: From 10/01/2015 To 09/30/2016		Worksheet S-4 Date/Time Prepared: 4/27/2017 9:00 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK COUNTY		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,844	36	2	1,882	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,245.00	168.00	33.00	1,446.00	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		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			31.63	0.00	31.63	5.00
6.00	Direct Nursing Service			31.89	0.00	31.89	6.00
7.00	Nursing Supervisor			5.97	0.00	5.97	7.00
8.00	Physical Therapy Service			6.80	0.00	6.80	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.67	0.00	1.67	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.23	0.00	0.23	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.19	0.00	1.19	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.88	0.00	2.88	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	PRIVATE DUTY			40.73	0.00	40.73	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	13,122	167	595	167	14,051	21.00
22.00	Skilled Nursing Visit Charges	2,497,900	31,810	113,390	31,790	2,674,890	22.00
23.00	Physical Therapy Visits	7,061	33	60	119	7,273	23.00
24.00	Physical Therapy Visit Charges	1,341,590	6,270	11,400	22,610	1,381,870	24.00
25.00	Occupational Therapy Visits	1,924	27	13	30	1,994	25.00
26.00	Occupational Therapy Visit Charges	365,560	5,130	2,470	5,700	378,860	26.00
27.00	Speech Pathology Visits	289	0	1	14	304	27.00
28.00	Speech Pathology Visit Charges	54,910	0	190	2,660	57,760	28.00
29.00	Medical Social Service Visits	515	5	14	18	552	29.00
30.00	Medical Social Service Visit Charges	115,875	1,125	3,150	4,050	124,200	30.00
31.00	Home Health Aide Visits	1,019	32	1	12	1,064	31.00
32.00	Home Health Aide Visit Charges	132,470	4,160	130	1,560	138,320	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	23,930	264	684	360	25,238	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)	4,508,305	48,495	130,730	68,370	4,755,900	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,582		258	29	1,869	36.00
37.00	Total Number of Outlier Episodes		6		1	7	37.00
38.00	Total Non-Routine Medical Supply Charges	248,963	5,072	13,833	1,393	269,261	38.00

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 14-0191 Hospice CCN: 14-1535	Period: From 10/01/2015 To 09/30/2016	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 4/27/2017 9:00 pm
			Hospice I	

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

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

	Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
				1.00	4.00
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0
11.00	Hospice Routine Home Care	11,482	204	379	12,065
12.00	Hospice Inpatient Respite Care	162	14	0	176
13.00	Hospice General Inpatient Care	1,077	144	108	1,329
14.00	Total Hospice Days	12,721	362	487	13,570
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0
16.00	Hospice General Inpatient Care	0	0	0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet S-10 Date/Time Prepared: 4/27/2017 9:00 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)			0.234088	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		52,448,731		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		282,256,401		6.00	
7.00	Medicaid cost (line 1 times line 6)		66,072,836		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)		13,624,105		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)		13,624,105		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)		43,811,091	0	43,811,091	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)		10,255,651	0	10,255,651	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		10,255,651	0	10,255,651	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		26,346,785		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,470,212		27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		24,876,573		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,823,307		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		16,078,958		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		29,703,063		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		6,569,328	6,569,328	5,691,547	12,260,875	1.00
2.00	00200		9,757,008	9,757,008	0	9,757,008	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	874,827	16,048,023	16,922,850	-655,838	16,267,012	4.00
5.00	00500	12,556,888	68,653,244	81,210,132	-297,063	80,913,069	5.00
6.00	00600	-34	4,193,656	4,193,622	-156,397	4,037,225	6.00
7.00	00700	1,020,894	7,331,973	8,352,867	-11,529	8,341,338	7.00
8.00	00800	103,467	1,003,071	1,106,538	0	1,106,538	8.00
9.00	00900	0	4,477,104	4,477,104	-264,582	4,212,522	9.00
10.00	01000	680	3,859,611	3,860,291	-1,763,980	2,096,311	10.00
11.00	01100	0	0	0	1,763,980	1,763,980	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,072,499	237,970	3,310,469	0	3,310,469	13.00
14.00	01400	306,247	694,936	1,001,183	-553,341	447,842	14.00
15.00	01500	3,660,298	17,296,629	20,956,927	-16,999,003	3,957,924	15.00
16.00	01600	2,512,656	1,256,027	3,768,683	0	3,768,683	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	181,441	181,441	23.00
23.01	02301	163,951	24,335	188,286	425,847	614,133	23.01
23.02	02302	86,934	16,738	103,672	0	103,672	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,164,863	4,957,572	20,122,435	-4,764,194	15,358,241	30.00
31.00	03100	2,625,498	848,400	3,473,898	-120,297	3,353,601	31.00
31.01	02400	1,002,488	735,263	1,737,751	379,503	2,117,254	31.01
40.00	04000	3,786,421	3,852,368	7,638,789	-1,155,362	6,483,427	40.00
41.00	04100	2,258,137	211,052	2,469,189	-29,060	2,440,129	41.00
43.00	04300	0	0	0	1,040,859	1,040,859	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,462,215	13,651,022	17,113,237	-9,876,013	7,237,224	50.00
51.00	05100	577,964	102,687	680,651	-8,582	672,069	51.00
52.00	05200	0	0	0	1,034,835	1,034,835	52.00
53.00	05300	52,369	1,279,267	1,331,636	-112,580	1,219,056	53.00
54.00	05400	2,567,310	2,755,789	5,323,099	-4,469	5,318,630	54.00
54.01	03630	931,767	61,395	993,162	-13,699	979,463	54.01
54.02	05401	962,992	1,793,001	2,755,993	-1,639,106	1,116,887	54.02
56.00	05600	516,019	771,459	1,287,478	-476	1,287,002	56.00
57.00	05700	739,442	423,760	1,163,202	-463	1,162,739	57.00
58.00	05800	426,151	120,465	546,616	-1,030	545,586	58.00
59.00	05900	721,567	2,828,021	3,549,588	-1,806,269	1,743,319	59.00
60.00	06000	5,410,948	4,760,689	10,171,637	-18,848	10,152,789	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	253,907	699,704	953,611	14,516	968,127	63.00
65.00	06500	1,659,039	510,269	2,169,308	-17,437	2,151,871	65.00
65.01	03560	34,685	3,471	38,156	0	38,156	65.01
66.00	06600	3,777,914	171,370	3,949,284	-25,917	3,923,367	66.00
67.00	06700	1,211,565	84,124	1,295,689	0	1,295,689	67.00
68.00	06800	355,044	-2,537	352,507	0	352,507	68.00
69.00	06900	1,025,886	709,662	1,735,548	-31,944	1,703,604	69.00
70.00	07000	138,006	68,247	206,253	-12,858	193,395	70.00
70.01	03280	97,064	1,889	98,953	-878	98,075	70.01
70.02	03550	0	0	0	1,152,171	1,152,171	70.02
71.00	07100	0	0	0	7,593,276	7,593,276	71.00
72.00	07200	0	0	0	8,241,377	8,241,377	72.00
73.00	07300	0	0	0	16,781,474	16,781,474	73.00
73.01	03190	506,456	97,554	604,010	-8,832	595,178	73.01
73.03	07301	0	0	0	20,533	20,533	73.03
73.04	03480	499,149	93,521	592,670	-4,595	588,075	73.04
74.00	07400	512,515	36,250	548,765	-1,493	547,272	74.00
76.97	07697	377,512	125,170	502,682	-407	502,275	76.97
76.98	07698	906,136	432,989	1,339,125	-18,158	1,320,967	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	0	812,765	812,765	1,009,601	1,822,366	90.02
90.03	09002	223,572	144,353	367,925	-16	367,909	90.03
91.00	09100	3,798,888	2,107,848	5,906,736	-458,163	5,448,573	91.00
91.01	09101	13,369,383	11,220,412	24,589,795	-1,598,974	22,990,821	91.01
92.00	09200	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A
Date/Time Prepared:
4/27/2017 9:00 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	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,681,417	2,630,288	9,311,705	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		4,738,646	4,738,646	-4,738,646	113.00
116.00	11600	HOSPICE	1,398,546	1,091,853	2,490,399	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	102,392,142	206,349,711	308,741,853	-1,839,539	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,692	88,051	96,743	1,839,539	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	1,878,456	1,878,456	0	192.04
200.00		TOTAL (SUM OF LINES 118-199)	102,400,834	208,316,218	310,717,052	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A
Date/Time Prepared:
4/27/2017 9:00 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	-189,640	12,071,235	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,757,008	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-100	16,266,912	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,627,883	75,285,186	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	4,037,225	6.00
7.00	00700	OPERATION OF PLANT	0	8,341,338	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,106,538	8.00
9.00	00900	HOUSEKEEPING	-92,397	4,120,125	9.00
10.00	01000	DIETARY	0	2,096,311	10.00
11.00	01100	CAFETERIA	0	1,763,980	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-13,506	3,296,963	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	447,842	14.00
15.00	01500	PHARMACY	-362,356	3,595,568	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-49,001	3,719,682	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	181,441	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	614,133	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	103,672	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,020,836	14,337,405	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,353,601	31.00
31.01	02400	CHILDRENS HOSPITAL	-358,645	1,758,609	31.01
40.00	04000	SUBPROVIDER - IPF	0	6,483,427	40.00
41.00	04100	SUBPROVIDER - IRF	-35,187	2,404,942	41.00
43.00	04300	NURSERY	-194,023	846,836	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-277,524	6,959,700	50.00
51.00	05100	RECOVERY ROOM	0	672,069	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,034,835	52.00
53.00	05300	ANESTHESIOLOGY	-900,000	319,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,029,553	4,289,077	54.00
54.01	03630	ULTRA SOUND	0	979,463	54.01
54.02	05401	SPECIAL PROCEDURES	-422	1,116,465	54.02
56.00	05600	RADIOISOTOPE	0	1,287,002	56.00
57.00	05700	CT SCAN	0	1,162,739	57.00
58.00	05800	MRI	0	545,586	58.00
59.00	05900	CARDIAC CATHETERIZATION	-30,000	1,713,319	59.00
60.00	06000	LABORATORY	-62,918	10,089,871	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	968,127	63.00
65.00	06500	RESPIRATORY THERAPY	-8,117	2,143,754	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	38,156	65.01
66.00	06600	PHYSICAL THERAPY	-2,020,054	1,903,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	-3,089	1,292,600	67.00
68.00	06800	SPEECH PATHOLOGY	-3,161	349,346	68.00
69.00	06900	ELECTROCARDIOLOGY	-118,902	1,584,702	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-52,575	140,820	70.00
70.01	03280	SLEEP LAB	0	98,075	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,152,171	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,593,276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,241,377	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,781,474	73.00
73.01	03190	INFUSION THERAPY	-119,736	475,442	73.01
73.03	07301	PHARMACY VACCINE	0	20,533	73.03
73.04	03480	FCC INFUSION THERAPY	0	588,075	73.04
74.00	07400	RENAL DIALYSIS	0	547,272	74.00
76.97	07697	CARDIAC REHABILITATION	-104,523	397,752	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,320,967	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCHANCILLARY	0	1,822,366	90.02
90.03	09002	RETINAL VASCULAR	-29,650	338,259	90.03
91.00	09100	EMERGENCY	-630,750	4,817,823	91.00
91.01	09101	IFCC	-3,566,962	19,423,859	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100	HOME HEALTH AGENCY	6.00	7.00	
			59,592	9,371,297	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	2,490,399	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,841,918	290,060,396	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,936,282	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	OP PHARMACY	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	192.03
192.04	19204	AMBULANCE	0	1,878,456	192.04
200.00		TOTAL (SUM OF LINES 118-199)	-16,841,918	293,875,134	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet Non-CMS W
Date/Time Prepared: 4/27/2017 9:00 pm				
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED PRGM-PHARMACY	02300		23.00
23.01	PARAMED PRGM - EMS	02301		23.01
23.02	PARAMED PRGM - DIETETICS	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
31.01	CHILDRENS HOSPITAL	02400		31.01
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRA SOUND	03630	ULTRA SOUND	54.01
54.02	SPECIAL PROCEDURES	05401		54.02
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPH.	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	PULMONARY FUNCTION TESTING	03560	PULMONARY FUNCTION TESTING	65.01
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP LAB	03280	EKG AND EEG	70.01
70.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
73.01	INFUSION THERAPY	03190	CHEMOTHERAPY	73.01
73.03	PHARMACY VACCINE	07301		73.03
73.04	FCC INFUSION THERAPY	03480	ONCOLOGY	73.04
74.00	RENAL DIALYSIS	07400		74.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS				
90.02	PSYCH ANCILLARY	09001		90.02
90.03	RETINAL VASCULAR	09002		90.03
91.00	EMERGENCY	09100		91.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet Non-CMS W Date/Time Prepared: 4/27/2017 9:00 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
91.01	IFCC	09101		91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	REFERENCE LAB	19201		192.01
192.02	OP PHARMACY	19202		192.02
192.03	RETINAL VASCULAR GRANTS	19203		192.03
192.04	AMBULANCE	19204		192.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6
Date/Time Prepared:
4/27/2017 9:00 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS NON CAP INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	952,901	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	952,901		
B - RECALLS CAFETERIA COSTS						
1.00	CAFETERIA	11.00	0	1,763,980	1.00	
	TOTALS		0	1,763,980		
C - RECLASS VACATION ACCRUAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	78,746	0	1.00	
	TOTALS		78,746	0		
D - RECLASS CHARGEABLE MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,593,276	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
	TOTALS		0	7,593,276		
E - RECLASS DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,802,007	1.00	
	TOTALS		0	16,802,007		
F - POB COST OFFSET						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	432,508	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	
	TOTALS		0	432,508		
G - LAB ADMIN						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	6,812	7,704	1.00	
	TOTALS		6,812	7,704		
H - RECLASS RECOVERY COSTS						
1.00	OPERATING ROOM	50.00	853,219	109,588	1.00	
	TOTALS		853,219	109,588		
I - RECLASS EMT PRECEPTOR COSTS						
1.00	PARAMED ED PRGM - EMS	23.01	426,138	0	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	
	TOTALS		426,138	0		
J - RECLASS PSYCH ANCI LLARY SERVICES						
1.00	PSYCH ANCI LLARY	90.02	0	1,009,642	1.00	
2.00	PSYCHI ATRIC/PSYCHOLOGICAL SERVICES	70.02	485,871	666,300	2.00	

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
4/27/2017 9:00 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	TOTALS		485,871	1,675,942	
	K - RECLASS VACCINE DRUG COSTS				
1.00	PHARMACY VACCINE	73.03	0	20,533	1.00
	TOTALS		0	20,533	
	L - HOME HEALTH SALARIES				
1.00		0.00	0	0	1.00
	TOTALS		0	0	
	M - RECLASS FCC ADMIN COSTS				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,407,031	1.00
	TOTALS		0	1,407,031	
	N - PHARMACY RESIDENCY				
1.00	PARAMED ED PRGM-PHARMACY	23.00	121,307	60,134	1.00
	TOTALS		121,307	60,134	
	O - RECLASS LABOR AND DELIVERY EXPENSES				
1.00	DELIVERY ROOM & LABOR ROOM	52.00	785,361	249,474	1.00
	TOTALS		785,361	249,474	
	Q - INTEREST EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,738,646	1.00
	TOTALS		0	4,738,646	
	R - REMOVE NEGATIVE SALARIES				
1.00	MAINTENANCE & REPAIRS	6.00	34	0	1.00
	TOTALS		34	0	
	S - IMPLANT RECLASS				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,241,377	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	8,241,377	
	T - CHILDRENS HOSP RECLASS				
1.00	CHILDRENS HOSPITAL	31.01	293,745	96,505	1.00
2.00	NURSERY	43.00	789,933	250,926	2.00
	TOTALS		1,083,678	347,431	
500.00	Grand Total: Increases		3,841,166	44,402,532	500.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6
Date/Time Prepared:
4/27/2017 9:00 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS NON CAP INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	375,809	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	577,092	0		2.00
	TOTALS		0	952,901			
B - RECALLS CAFETERIA COSTS							
1.00	DIETARY	10.00	0	1,763,980	0		1.00
	TOTALS		0	1,763,980			
C - RECLASS VACATION ACCRUAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	78,746	0	0		1.00
	TOTALS		78,746	0			
D - RECLASS CHARGEABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	553,341	0		1.00
2.00	PHARMACY	15.00	0	15,555	0		2.00
3.00	PARAMED PRGM - EMS	23.01	0	291	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	290,588	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	90,715	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	3,191	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	29,060	0		7.00
8.00	CHILDRENS HOSPITAL	31.01	0	10,747	0		8.00
9.00	OPERATING ROOM	50.00	0	4,288,439	0		9.00
10.00	RECOVERY ROOM	51.00	0	8,582	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	112,580	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,469	0		12.00
13.00	ULTRASOUND	54.01	0	13,699	0		13.00
14.00	SPECIAL PROCEDURES	54.02	0	1,639,106	0		14.00
15.00	RADIOISOTOPE	56.00	0	476	0		15.00
16.00	CT SCAN	57.00	0	463	0		16.00
17.00	MRI	58.00	0	1,030	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	93,919	0		18.00
19.00	LABORATORY	60.00	0	4,332	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	9,887	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	25,917	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	31,944	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,858	0		23.00
24.00	SLEEP LAB	70.01	0	878	0		24.00
25.00	INFUSION THERAPY	73.01	0	8,832	0		25.00
26.00	FCC INFUSION THERAPY	73.04	0	4,595	0		26.00
27.00	RENAL DIALYSIS	74.00	0	1,493	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	407	0		28.00
29.00	HYPERBARIC OXYGEN THERAPY	76.98	0	18,158	0		29.00
30.00	PSYCH ANCI LLARY	90.02	0	41	0		30.00
31.00	RETINAL VASCULAR	90.03	0	16	0		31.00
32.00	EMERGENCY	91.00	0	125,724	0		32.00
33.00	IFCC	91.01	0	191,943	0		33.00
	TOTALS		0	7,593,276			
E - RECALSS DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	16,802,007	0		1.00
	TOTALS		0	16,802,007			
F - POB COST OFFSET							
1.00		0.00	0	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	156,397	0		2.00
3.00	OPERATION OF PLANT	7.00	0	11,529	0		3.00
4.00	HOUSEKEEPING	9.00	0	264,582	0		4.00
	TOTALS		0	432,508			
G - LAB ADMIN							
1.00	LABORATORY	60.00	6,812	7,704	0		1.00
	TOTALS		6,812	7,704			
H - RECLASS RECOVERY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	853,219	109,588	0		1.00
	TOTALS		853,219	109,588			
I - RECLASS EMT PRECEPTOR COSTS							
1.00	ADULTS & PEDIATRICS	30.00	35,213	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	29,582	0	0		2.00
3.00	OPERATING ROOM	50.00	10,437	0	0		3.00
4.00	RESPIRATORY THERAPY	65.00	7,550	0	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	10,917	0	0		5.00
6.00	EMERGENCY	91.00	332,439	0	0		6.00
	TOTALS		426,138	0			
J - RECLASS PSYCH ANCI LLARY SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	1,009,642	0		1.00
2.00	SUBPROVIDER - IPF	40.00	485,871	666,300	0		2.00
	TOTALS		485,871	1,675,942			

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
4/27/2017 9:00 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	K - RECLASS VACCINE DRUG COSTS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,533	0		1.00	
	TOTALS		0	20,533				
	L - HOME HEALTH SALARIES							
1.00		0.00	0	0	0		1.00	
	TOTALS		0	0				
	M - RECLASS FCC ADMIN COSTS							
1.00	I FCC	91.01	0	1,407,031	0		1.00	
	TOTALS		0	1,407,031				
	N - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	121,307	60,134	0		1.00	
	TOTALS		121,307	60,134				
	O - RECLASS LABOR AND DELIVERY EXPENSES							
1.00	ADULTS & PEDIATRICS	30.00	785,361	249,474	0		1.00	
	TOTALS		785,361	249,474				
	Q - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	4,738,646	11		1.00	
	TOTALS		0	4,738,646				
	R - REMOVE NEGATIVE SALARIES							
1.00	MAINTENANCE & REPAIRS	6.00	0	34	0		1.00	
	TOTALS		0	34				
	S - IMPLANT RECLASS							
1.00	OPERATING ROOM	50.00	0	6,539,944	0		1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	1,701,433	0		2.00	
	TOTALS		0	8,241,377				
	T - CHILDRENS HOSP RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	293,745	96,505	0		1.00	
2.00	ADULTS & PEDIATRICS	30.00	789,933	250,926	0		2.00	
	TOTALS		1,083,678	347,431				
500.00	Grand Total: Decreases		3,841,132	44,402,566			500.00	

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
4/27/2017 9:00 pm

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS NON CAP INSURANCE									
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	952,901	ADMINISTRATIVE & GENERAL	5.00	0	375,809	1.00
2.00		0.00	0		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	577,092	2.00
	TOTALS		0	952,901	TOTALS		0	952,901	
B - RECALLS CAFETERIA COSTS									
1.00	CAFETERIA	11.00	0	1,763,980	DIETARY	10.00	0	1,763,980	1.00
	TOTALS		0	1,763,980	TOTALS		0	1,763,980	
C - RECLASS VACATION ACCRUAL									
1.00	ADMINISTRATIVE & GENERAL	5.00	78,746	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	78,746	0	1.00
	TOTALS		78,746	0	TOTALS		78,746	0	
D - RECLASS CHARGEABLE MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,593,276	CENTRAL SERVICES & SUPPLY	14.00	0	553,341	1.00
2.00		0.00	0		PHARMACY	15.00	0	15,555	2.00
3.00		0.00	0		PARAMED ED PRGM - EMS	23.01	0	291	3.00
4.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	290,588	4.00
5.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	90,715	5.00
6.00		0.00	0		SUBPROVIDER - I PF	40.00	0	3,191	6.00
7.00		0.00	0		SUBPROVIDER - I RF	41.00	0	29,060	7.00
8.00		0.00	0		CHILDRENS HOSPITAL	31.01	0	10,747	8.00
9.00		0.00	0		OPERATING ROOM	50.00	0	4,288,439	9.00
10.00		0.00	0		RECOVERY ROOM	51.00	0	8,582	10.00
11.00		0.00	0		ANESTHESIOLOGY	53.00	0	112,580	11.00
12.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	4,469	12.00
13.00		0.00	0		ULTRA SOUND	54.01	0	13,699	13.00
14.00		0.00	0		SPECIAL PROCEDURES	54.02	0	1,639,106	14.00
15.00		0.00	0		RADIOISOTOPE	56.00	0	476	15.00
16.00		0.00	0		CT SCAN	57.00	0	463	16.00
17.00		0.00	0		MRI	58.00	0	1,030	17.00
18.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	93,919	18.00
19.00		0.00	0		LABORATORY	60.00	0	4,332	19.00
20.00		0.00	0		RESPIRATORY THERAPY	65.00	0	9,887	20.00
21.00		0.00	0		PHYSICAL THERAPY	66.00	0	25,917	21.00
22.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	31,944	22.00
23.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	12,858	23.00
24.00		0.00	0		SLEEP LAB	70.01	0	878	24.00
25.00		0.00	0		INFUSION THERAPY	73.01	0	8,832	25.00
26.00		0.00	0		FCC INFUSION THERAPY	73.04	0	4,595	26.00
27.00		0.00	0		RENAL DIALYSIS	74.00	0	1,493	27.00
28.00		0.00	0		CARDIAC REHABILITATION	76.97	0	407	28.00
29.00		0.00	0		HYPERBARIC OXYGEN THERAPY	76.98	0	18,158	29.00
30.00		0.00	0		PSYCH ANCI LLARY	90.02	0	41	30.00
31.00		0.00	0		RETINAL VASCULAR	90.03	0	16	31.00
32.00		0.00	0		EMERGENCY	91.00	0	125,724	32.00
33.00		0.00	0		I FCC	91.01	0	191,943	33.00
	TOTALS		0	7,593,276	TOTALS		0	7,593,276	
E - RECLASS DRUGS CHARGED TO PATIENTS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,802,007	PHARMACY	15.00	0	16,802,007	1.00
	TOTALS		0	16,802,007	TOTALS		0	16,802,007	
F - POB COST OFFSET									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	432,508		0.00	0	0	1.00
2.00		0.00	0		MAINTENANCE & REPAIRS	6.00	0	156,397	2.00
3.00		0.00	0		OPERATION OF PLANT	7.00	0	11,529	3.00
4.00		0.00	0		HOUSEKEEPING	9.00	0	264,582	4.00
	TOTALS		0	432,508	TOTALS		0	432,508	
G - LAB ADMIN									
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	6,812	7,704	LABORATORY	60.00	6,812	7,704	1.00
	TOTALS		6,812	7,704	TOTALS		6,812	7,704	
H - RECLASS RECOVERY COSTS									
1.00	OPERATING ROOM	50.00	853,219	109,588	ADULTS & PEDIATRICS	30.00	853,219	109,588	1.00
	TOTALS		853,219	109,588	TOTALS		853,219	109,588	

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
4/27/2017 9:00 pm

Increases				Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
I - RECLASS EMT PRECEPTOR COSTS								
1.00	PARAMED ED PRGM - EMS	23.01	426,138	0	ADULTS & PEDIATRICS	30.00	35,213	0
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	29,582	0
3.00		0.00	0	0	OPERATING ROOM	50.00	10,437	0
4.00		0.00	0	0	RESPIRATORY THERAPY	65.00	7,550	0
5.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	10,917	0
6.00		0.00	0	0	EMERGENCY	91.00	332,439	0
	TOTALS		426,138	0	TOTALS		426,138	0
J - RECLASS PSYCH ANCI LLARY SERVICES								
1.00	PSYCH ANCI LLARY	90.02	0	1,009,642	ADULTS & PEDIATRICS	30.00	0	1,009,642
2.00	PSYCHI ATRI C/PSYCHOLOG I CAL SERVICES	70.02	485,871	666,300	SUBPROVI DER - I PF	40.00	485,871	666,300
	TOTALS		485,871	1,675,942	TOTALS		485,871	1,675,942
K - RECLASS VACCINE DRUG COSTS								
1.00	PHARMACY VACCINE	73.03	0	20,533	DRUGS CHARGED TO PATI ENTS	73.00	0	20,533
	TOTALS		0	20,533	TOTALS		0	20,533
L - HOME HEALTH SALARIES								
1.00		0.00	0	0		0.00	0	0
	TOTALS		0	0	TOTALS		0	0
M - RECLASS FCC ADMIN COSTS								
1.00	PHYSICI ANS' PRI VATE OFFI CES	192.00	0	1,407,031	I FCC	91.01	0	1,407,031
	TOTALS		0	1,407,031	TOTALS		0	1,407,031
N - PHARMACY RESIDENCY								
1.00	PARAMED ED PRGM-PHARMACY	23.00	121,307	60,134	PHARMACY	15.00	121,307	60,134
	TOTALS		121,307	60,134	TOTALS		121,307	60,134
O - RECLASS LABOR AND DELIVERY EXPENSES								
1.00	DELI VERY ROOM & LABOR ROOM	52.00	785,361	249,474	ADULTS & PEDIATRICS	30.00	785,361	249,474
	TOTALS		785,361	249,474	TOTALS		785,361	249,474
Q - INTEREST EXPENSE								
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	4,738,646	INTEREST EXPENSE	113.00	0	4,738,646
	TOTALS		0	4,738,646	TOTALS		0	4,738,646
R - REMOVE NEGATIVE SALARIES								
1.00	MAI NTENANCE & REPAI RS	6.00	34	0	MAI NTENANCE & REPAI RS	6.00	0	34
	TOTALS		34	0	TOTALS		0	34
S - IMPLANT RECLASS								
1.00	IMPL. DEV. CHARGED TO PATI ENTS	72.00	0	8,241,377	OPERATI NG ROOM	50.00	0	6,539,944
2.00		0.00	0	0	CARDI AC CATHETERI ZATI ON	59.00	0	1,701,433
	TOTALS		0	8,241,377	TOTALS		0	8,241,377
T - CHI LDRENS HOSP RECLASS								
1.00	CHI LDRENS HOSPI TAL	31.01	293,745	96,505	ADULTS & PEDIATRICS	30.00	293,745	96,505
2.00	NURSERY	43.00	789,933	250,926	ADULTS & PEDIATRICS	30.00	789,933	250,926
	TOTALS		1,083,678	347,431	TOTALS		1,083,678	347,431
500.00	Grand Total : Increases		3,841,166	44,402,532	Grand Total : Decreases		3,841,132	44,402,566

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

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

Worksheet A-7
Part I
Date/Time Prepared:
4/27/2017 9:00 pm

		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	16,326,677	0	0	0	0	1.00
2.00	Land Improvements	12,211,665	0	0	0	0	2.00
3.00	Buildings and Fixtures	282,228,657	17,472,271	0	17,472,271	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	204,642,100	2,168,343	0	2,168,343	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	515,409,099	19,640,614	0	19,640,614	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	515,409,099	19,640,614	0	19,640,614	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,326,677	0				1.00
2.00	Land Improvements	12,211,665	0				2.00
3.00	Buildings and Fixtures	299,700,928	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	206,810,443	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	535,049,713	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	535,049,713	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

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

Worksheet A-7
Part II
Date/Time Prepared:
4/27/2017 9:00 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	6,569,328	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,757,008	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,326,336	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	6,569,328				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,757,008				2.00
3.00	Total (sum of lines 1-2)	0	16,326,336				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

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

Worksheet A-7
Part III
Date/Time Prepared:
4/27/2017 9:00 pm

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	328,239,270	0	328,239,270	0.613474	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	206,810,443	0	206,810,443	0.386526	0	2.00
3.00	Total (sum of lines 1-2)	535,049,713	0	535,049,713	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,332,589	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,757,008	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,089,597	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	4,738,646	0	0	0	12,071,235	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,757,008	2.00
3.00	Total (sum of lines 1-2)	4,738,646	0	0	0	21,828,243	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

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

Worksheet A-8

Date/Time Prepared:
4/27/2017 9:00 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)	B	-33,825	CAP REL COSTS-BLDG & FIXT		1.00	9	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)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-92,397	HOUSEKEEPING		9.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,576,886				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,064,400				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests		0			0.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

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

Worksheet A-8

Date/Time Prepared:
4/27/2017 9:00 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	3.00	
34.00 OTHER OPERATING INCOME	B	-3,074,162	ADMINISTRATIVE & GENERAL		5.00	0 34.00
34.06 OTHER INCOME	B	-60	OCCUPATIONAL THERAPY		67.00	0 34.06
34.09		0			0.00	0 34.09
35.19 POB DEPT RENTAL - RETINAL	B	-18,177	RETINAL VASCULAR		90.03	0 35.19
35.21 MISC REVENUE	B	-13,506	NURSING ADMINISTRATIVE		13.00	0 35.21
35.43 OTHER INCOME	B	-3,161	SPEECH PATHOLOGY		68.00	0 35.43
35.44 OTHER INCOME	B	-22,922	LABORATORY		60.00	0 35.44
35.47 OTHER INCOME	B	-2,174,177	IFCC		91.01	0 35.47
35.48 OTHER INCOME	B	-103,237	CARDIAC REHABILITATION		76.97	0 35.48
35.49 MISC REVENUE	B	-119,736	INFUSION THERAPY		73.01	0 35.49
35.51 OTHER INCOME	B	-1,000	RADIOLOGY-DIAGNOSTIC		54.00	0 35.51
35.52 MISC REVENUE	B	-362,356	PHARMACY		15.00	0 35.52
35.53		0			0.00	0 35.53
35.55 OTHER INCOME	B	-2,020,054	PHYSICAL THERAPY		66.00	0 35.55
36.00 REMOVE LOBBYING EXPENSE	A	-37,886	ADMINISTRATIVE & GENERAL		5.00	0 36.00
37.00 NONALLOWABLE MARKETING EXPENSE	A	-100	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.00
38.00 NONALLOWABLE MARKETING EXPENSE	A	-2,060,306	ADMINISTRATIVE & GENERAL		5.00	0 38.00
39.00 NONALLOWABLE MARKETING EXPENSE	A	-472	MEDICAL RECORDS & LIBRARY		16.00	0 39.00
40.00 NONALLOWABLE MARKETING EXPENSE	A	-1,131	SUBPROVIDER - IRF		41.00	0 40.00
41.00 NONALLOWABLE MARKETING EXPENSE	A	-422	SPECIAL PROCEDURES		54.02	0 41.00
42.00 NONALLOWABLE MARKETING EXPENSE	A	-15,000	LABORATORY		60.00	0 42.00
43.00 NONALLOWABLE MARKETING EXPENSE	A	-3,029	OCCUPATIONAL THERAPY		67.00	0 43.00
44.00 NONALLOWABLE MARKETING EXPENSE	A	-90	ELECTROCARDIOLOGY		69.00	0 44.00
45.00 NONALLOWABLE MARKETING EXPENSE	A	-200	CARDIAC REHABILITATION		76.97	0 45.00
45.01 NONALLOWABLE MARKETING EXPENSE	A	-6,775	IFCC		91.01	0 45.01
45.02 OTHER INCOME	B	-9,436	HOME HEALTH AGENCY		101.00	0 45.02
46.00 OFFSET HHA INTEREST INCOME	B	-155,815	CAP REL COSTS-BLDG & FIXT		1.00	9 46.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,841,918				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: 14-0191

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

Worksheet A-8-1

Date/Time Prepared:
4/27/2017 9:00 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	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	12,250,774	10,255,402 1.00
2.00	101.00	HOME HEALTH AGENCY	MANAGEMENT FEE	484,387	415,359 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.			12,735,161	10,670,761 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			0.00		0.00	6.00
7.00	B	INGALLS HEALTH SYSTEM	100.00	INGALLS MEMORIA	0.00	7.00
8.00	C	INGALLS MEMORIA	0.00	INGALLS HOME CARE	100.00	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: 14-0191

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

Worksheet A-8-1

Date/Time Prepared:
4/27/2017 9:00 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	1,995,372	0		1.00
2.00	69,028	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	2,064,400			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00			6.00
7.00	ACUTE		7.00
8.00	HOME CARE		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: 14-0191

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

Worksheet A-8-2

Date/Time Prepared:
4/27/2017 9:00 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	5.00	ADMINISTRATIVE & GENERAL	2,621,830	2,369,742	252,088	211,500	1,681	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	150,720	0	150,720	211,500	1,005	2.00
3.00	41.00	SUBPROVIDER - IRF	34,056	34,056	0	0	0	3.00
4.00	31.01	CHILDRENS HOSPITAL	358,645	358,645	0	0	0	4.00
5.00	50.00	OPERATING ROOM	293,279	253,279	40,000	246,400	133	5.00
6.00	53.00	ANESTHESIOLOGY	900,000	900,000	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,053,129	1,025,004	28,125	271,900	188	7.00
8.00	59.00	CARDIAC CATHETERIZATION	30,000	30,000	0	0	0	8.00
9.00	60.00	LABORATORY	24,996	24,996	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	25,200	0	25,200	211,500	168	10.00
11.00	69.00	ELECTROCARDIOLOGY	368,748	0	368,748	211,500	2,458	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	52,575	52,575	0	0	0	12.00
13.00	76.97	CARDIAC REHABILITATION	3,425	0	3,425	211,500	23	13.00
14.00	90.03	RETINAL VASCULAR	35,775	0	35,775	211,500	239	14.00
15.00	91.00	EMERGENCY	656,679	618,429	38,250	211,500	255	15.00
16.00	91.01	IFCC	1,386,010	1,386,010	0	0	0	16.00
17.00	43.00	NURSERY	194,023	194,023	0	0	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	1,020,836	1,020,836	0	0	0	18.00
200.00			9,209,926	8,267,595	942,331		6,150	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	5.00	ADMINISTRATIVE & GENERAL	170,929	8,546	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	102,191	5,110	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	31.01	CHILDRENS HOSPITAL	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	15,755	788	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	24,576	1,229	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	17,083	854	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	249,936	12,497	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	76.97	CARDIAC REHABILITATION	2,339	117	0	0	0	13.00
14.00	90.03	RETINAL VASCULAR	24,302	1,215	0	0	0	14.00
15.00	91.00	EMERGENCY	25,929	1,296	0	0	0	15.00
16.00	91.01	IFCC	0	0	0	0	0	16.00
17.00	43.00	NURSERY	0	0	0	0	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	18.00
200.00			633,040	31,652	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	5.00	ADMINISTRATIVE & GENERAL	0	170,929	81,159	2,450,901		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	102,191	48,529	48,529		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	34,056		3.00
4.00	31.01	CHILDRENS HOSPITAL	0	0	0	358,645		4.00
5.00	50.00	OPERATING ROOM	0	15,755	24,245	277,524		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	900,000		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	24,576	3,549	1,028,553		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	30,000		8.00
9.00	60.00	LABORATORY	0	0	0	24,996		9.00
10.00	65.00	RESPIRATORY THERAPY	0	17,083	8,117	8,117		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	249,936	118,812	118,812		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	52,575		12.00
13.00	76.97	CARDIAC REHABILITATION	0	2,339	1,086	1,086		13.00
14.00	90.03	RETINAL VASCULAR	0	24,302	11,473	11,473		14.00
15.00	91.00	EMERGENCY	0	25,929	12,321	630,750		15.00
16.00	91.01	IFCC	0	0	0	1,386,010		16.00
17.00	43.00	NURSERY	0	0	0	194,023		17.00
18.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,020,836		18.00
200.00			0	633,040	309,291	8,576,886		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

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

Worksheet B
Part I
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,071,235	12,071,235			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,757,008		9,757,008		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,266,912	65,288	0	16,332,200	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	75,285,186	3,690,232	2,959,664	2,031,077	5.00
6.00 00600	MAINTENANCE & REPAIRS	4,037,225	308,283	7,688	0	6.00
7.00 00700	OPERATION OF PLANT	8,341,338	877,602	47,379	164,101	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,106,538	60,459	1,066	16,631	8.00
9.00 00900	HOUSEKEEPING	4,120,125	71,704	29,171	0	9.00
10.00 01000	DIETARY	2,096,311	220,025	49,128	109	10.00
11.00 01100	CAFETERIA	1,763,980	105,010	798	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,296,963	42,599	1,812,905	493,880	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	447,842	79,394	71,332	49,227	14.00
15.00 01500	PHARMACY	3,595,568	114,601	227,405	568,864	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,719,682	166,131	4,120	403,889	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	181,441	2,481	0	19,499	23.00
23.01 02301	PARAMED ED PRGM - EMS	614,133	12,403	15,849	94,852	23.01
23.02 02302	PARAMED ED PRGM - DIETETICS	103,672	38,250	0	13,974	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,337,405	2,185,663	348,192	1,994,389	30.00
31.00 03100	INTENSIVE CARE UNIT	3,353,601	210,367	110,374	417,273	31.00
31.01 02400	CHILDRENS HOSPITAL	1,758,609	83,181	5,427	208,359	31.01
40.00 04000	SUBPROVIDER - I PF	6,483,427	66,049	5,704	530,537	40.00
41.00 04100	SUBPROVIDER - I RF	2,404,942	835,697	8,549	362,977	41.00
43.00 04300	NURSERY	846,836	15,214	993	126,975	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,959,700	731,762	456,421	691,994	50.00
51.00 05100	RECOVERY ROOM	672,069	55,019	25,760	92,903	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,034,835	0	0	126,240	52.00
53.00 05300	ANESTHESIOLOGY	319,056	7,127	65,876	8,418	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,289,077	434,692	575,871	412,675	54.00
54.01 03630	ULTRA SOUND	979,463	47,180	58,252	149,774	54.01
54.02 05401	SPECIAL PROCEDURES	1,116,465	30,312	154,727	154,793	54.02
56.00 05600	RADIOISOTOPE	1,287,002	31,834	43,454	82,946	56.00
57.00 05700	CT SCAN	1,162,739	33,984	76,861	118,859	57.00
58.00 05800	MRI	545,586	89,746	20,567	68,500	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,713,319	60,691	319,363	114,231	59.00
60.00 06000	LABORATORY	10,089,871	227,731	183,781	868,672	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	968,127	8,682	1,960	41,908	63.00
65.00 06500	RESPIRATORY THERAPY	2,143,754	27,270	45,593	265,464	65.00
65.01 03560	PULMONARY FUNCTION TESTING	38,156	13,130	4,659	5,575	65.01
66.00 06600	PHYSICAL THERAPY	1,903,313	105,390	48,930	607,269	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,292,600	17,496	1,130	194,749	67.00
68.00 06800	SPEECH PATHOLOGY	349,346	11,973	8,708	57,070	68.00
69.00 06900	ELECTROCARDIOLOGY	1,584,702	62,047	131,012	164,903	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	140,820	33,752	19,978	22,183	70.00
70.01 03280	SLEEP LAB	98,075	0	11,855	15,602	70.01
70.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,152,171	0	0	78,100	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,593,276	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,241,377	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,781,474	0	0	0	73.00
73.01 03190	INFUSION THERAPY	475,442	25,699	2,189	81,409	73.01
73.03 07301	PHARMACY VACCINE	20,533	0	0	0	73.03
73.04 03480	FCC INFUSION THERAPY	588,075	10,666	0	80,234	73.04
74.00 07400	RENAL DIALYSIS	547,272	29,783	21,619	82,383	74.00
76.97 07697	CARDIAC REHABILITATION	397,752	33,719	12,231	60,682	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,320,967	0	1,713	145,654	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 09001	PSYCH ANCILLARY	1,822,366	231,502	0	0	90.02
90.03 09002	RETINAL VASCULAR	338,259	179,327	16,810	35,937	90.03
91.00 09100	EMERGENCY	4,817,823	154,985	74,856	557,204	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
91.01 09101 IFCC	19,423,859	0	1,665,214	2,149,070	23,238,143	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS						
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	9,371,297	102,215	0	1,073,984	10,547,496	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	2,490,399	0	0	224,805	2,715,204	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	290,060,396	12,048,347	9,755,134	16,330,803	290,034,237	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,936,282	0	1,874	1,397	1,939,553	192.00
192.01 19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202 OP PHARMACY	0	14,619	0	0	14,619	192.02
192.03 19203 RETINAL VASCULAR GRANTS	0	8,269	0	0	8,269	192.03
192.04 19204 AMBULANCE	1,878,456	0	0	0	1,878,456	192.04
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)	293,875,134	12,071,235	9,757,008	16,332,200	293,875,134	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 4/27/2017 9:00 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	83,966,159					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,741,331	6,094,527				6.00
7.00	00700	OPERATION OF PLANT	3,772,281	667,951	13,870,652			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	473,892	46,016	117,620	1,822,222		8.00
9.00	00900	HOUSEKEEPING	1,688,451	54,575	139,497	0	6,103,523	9.00
10.00	01000	DIETARY	946,258	167,463	428,045	0	191,911	10.00
11.00	01100	CAFETERIA	747,938	79,924	204,291	0	91,592	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,258,607	32,423	82,874	0	37,156	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	259,126	60,428	154,457	3,747	69,249	14.00
15.00	01500	PHARMACY	1,802,629	87,224	222,950	0	99,958	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,717,580	126,444	323,197	0	144,903	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	81,371	1,888	4,826	0	2,164	23.00
23.01	02301	PARAMED ED PRGM - EMS	294,904	9,440	24,129	0	10,818	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	62,360	29,112	74,413	0	33,363	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,546,486	1,663,526	4,252,074	871,852	1,906,384	30.00
31.00	03100	INTENSIVE CARE UNIT	1,636,695	160,112	409,257	108,307	183,487	31.00
31.01	02400	CHILDRENS HOSPITAL	822,255	63,310	161,824	35,498	72,552	31.01
40.00	04000	SUBPROVIDER - I PF	2,834,372	50,270	128,494	35,873	57,609	40.00
41.00	04100	SUBPROVIDER - I RF	1,444,909	636,057	1,625,799	94,474	728,914	41.00
43.00	04300	NURSERY	396,019	11,580	29,598	8,217	13,270	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,536,057	556,951	1,423,599	205,715	638,260	50.00
51.00	05100	RECOVERY ROOM	338,311	41,875	107,035	23,563	47,988	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	464,444	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	160,196	5,425	13,866	0	6,217	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,284,995	330,848	845,666	58,526	379,148	54.00
54.01	03630	ULTRA SOUND	493,882	35,909	91,786	28,427	41,152	54.01
54.02	05401	SPECIAL PROCEDURES	582,536	23,071	58,971	3,554	26,439	54.02
56.00	05600	RADIOISOTOPE	578,112	24,229	61,931	5,748	27,766	56.00
57.00	05700	CT SCAN	556,994	25,865	66,113	24,836	29,641	57.00
58.00	05800	MRI	289,768	68,307	174,596	11,909	78,279	58.00
59.00	05900	CARDIAC CATHETERIZATION	883,068	46,192	118,070	3,519	52,936	59.00
60.00	06000	LABORATORY	4,548,158	173,328	443,037	0	198,632	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	408,283	6,608	16,890	0	7,573	63.00
65.00	06500	RESPIRATORY THERAPY	992,862	20,755	53,051	0	23,785	65.00
65.01	03560	PULMONARY FUNCTION TESTING	24,609	9,994	25,544	0	11,453	65.01
66.00	06600	PHYSICAL THERAPY	1,065,993	80,214	205,030	42,978	91,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	602,408	13,316	34,038	0	15,261	67.00
68.00	06800	SPEECH PATHOLOGY	170,844	9,113	23,292	0	10,443	68.00
69.00	06900	ELECTROCARDIOLOGY	777,089	47,224	120,708	19,183	54,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	86,696	25,689	65,663	2,973	29,439	70.00
70.01	03280	SLEEP LAB	50,214	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	492,123	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,037,402	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,296,650	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,712,791	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	233,903	19,559	49,995	4,748	22,415	73.01
73.03	07301	PHARMACY VACCINE	8,213	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	271,598	8,118	20,751	0	9,303	73.04
74.00	07400	RENAL DIALYSIS	272,431	22,668	57,941	0	25,978	74.00
76.97	07697	CARDIAC REHABILITATION	201,760	25,664	65,598	10,013	29,410	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	587,351	0	0	433	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	821,572	176,198	450,372	21,854	201,921	90.02
90.03	09002	RETINAL VASCULAR	228,140	136,488	348,870	0	156,413	90.03
91.00	09100	EMERGENCY	2,242,014	117,960	301,514	196,275	135,181	91.00
91.01	09101	I FCC	9,295,584	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	4,219,125	77,797	198,854	0	89,154	101.00

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,086,114	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	82,429,754	6,077,108	13,826,126	1,822,222	6,083,560
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	775,844	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	5,848	11,126	28,440	0	12,751
192.03	19203	RETINAL VASCULAR GRANTS	3,308	6,293	16,086	0	7,212
192.04	19204	AMBULANCE	751,405	0	0	0	192.04
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)	83,966,159	6,094,527	13,870,652	1,822,222	6,103,523

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	4,099,250					10.00
11.00	01100	CAFETERIA	0	2,993,533				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	134,433	0	8,191,840		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,983	0	0	1,218,785	14.00
15.00	01500	PHARMACY	0	118,116	0	0	18,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	123,873	0	0	111	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	11,842	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	82,946	0	459,757	227	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	24,556	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,385,044	722,500	0	4,004,724	116,842	30.00
31.00	03100	INTENSIVE CARE UNIT	254,727	101,363	0	561,841	33,538	31.00
31.01	02400	CHILDRENS HOSPITAL	42,991	50,641	0	280,694	3,128	31.01
40.00	04000	SUBPROVIDER - I PF	952,005	33,288	0	184,508	309	40.00
41.00	04100	SUBPROVIDER - I RF	388,483	100,845	0	558,968	8,803	41.00
43.00	04300	NURSERY	0	32,824	0	181,937	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	178,689	0	990,443	409,106	50.00
51.00	05100	RECOVERY ROOM	0	17,299	0	95,884	7,335	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,633	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,301	0	0	18,114	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,417	0	0	6,451	54.00
54.01	03630	ULTRA SOUND	0	32,087	0	0	4,327	54.01
54.02	05401	SPECIAL PROCEDURES	0	35,579	0	0	146,226	54.02
56.00	05600	RADIOISOTOPE	0	17,490	0	0	66,161	56.00
57.00	05700	CT SCAN	0	26,739	0	0	8,188	57.00
58.00	05800	MRI	0	17,162	0	0	771	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,237	0	0	85,735	59.00
60.00	06000	LABORATORY	0	275,250	0	0	52,680	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	11,869	0	0	1,322	63.00
65.00	06500	RESPIRATORY THERAPY	0	74,215	0	0	10,645	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,774	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	155,060	0	0	5,672	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	68,048	0	0	30	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,060	0	0	126	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41,528	0	0	20,038	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,266	0	0	1,157	70.00
70.01	03280	SLEEP LAB	0	3,138	0	0	76	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	29,850	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	19,809	0	0	3,793	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	16,180	0	0	6,201	73.04
74.00	07400	RENAL DIALYSIS	0	15,853	0	0	2,304	74.00
76.97	07697	CARDIAC REHABILITATION	0	15,089	0	0	604	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	33,424	0	0	17,258	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	38,000	0	0	0	50	90.02
90.03	09002	RETINAL VASCULAR	0	12,415	0	0	855	90.03
91.00	09100	EMERGENCY	38,000	157,516	0	873,084	75,436	91.00
91.01	09101	I FCC	0	0	0	0	86,195	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPI CE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,099,250	2,991,187	0	8,191,840	1,218,710	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSI CI ANS' PRI VATE OFFICES	0	2,346	0	0	75	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 OP PHARMACY	0	0	0	0	0	192.02
192.03	19203 RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204 AMBULANCE	0	0	0	0	0	192.04
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)	4,099,250	2,993,533	0	8,191,840	1,218,785	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part I Date/Time Prepared: 4/27/2017 9:00 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,856,211					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,729,930				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM - EMS	1,337	0	0	0		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,688	2,781,856	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,077	256,898	0	0	0	31.00
31.01	02400	CHILDRENS HOSPITAL	0	180,451	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	26	281,661	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	91	450,569	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,395	264,766	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	17,252	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	45,705	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,851	138,665	0	0	0	54.00
54.01	03630	ULTRA SOUND	3	47,944	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	10,920	83,727	0	0	0	54.02
56.00	05600	RADIOISOTOPE	344,854	37,107	0	0	0	56.00
57.00	05700	CT SCAN	44,858	176,780	0	0	0	57.00
58.00	05800	MRI	0	53,126	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,148	56,023	0	0	0	59.00
60.00	06000	LABORATORY	157,272	405,764	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,487	20,084	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	12	44,568	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	3,146	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,761	129,058	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	26,508	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	25,715	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	35,869	93,830	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,069	0	0	0	70.00
70.01	03280	SLEEP LAB	0	3,563	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	10,345	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,388	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	84,589	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,033,327	240,686	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	17,485	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	33,677	65	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	6,419	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	2	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	696	3,538	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,233	12,679	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	18,276	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	586	2,644	0	0	0	90.03
91.00	09100	EMERGENCY	53	213,884	0	0	0	91.00
91.01	09101	I FCC	136,988	478,097	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,856,211	6,729,930	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 OP PHARMACY	0	0	0	0	0	192.02
192.03	19203 RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204 AMBULANCE	0	0	0	0	0	192.04
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)	6,856,211	6,729,930	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM - EMS	PARAMED PRGM - DIETETICS	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-PHARMACY			305,512		23.00
23.01 02301	PARAMED PRGM - EMS				1,620,795	23.01
23.02 02302	PARAMED PRGM - DIETETICS					379,700
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	216,106	201,969
31.00 03100	INTENSIVE CARE UNIT	0	0	0	162,080	50,492
31.01 02400	CHILDRENS HOSPITAL	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	30,295
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	88,866
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	54,027	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01 03630	ULTRA SOUND	0	0	0	0	0
54.02 05401	SPECIAL PROCEDURES	0	0	0	0	0
56.00 05600	RADIO SOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	54,027	0
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	54,027	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01 03280	SLEEP LAB	0	0	0	0	0
70.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	4,039
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	305,512	0	0
73.01 03190	INFUSION THERAPY	0	0	0	0	0
73.03 07301	PHARMACY VACCINE	0	0	0	0	0
73.04 03480	FCC INFUSION THERAPY	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LI THOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.02 09001	PSYCH ANCILLARY	0	0	0	0	0
90.03 09002	RETINAL VASCULAR	0	0	0	0	0
91.00 09100	EMERGENCY	0	0	0	1,080,528	4,039
91.01 09101	IFCC	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS		
	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00					
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	305,512	1,620,795	379,700
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	305,512	1,620,795	379,700

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 10/01/2015
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	45,537,700	0	45,537,700	30.00
31.00	03100	8,011,489	0	8,011,489	31.00
31.01	02400	3,768,920	0	3,768,920	31.01
40.00	04000	11,674,427	0	11,674,427	40.00
41.00	04100	9,738,943	0	9,738,943	41.00
43.00	04300	1,663,463	0	1,663,463	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	17,098,885	0	17,098,885	50.00
51.00	05100	1,542,293	0	1,542,293	51.00
52.00	05200	1,658,152	0	1,658,152	52.00
53.00	05300	653,301	0	653,301	53.00
54.00	05400	9,861,882	0	9,861,882	54.00
54.01	03630	2,010,186	0	2,010,186	54.01
54.02	05401	2,427,320	0	2,427,320	54.02
56.00	05600	2,608,634	0	2,608,634	56.00
57.00	05700	2,352,457	0	2,352,457	57.00
58.00	05800	1,418,317	0	1,418,317	58.00
59.00	05900	3,501,532	0	3,501,532	59.00
60.00	06000	17,624,176	0	17,624,176	60.00
62.30	06250	0	0	0	62.30
63.00	06300	1,505,793	0	1,505,793	63.00
65.00	06500	3,756,001	0	3,756,001	65.00
65.01	03560	138,040	0	138,040	65.01
66.00	06600	4,443,592	0	4,443,592	66.00
67.00	06700	2,265,584	0	2,265,584	67.00
68.00	06800	678,690	0	678,690	68.00
69.00	06900	3,206,279	0	3,206,279	69.00
70.00	07000	436,685	0	436,685	70.00
70.01	03280	182,523	0	182,523	70.01
70.02	03550	1,766,628	0	1,766,628	70.02
71.00	07100	10,644,066	0	10,644,066	71.00
72.00	07200	11,622,616	0	11,622,616	72.00
73.00	07300	30,073,790	0	30,073,790	73.00
73.01	03190	956,446	0	956,446	73.01
73.03	07301	62,488	0	62,488	73.03
73.04	03480	1,017,545	0	1,017,545	73.04
74.00	07400	1,078,234	0	1,078,234	74.00
76.97	07697	856,756	0	856,756	76.97
76.98	07698	2,121,712	0	2,121,712	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	3,782,111	0	3,782,111	90.02
90.03	09002	1,456,744	0	1,456,744	90.03
91.00	09100	11,040,352	0	11,040,352	91.00
91.01	09101	33,235,007	0	33,235,007	91.01
92.00	09200		0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

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

Worksheet B
Part I
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	15,132,426	0	15,132,426	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	3,801,318	0	3,801,318	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	288,413,503	0	288,413,503	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,717,818	0	2,717,818	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	OP PHARMACY	72,784	0	72,784	192.02
192.03	19203	RETINAL VASCULAR GRANTS	41,168	0	41,168	192.03
192.04	19204	AMBULANCE	2,629,861	0	2,629,861	192.04
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	293,875,134	0	293,875,134	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0191

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

Worksheet Non-CMS W
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	5	MEALS SERVED	10.00
11.00	CAFETERIA	6	FTES	11.00
12.00	MAINTENANCE OF PERSONNEL	7	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	8	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	9	COSTED REQUIS.	14.00
15.00	PHARMACY	10	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	11	TIME SPENT	16.00
17.00	SOCIAL SERVICE	12	TIME SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	13	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	14	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	15	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	16	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-PHARMACY	17	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 4/27/2017 9:00 pm
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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	65,288	0	65,288	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	3,690,232	2,959,664	6,649,896	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	308,283	7,688	315,971	6.00
7.00 00700	OPERATION OF PLANT	0	877,602	47,379	924,981	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	60,459	1,066	61,525	8.00
9.00 00900	HOUSEKEEPING	0	71,704	29,171	100,875	9.00
10.00 01000	DIETARY	0	220,025	49,128	269,153	10.00
11.00 01100	CAFETERIA	0	105,010	798	105,808	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	42,599	1,812,905	1,855,504	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	79,394	71,332	150,726	14.00
15.00 01500	PHARMACY	0	114,601	227,405	342,006	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	166,131	4,120	170,251	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	2,481	0	2,481	23.00
23.01 02301	PARAMED PRGM - EMS	0	12,403	15,849	28,252	23.01
23.02 02302	PARAMED PRGM - DIETETICS	0	38,250	0	38,250	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,185,663	348,192	2,533,855	30.00
31.00 03100	INTENSIVE CARE UNIT	0	210,367	110,374	320,741	31.00
31.01 02400	CHILDRENS HOSPITAL	0	83,181	5,427	88,608	31.01
40.00 04000	SUBPROVIDER - IPF	0	66,049	5,704	71,753	40.00
41.00 04100	SUBPROVIDER - IRF	0	835,697	8,549	844,246	41.00
43.00 04300	NURSERY	0	15,214	993	16,207	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	731,762	456,421	1,188,183	50.00
51.00 05100	RECOVERY ROOM	0	55,019	25,760	80,779	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	7,127	65,876	73,003	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	434,692	575,871	1,010,563	54.00
54.01 03630	ULTRA SOUND	0	47,180	58,252	105,432	54.01
54.02 05401	SPECIAL PROCEDURES	0	30,312	154,727	185,039	54.02
56.00 05600	RADIOISOTOPE	0	31,834	43,454	75,288	56.00
57.00 05700	CT SCAN	0	33,984	76,861	110,845	57.00
58.00 05800	MRI	0	89,746	20,567	110,313	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	60,691	319,363	380,054	59.00
60.00 06000	LABORATORY	0	227,731	183,781	411,512	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	8,682	1,960	10,642	63.00
65.00 06500	RESPIRATORY THERAPY	0	27,270	45,593	72,863	65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	13,130	4,659	17,789	65.01
66.00 06600	PHYSICAL THERAPY	0	105,390	48,930	154,320	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	17,496	1,130	18,626	67.00
68.00 06800	SPEECH PATHOLOGY	0	11,973	8,708	20,681	68.00
69.00 06900	ELECTROCARDIOLOGY	0	62,047	131,012	193,059	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	33,752	19,978	53,730	70.00
70.01 03280	SLEEP LAB	0	0	11,855	11,855	70.01
70.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 03190	INFUSION THERAPY	0	25,699	2,189	27,888	73.01
73.03 07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04 03480	FCC INFUSION THERAPY	0	10,666	0	10,666	73.04
74.00 07400	RENAL DIALYSIS	0	29,783	21,619	51,402	74.00
76.97 07697	CARDIAC REHABILITATION	0	33,719	12,231	45,950	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	1,713	1,713	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 09001	PSYCH ANCILLARY	0	231,502	0	231,502	90.02
90.03 09002	RETINAL VASCULAR	0	179,327	16,810	196,137	90.03
91.00 09100	EMERGENCY	0	154,985	74,856	229,841	91.00
91.01 09101	IFCC	0	0	1,665,214	1,665,214	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

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

Worksheet B
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0	1.00	2.00	0	4.00	92.00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	102,215	0	102,215	4,296	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0	899	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	12,048,347	9,755,134	21,803,481	65,282	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	1,874	1,874	6	192.00
192.01 19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202 OP PHARMACY	0	14,619	0	14,619	0	192.02
192.03 19203 RETINAL VASCULAR GRANTS	0	8,269	0	8,269	0	192.03
192.04 19204 AMBULANCE	0	0	0	0	0	192.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	12,071,235	9,757,008	21,828,243	65,288	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 4/27/2017 9:00 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,658,021					5.00
6.00	00600	MAINTENANCE & REPAIRS	138,079	454,050				6.00
7.00	00700	OPERATION OF PLANT	299,123	49,763	1,274,523			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	37,577	3,428	10,808	113,405		8.00
9.00	00900	HOUSEKEEPING	133,886	4,066	12,818	0	251,645	9.00
10.00	01000	DIETARY	75,034	12,476	39,331	0	7,912	10.00
11.00	01100	CAFETERIA	59,308	5,954	18,772	0	3,776	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	179,096	2,416	7,615	0	1,532	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,547	4,502	14,192	233	2,855	14.00
15.00	01500	PHARMACY	142,940	6,498	20,486	0	4,121	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	136,196	9,420	29,697	0	5,974	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	6,452	141	443	0	89	23.00
23.01	02301	PARAMED ED PRGM - EMS	23,384	703	2,217	0	446	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	4,945	2,169	6,838	0	1,376	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	598,400	123,935	390,708	54,260	78,599	30.00
31.00	03100	INTENSIVE CARE UNIT	129,782	11,929	37,605	6,740	7,565	31.00
31.01	02400	CHILDRENS HOSPITAL	65,201	4,717	14,869	2,209	2,991	31.01
40.00	04000	SUBPROVIDER - I PF	224,752	3,745	11,807	2,233	2,375	40.00
41.00	04100	SUBPROVIDER - I RF	114,574	47,387	149,389	5,880	30,053	41.00
43.00	04300	NURSERY	31,402	863	2,720	511	547	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	280,392	41,494	130,809	12,803	26,315	50.00
51.00	05100	RECOVERY ROOM	26,826	3,120	9,835	1,466	1,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,828	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12,703	404	1,274	0	256	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,189	24,649	77,705	3,642	15,632	54.00
54.01	03630	ULTRA SOUND	39,162	2,675	8,434	1,769	1,697	54.01
54.02	05401	SPECIAL PROCEDURES	46,192	1,719	5,419	221	1,090	54.02
56.00	05600	RADIOISOTOPE	45,841	1,805	5,691	358	1,145	56.00
57.00	05700	CT SCAN	44,167	1,927	6,075	1,546	1,222	57.00
58.00	05800	MRI	22,977	5,089	16,043	741	3,227	58.00
59.00	05900	CARDIAC CATHETERIZATION	70,023	3,441	10,849	219	2,183	59.00
60.00	06000	LABORATORY	360,647	12,913	40,709	0	8,190	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,375	492	1,552	0	312	63.00
65.00	06500	RESPIRATORY THERAPY	78,729	1,546	4,875	0	981	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,951	745	2,347	0	472	65.01
66.00	06600	PHYSICAL THERAPY	84,528	5,976	18,839	2,675	3,790	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,768	992	3,128	0	629	67.00
68.00	06800	SPEECH PATHOLOGY	13,547	679	2,140	0	431	68.00
69.00	06900	ELECTROCARDIOLOGY	61,619	3,518	11,091	1,194	2,231	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,875	1,914	6,033	185	1,214	70.00
70.01	03280	SLEEP LAB	3,982	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	39,023	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	240,851	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	261,408	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	532,292	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	18,547	1,457	4,594	295	924	73.01
73.03	07301	PHARMACY VACCINE	651	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	21,536	605	1,907	0	384	73.04
74.00	07400	RENAL DIALYSIS	21,602	1,689	5,324	0	1,071	74.00
76.97	07697	CARDIAC REHABILITATION	15,999	1,912	6,028	623	1,213	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	46,574	0	0	27	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	65,147	13,127	41,383	1,360	8,325	90.02
90.03	09002	RETINAL VASCULAR	18,090	10,168	32,056	0	6,449	90.03
91.00	09100	EMERGENCY	177,781	8,788	27,705	12,215	5,573	91.00
91.01	09101	I FCC	737,011	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	334,556	5,796	18,272	0	3,676	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

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

Worksheet B
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	86,124	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,536,191	452,752	1,270,432	113,405	250,822
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	61,521	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	464	829	2,613	0	526
192.03	19203	RETINAL VASCULAR GRANTS	262	469	1,478	0	297
192.04	19204	AMBULANCE	59,583	0	0	0	192.04
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)	6,658,021	454,050	1,274,523	113,405	251,645

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 4/27/2017 9:00 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	403,906					10.00
11.00	01100	CAFETERIA	0	193,618				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,695	0	2,056,834		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,551	0	0	194,803	14.00
15.00	01500	PHARMACY	0	7,640	0	0	3,020	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,012	0	0	18	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	766	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	5,365	0	115,437	36	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	1,588	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	235,002	46,731	0	1,005,520	18,676	30.00
31.00	03100	INTENSIVE CARE UNIT	25,099	6,556	0	141,069	5,361	31.00
31.01	02400	CHILDRENS HOSPITAL	4,236	3,275	0	70,477	500	31.01
40.00	04000	SUBPROVIDER - I PF	93,803	2,153	0	46,327	49	40.00
41.00	04100	SUBPROVIDER - I RF	38,278	6,523	0	140,347	1,407	41.00
43.00	04300	NURSERY	0	2,123	0	45,681	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,557	0	248,684	65,385	50.00
51.00	05100	RECOVERY ROOM	0	1,119	0	24,075	1,172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,111	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	214	0	0	2,895	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,365	0	0	1,031	54.00
54.01	03630	ULTRA SOUND	0	2,075	0	0	692	54.01
54.02	05401	SPECIAL PROCEDURES	0	2,301	0	0	23,373	54.02
56.00	05600	RADIOISOTOPE	0	1,131	0	0	10,575	56.00
57.00	05700	CT SCAN	0	1,729	0	0	1,309	57.00
58.00	05800	MRI	0	1,110	0	0	123	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,438	0	0	13,704	59.00
60.00	06000	LABORATORY	0	17,803	0	0	8,420	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	768	0	0	211	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,800	0	0	1,702	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	115	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	10,029	0	0	907	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,401	0	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	0	780	0	0	20	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,686	0	0	3,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	341	0	0	185	70.00
70.01	03280	SLEEP LAB	0	203	0	0	12	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,931	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	1,281	0	0	606	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	1,046	0	0	991	73.04
74.00	07400	RENAL DIALYSIS	0	1,025	0	0	368	74.00
76.97	07697	CARDIAC REHABILITATION	0	976	0	0	97	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	2,162	0	0	2,758	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	3,744	0	0	0	8	90.02
90.03	09002	RETINAL VASCULAR	0	803	0	0	137	90.03
91.00	09100	EMERGENCY	3,744	10,188	0	219,217	12,058	91.00
91.01	09101	I FCC	0	0	0	0	13,777	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

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

Worksheet B
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPI CE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	403,906	193,466	0	2,056,834	194,791	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSI CI ANS' PRI VATE OFFICES	0	152	0	0	12	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 OP PHARMACY	0	0	0	0	0	192.02
192.03	19203 RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204 AMBULANCE	0	0	0	0	0	192.04
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)	403,906	193,618	0	2,056,834	194,803	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 4/27/2017 9:00 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	528,987					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	361,184				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM - EMS	103	0	0	0		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	207	149,299	0			30.00
31.00	03100	INTENSIVE CARE UNIT	83	13,787	0			31.00
31.01	02400	CHILDRENS HOSPITAL	0	9,685	0			31.01
40.00	04000	SUBPROVIDER - I PF	2	15,116	0			40.00
41.00	04100	SUBPROVIDER - I RF	7	24,181	0			41.00
43.00	04300	NURSERY	0	0	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108	14,210	0			50.00
51.00	05100	RECOVERY ROOM	0	926	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	2,453	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	529	7,442	0			54.00
54.01	03630	ULTRA SOUND	0	2,573	0			54.01
54.02	05401	SPECIAL PROCEDURES	843	4,493	0			54.02
56.00	05600	RADIOISOTOPE	26,607	1,991	0			56.00
57.00	05700	CT SCAN	3,461	9,487	0			57.00
58.00	05800	MRI	0	2,851	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	2,017	3,007	0			59.00
60.00	06000	LABORATORY	12,134	21,777	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0			62.30
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	963	1,078	0			63.00
65.00	06500	RESPIRATORY THERAPY	1	2,392	0			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	169	0			65.01
66.00	06600	PHYSICAL THERAPY	213	6,926	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,423	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	1,380	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,767	5,036	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	165	0			70.00
70.01	03280	SLEEP LAB	0	191	0			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	555	0			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	718	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,540	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	465,500	12,917	0			73.00
73.01	03190	INFUSION THERAPY	0	938	0			73.01
73.03	07301	PHARMACY VACCINE	2,598	3	0			73.03
73.04	03480	FCC INFUSION THERAPY	0	344	0			73.04
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
76.97	07697	CARDIAC REHABILITATION	54	190	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	172	680	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	981	0			90.02
90.03	09002	RETINAL VASCULAR	45	142	0			90.03
91.00	09100	EMERGENCY	4	11,479	0			91.00
91.01	09101	I FCC	10,569	25,659	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet B Part II Date/Time Prepared: 4/27/2017 9:00 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	528,987	361,184	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	REFERENCE LAB	0	0	0			192.01
192.02	19202	OP PHARMACY	0	0	0			192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0			192.03
192.04	19204	AMBULANCE	0	0	0			192.04
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	528,987	361,184	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

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

Worksheet B
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM - EMS	PARAMED PRGM - DIETETICS	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-PHARMACY			10,450		23.00
23.01 02301	PARAMED PRGM - EMS				176,322	23.01
23.02 02302	PARAMED PRGM - DIETETICS					55,222
23.02 02302	PARAMED PRGM - DIETETICS					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 02400	CHILDRENS HOSPITAL					31.01
40.00 04000	SUBPROVIDER - IPF					40.00
41.00 04100	SUBPROVIDER - IRF					41.00
43.00 04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 03630	ULTRA SOUND					54.01
54.02 05401	SPECIAL PROCEDURES					54.02
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MRI					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPH.					62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 03560	PULMONARY FUNCTION TESTING					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
70.01 03280	SLEEP LAB					70.01
70.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
73.01 03190	INFUSION THERAPY					73.01
73.03 07301	PHARMACY VACCINE					73.03
73.04 03480	FCC INFUSION THERAPY					73.04
74.00 07400	RENAL DIALYSIS					74.00
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699	LITHOTRIpsy					76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 09001	PSYCH ANCILLARY					90.02
90.03 09002	RETINAL VASCULAR					90.03
91.00 09100	EMERGENCY					91.00
91.01 09101	IFCC					91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

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

Worksheet B
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES				192.00
192.01	19201	REFERENCE LAB				192.01
192.02	19202	OP PHARMACY				192.02
192.03	19203	RETINAL VASCULAR GRANTS				192.03
192.04	19204	AMBULANCE				192.04
200.00		Cross Foot Adjustments	0	0	10,450	176,322
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	10,450	176,322

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 4/27/2017 9:00 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	5,243,170	0	5,243,170	30.00
31.00	03100	707,986	0	707,986	31.00
31.01	02400	267,601	0	267,601	31.01
40.00	04000	476,237	0	476,237	40.00
41.00	04100	1,403,724	0	1,403,724	41.00
43.00	04300	100,562	0	100,562	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,022,708	0	2,022,708	50.00
51.00	05100	151,669	0	151,669	51.00
52.00	05200	39,444	0	39,444	52.00
53.00	05300	93,236	0	93,236	53.00
54.00	05400	1,330,398	0	1,330,398	54.00
54.01	03630	165,108	0	165,108	54.01
54.02	05401	271,309	0	271,309	54.02
56.00	05600	170,764	0	170,764	56.00
57.00	05700	182,243	0	182,243	57.00
58.00	05800	162,748	0	162,748	58.00
59.00	05900	487,392	0	487,392	59.00
60.00	06000	897,580	0	897,580	60.00
62.30	06250	0	0	0	62.30
63.00	06300	48,561	0	48,561	63.00
65.00	06500	168,951	0	168,951	65.00
65.01	03560	23,610	0	23,610	65.01
66.00	06600	290,632	0	290,632	66.00
67.00	06700	77,751	0	77,751	67.00
68.00	06800	39,886	0	39,886	68.00
69.00	06900	287,064	0	287,064	69.00
70.00	07000	70,731	0	70,731	70.00
70.01	03280	16,305	0	16,305	70.01
70.02	03550	41,821	0	41,821	70.02
71.00	07100	241,569	0	241,569	71.00
72.00	07200	265,948	0	265,948	72.00
73.00	07300	1,010,709	0	1,010,709	73.00
73.01	03190	56,856	0	56,856	73.01
73.03	07301	3,252	0	3,252	73.03
73.04	03480	37,800	0	37,800	73.04
74.00	07400	82,811	0	82,811	74.00
76.97	07697	73,285	0	73,285	76.97
76.98	07698	54,669	0	54,669	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	365,577	0	365,577	90.02
90.03	09002	264,171	0	264,171	90.03
91.00	09100	720,822	0	720,822	91.00
91.01	09101	2,460,781	0	2,460,781	91.01
92.00	09200		0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

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

Worksheet B
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	468,811	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	87,023	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,433,275	0	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63,565	0	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	OP PHARMACY	19,051	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	10,775	0	192.03
192.04	19204	AMBULANCE	59,583	0	192.04
200.00		Cross Foot Adjustments	241,994	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	21,828,243	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	729,953				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		10,386,830			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,948	0	101,604,787		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	223,150	3,150,711	12,635,634	-83,966,159	209,908,975
6.00 00600	MAINTENANCE & REPAIRS	18,642	8,184	0	0	4,353,196
7.00 00700	OPERATION OF PLANT	53,069	50,437	1,020,894	0	9,430,420
8.00 00800	LAUNDRY & LINEN SERVICE	3,656	1,135	103,467	0	1,184,694
9.00 00900	HOUSEKEEPING	4,336	31,054	0	0	4,221,000
10.00 01000	DIETARY	13,305	52,299	680	0	2,365,573
11.00 01100	CAFETERIA	6,350	849	0	0	1,869,788
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,576	1,929,930	3,072,499	0	5,646,347
14.00 01400	CENTRAL SERVICES & SUPPLY	4,801	75,937	306,247	0	647,795
15.00 01500	PHARMACY	6,930	242,084	3,538,991	0	4,506,438
16.00 01600	MEDICAL RECORDS & LIBRARY	10,046	4,386	2,512,656	0	4,293,822
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-PHARMACY	150	0	121,307	0	203,421
23.01 02301	PARAMED ED PRGM - EMS	750	16,872	590,089	0	737,237
23.02 02302	PARAMED ED PRGM - DIETETICS	2,313	0	86,934	0	155,896
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	132,168	370,668	12,407,392	0	18,865,649
31.00 03100	INTENSIVE CARE UNIT	12,721	117,499	2,595,916	0	4,091,615
31.01 02400	CHILDRENS HOSPITAL	5,030	5,777	1,296,233	0	2,055,576
40.00 04000	SUBPROVIDER - I PF	3,994	6,072	3,300,550	0	7,085,717
41.00 04100	SUBPROVIDER - I RF	50,535	9,101	2,258,137	0	3,612,165
43.00 04300	NURSERY	920	1,057	789,933	0	990,018
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	44,250	485,883	4,304,997	0	8,839,877
51.00 05100	RECOVERY ROOM	3,327	27,423	577,964	0	845,751
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	785,361	0	1,161,075
53.00 05300	ANESTHESIOLOGY	431	70,128	52,369	0	400,477
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,286	613,044	2,567,310	0	5,712,315
54.01 03630	ULTRA SOUND	2,853	62,012	931,767	0	1,234,669
54.02 05401	SPECIAL PROCEDURES	1,833	164,715	962,992	0	1,456,297
56.00 05600	RADIOISOTOPE	1,925	46,259	516,019	0	1,445,236
57.00 05700	CT SCAN	2,055	81,822	739,442	0	1,392,443
58.00 05800	MRI	5,427	21,895	426,151	0	724,399
59.00 05900	CARDIAC CATHETERIZATION	3,670	339,978	710,650	0	2,207,604
60.00 06000	LABORATORY	13,771	195,644	5,404,136	0	11,370,055
62.30 06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	525	2,087	260,719	0	1,020,677
65.00 06500	RESPIRATORY THERAPY	1,649	48,536	1,651,489	0	2,482,081
65.01 03560	PULMONARY FUNCTION TESTING	794	4,960	34,685	0	61,520
66.00 06600	PHYSICAL THERAPY	6,373	52,089	3,777,914	0	2,664,902
67.00 06700	OCCUPATIONAL THERAPY	1,058	1,203	1,211,565	0	1,505,975
68.00 06800	SPEECH PATHOLOGY	724	9,270	355,044	0	427,097
69.00 06900	ELECTROCARDIOLOGY	3,752	139,469	1,025,886	0	1,942,664
70.00 07000	ELECTROENCEPHALOGRAPHY	2,041	21,268	138,006	0	216,733
70.01 03280	SLEEP LAB	0	12,620	97,064	0	125,532
70.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	485,871	0	1,230,271
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,593,276
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,241,377
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	16,781,474
73.01 03190	INFUSION THERAPY	1,554	2,330	506,456	0	584,739
73.03 07301	PHARMACY VACCINE	0	0	0	0	20,533
73.04 03480	FCC INFUSION THERAPY	645	0	499,149	0	678,975
74.00 07400	RENAL DIALYSIS	1,801	23,014	512,515	0	681,057
76.97 07697	CARDIAC REHABILITATION	2,039	13,021	377,512	0	504,384
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	1,824	906,136	0	1,468,334
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.02 09001	PSYCH ANCILLARY	13,999	0	0	0	2,053,868
90.03 09002	RETINAL VASCULAR	10,844	17,895	223,572	0	570,333
91.00 09100	EMERGENCY	9,372	79,688	3,466,449	0	5,604,868

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
91.01	09101	IFCC	0	1,772,706	13,369,383	0	23,238,143	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,181	0	6,681,417	0	10,547,496	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,398,546	0	2,715,204	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	728,569	10,384,835	101,596,095	-83,966,159	206,068,078	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,995	8,692	0	1,939,553	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	884	0	0	0	14,619	192.02
192.03	19203	RETINAL VASCULAR GRANTS	500	0	0	0	8,269	192.03
192.04	19204	AMBULANCE	0	0	0	0	1,878,456	192.04
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)	12,071,235	9,757,008	16,332,200		83,966,159	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.537003	0.939363	0.160742		0.400012	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			65,288		6,658,021	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000643		0.031719	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	484,213					6.00
7.00	00700	53,069	431,144				7.00
8.00	00800	3,656	3,656	1,610,868			8.00
9.00	00900	4,336	4,336	0	423,152		9.00
10.00	01000	13,305	13,305	0	13,305	254,587	10.00
11.00	01100	6,350	6,350	0	6,350	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,576	2,576	0	2,576	0	13.00
14.00	01400	4,801	4,801	3,312	4,801	0	14.00
15.00	01500	6,930	6,930	0	6,930	0	15.00
16.00	01600	10,046	10,046	0	10,046	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	150	150	0	150	0	23.00
23.01	02301	750	750	0	750	0	23.01
23.02	02302	2,313	2,313	0	2,313	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	132,168	132,168	770,728	132,168	148,125	30.00
31.00	03100	12,721	12,721	95,745	12,721	15,820	31.00
31.01	02400	5,030	5,030	31,381	5,030	2,670	31.01
40.00	04000	3,994	3,994	31,712	3,994	59,125	40.00
41.00	04100	50,535	50,535	83,516	50,535	24,127	41.00
43.00	04300	920	920	7,264	920	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	44,250	44,250	181,855	44,250	0	50.00
51.00	05100	3,327	3,327	20,830	3,327	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	431	431	0	431	0	53.00
54.00	05400	26,286	26,286	51,738	26,286	0	54.00
54.01	03630	2,853	2,853	25,130	2,853	0	54.01
54.02	05401	1,833	1,833	3,142	1,833	0	54.02
56.00	05600	1,925	1,925	5,081	1,925	0	56.00
57.00	05700	2,055	2,055	21,955	2,055	0	57.00
58.00	05800	5,427	5,427	10,528	5,427	0	58.00
59.00	05900	3,670	3,670	3,111	3,670	0	59.00
60.00	06000	13,771	13,771	0	13,771	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	525	525	0	525	0	63.00
65.00	06500	1,649	1,649	0	1,649	0	65.00
65.01	03560	794	794	0	794	0	65.01
66.00	06600	6,373	6,373	37,993	6,373	0	66.00
67.00	06700	1,058	1,058	0	1,058	0	67.00
68.00	06800	724	724	0	724	0	68.00
69.00	06900	3,752	3,752	16,958	3,752	0	69.00
70.00	07000	2,041	2,041	2,628	2,041	0	70.00
70.01	03280	0	0	0	0	0	70.01
70.02	03550	0	0	0	0	0	70.02
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
73.01	03190	1,554	1,554	4,197	1,554	0	73.01
73.03	07301	0	0	0	0	0	73.03
73.04	03480	645	645	0	645	0	73.04
74.00	07400	1,801	1,801	0	1,801	0	74.00
76.97	07697	2,039	2,039	8,852	2,039	0	76.97
76.98	07698	0	0	383	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	13,999	13,999	19,319	13,999	2,360	90.02
90.03	09002	10,844	10,844	0	10,844	0	90.03
91.00	09100	9,372	9,372	173,510	9,372	2,360	91.00
91.01	09101	0	0	0	0	0	91.01
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	6,181	6,181	0	6,181	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	482,829	429,760	1,610,868	421,768	254,587	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 OP PHARMACY	884	884	0	884	0	192.02
192.03	19203 RETINAL VASCULAR GRANTS	500	500	0	500	0	192.03
192.04	19204 AMBULANCE	0	0	0	0	0	192.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,094,527	13,870,652	1,822,222	6,103,523	4,099,250	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.586459	32.171738	1.131205	14.423949	16.101568	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	454,050	1,274,523	113,405	251,645	403,906	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.937707	2.956142	0.070400	0.594692	1.586515	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	109,714					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	4,927	0	54,166			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	879	0	0	14,000,898		14.00
15.00	01500	PHARMACY	4,329	0	0	217,075	14,868,846	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,540	0	0	1,271	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	434	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	3,040	0	3,040	2,608	2,900	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	900	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,480	0	26,480	1,342,240	5,829	30.00
31.00	03100	INTENSIVE CARE UNIT	3,715	0	3,715	385,274	2,335	31.00
31.01	02400	CHILDRENS HOSPITAL	1,856	0	1,856	35,936	0	31.01
40.00	04000	SUBPROVIDER - I PF	1,220	0	1,220	3,546	56	40.00
41.00	04100	SUBPROVIDER - I RF	3,696	0	3,696	101,126	197	41.00
43.00	04300	NURSERY	1,203	0	1,203	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,549	0	6,549	4,699,595	3,025	50.00
51.00	05100	RECOVERY ROOM	634	0	634	84,267	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,196	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	121	0	0	208,084	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,607	0	0	74,107	14,857	54.00
54.01	03630	ULTRA SOUND	1,176	0	0	49,704	7	54.01
54.02	05401	SPECIAL PROCEDURES	1,304	0	0	1,679,796	23,682	54.02
56.00	05600	RADIOISOTOPE	641	0	0	760,032	747,872	56.00
57.00	05700	CT SCAN	980	0	0	94,063	97,282	57.00
58.00	05800	MRI	629	0	0	8,862	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	815	0	0	984,895	56,707	59.00
60.00	06000	LABORATORY	10,088	0	0	605,169	341,071	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	435	0	0	15,185	27,080	63.00
65.00	06500	RESPIRATORY THERAPY	2,720	0	0	122,289	26	65.00
65.01	03560	PULMONARY FUNCTION TESTING	65	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,683	0	0	65,153	5,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,494	0	0	345	0	67.00
68.00	06800	SPEECH PATHOLOGY	442	0	0	1,442	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,522	0	0	230,190	77,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	193	0	0	13,288	0	70.00
70.01	03280	SLEEP LAB	115	0	0	878	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,094	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	13,084,289	73.00
73.01	03190	INFUSION THERAPY	726	0	0	43,570	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73,034	73.03
73.04	03480	FCC INFUSION THERAPY	593	0	0	71,232	0	73.04
74.00	07400	RENAL DIALYSIS	581	0	0	26,471	4	74.00
76.97	07697	CARDIAC REHABILITATION	553	0	0	6,940	1,509	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,225	0	0	198,253	4,843	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	571	0	90.02
90.03	09002	RETINAL VASCULAR	455	0	0	9,827	1,271	90.03
91.00	09100	EMERGENCY	5,773	0	5,773	866,578	114	91.00
91.01	09101	IFCC	0	0	0	990,173	297,081	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,628	0	54,166	14,000,037	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	86	0	0	861	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
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)	2,993,533	0	8,191,840	1,218,785	6,856,211
203.00		Unit cost multiplier (Wkst. B, Part I)	27.284877	0.000000	151.235831	0.087050	0.461113
204.00		Cost to be allocated (per Wkst. B, Part II)	193,618	0	2,056,834	194,803	528,987
205.00		Unit cost multiplier (Wkst. B, Part II)	1.764752	0.000000	37.972787	0.013914	0.035577

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,324,810					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-PHARMACY	0	0				23.00
23.01 02301 PARAMED ED PRGM - EMS	0	0				23.01
23.02 02302 PARAMED ED PRGM - DIETETICS	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,374,331	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	126,916	0	0	0	0	31.00
31.01 02400 CHILDRENS HOSPITAL	89,149	0	0	0	0	31.01
40.00 04000 SUBPROVIDER - I PF	139,150	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	222,596	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	130,803	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	8,523	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	22,580	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	68,505	0	0	0	0	54.00
54.01 03630 ULTRA SOUND	23,686	0	0	0	0	54.01
54.02 05401 SPECIAL PROCEDURES	41,364	0	0	0	0	54.02
56.00 05600 RADIO SOTOPE	18,332	0	0	0	0	56.00
57.00 05700 CT SCAN	87,335	0	0	0	0	57.00
58.00 05800 MRI	26,246	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	27,677	0	0	0	0	59.00
60.00 06000 LABORATORY	200,461	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	9,922	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	22,018	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	1,554	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	63,759	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	13,096	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	12,704	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	46,355	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,516	0	0	0	0	70.00
70.01 03280 SLEEP LAB	1,760	0	0	0	0	70.01
70.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,111	0	0	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,614	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	41,790	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	118,907	0	0	0	0	73.00
73.01 03190 INFUSION THERAPY	8,638	0	0	0	0	73.01
73.03 07301 PHARMACY VACCINE	32	0	0	0	0	73.03
73.04 03480 FCC INFUSION THERAPY	3,171	0	0	0	0	73.04
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	1,748	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	6,264	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 09001 PSYCH ANCILLARY	9,029	0	0	0	0	90.02
90.03 09002 RETINAL VASCULAR	1,306	0	0	0	0	90.03
91.00 09100 EMERGENCY	105,666	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
91.01	09101 IFCC	236,196	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,324,810	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 OP PHARMACY	0	0	0	0	0	192.02
192.03	19203 RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204 AMBULANCE	0	0	0	0	0	192.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,729,930	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.024155	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	361,184	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.108633	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM - EMS (TIME SPENT)	PARAMED PRGM - DIETETICS (MEALS SERVED)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			22.00
23.00	02300	PARAMED PRGM-PHARMACY		100		23.00
23.01	02301	PARAMED PRGM - EMS			120	23.01
23.02	02302	PARAMED PRGM - DIETETICS			188	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	16	100
31.00	03100	INTENSIVE CARE UNIT	0	0	12	25
31.01	02400	CHILDRENS HOSPITAL	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	15
41.00	04100	SUBPROVIDER - I RF	0	0	0	44
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4	0
51.00	05100	RECOVERY ROOM	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0
54.01	03630	ULTRA SOUND	0	0	0	0
54.02	05401	SPECIAL PROCEDURES	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	4	0
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	4	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
70.01	03280	SLEEP LAB	0	0	0	0
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0
73.01	03190	INFUSION THERAPY	0	0	0	0
73.03	07301	PHARMACY VACCINE	0	0	0	0
73.04	03480	FCC INFUSION THERAPY	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0
90.03	09002	RETINAL VASCULAR	0	0	0	0
91.00	09100	EMERGENCY	0	0	80	2

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM - EMS (TIME SPENT)	PARAMED PRGM - DIETETICS (MEALS SERVED)	
		22.00	23.00	23.01	23.02	
91.01	09101 IFCC	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	100	120	188	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	192.01
192.02	19202 OP PHARMACY	0	0	0	0	192.02
192.03	19203 RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204 AMBULANCE	0	0	0	0	192.04
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	305,512	1,620,795	379,700	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	3,055.120000	13,506.625000	2,019.680851	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	10,450	176,322	55,222	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	104.500000	1,469.350000	293.734043	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

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

Worksheet C
Part I
Date/Time Prepared:
4/27/2017 9:00 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		45,537,700	0	45,537,700	30.00	
31.00	03100 INTENSIVE CARE UNIT		8,011,489	0	8,011,489	31.00	
31.01	02400 CHILDRENS HOSPITAL		3,768,920	0	3,768,920	31.01	
40.00	04000 SUBPROVIDER - I/PF		11,674,427	0	11,674,427	40.00	
41.00	04100 SUBPROVIDER - I/RF		9,738,943	0	9,738,943	41.00	
43.00	04300 NURSERY		1,663,463	0	1,663,463	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		17,098,885	24,245	17,123,130	50.00	
51.00	05100 RECOVERY ROOM		1,542,293	0	1,542,293	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,658,152	0	1,658,152	52.00	
53.00	05300 ANESTHESIOLOGY		653,301	0	653,301	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,861,882	3,549	9,865,431	54.00	
54.01	03630 ULTRA SOUND		2,010,186	0	2,010,186	54.01	
54.02	05401 SPECIAL PROCEDURES		2,427,320	0	2,427,320	54.02	
56.00	05600 RADIOISOTOPE		2,608,634	0	2,608,634	56.00	
57.00	05700 CT SCAN		2,352,457	0	2,352,457	57.00	
58.00	05800 MRI		1,418,317	0	1,418,317	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,501,532	0	3,501,532	59.00	
60.00	06000 LABORATORY		17,624,176	0	17,624,176	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPH.		0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,505,793	0	1,505,793	63.00	
65.00	06500 RESPIRATORY THERAPY	0	3,756,001	8,117	3,764,118	65.00	
65.01	03560 PULMONARY FUNCTION TESTING	0	138,040	0	138,040	65.01	
66.00	06600 PHYSICAL THERAPY	0	4,443,592	0	4,443,592	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	2,265,584	0	2,265,584	67.00	
68.00	06800 SPEECH PATHOLOGY	0	678,690	0	678,690	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,206,279	118,812	3,325,091	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		436,685	0	436,685	70.00	
70.01	03280 SLEEP LAB		182,523	0	182,523	70.01	
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,766,628	0	1,766,628	70.02	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,644,066	0	10,644,066	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,622,616	0	11,622,616	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		30,073,790	0	30,073,790	73.00	
73.01	03190 INFUSION THERAPY		956,446	0	956,446	73.01	
73.03	07301 PHARMACY VACCINE		62,488	0	62,488	73.03	
73.04	03480 FCC INFUSION THERAPY		1,017,545	0	1,017,545	73.04	
74.00	07400 RENAL DIALYSIS		1,078,234	0	1,078,234	74.00	
76.97	07697 CARDIAC REHABILITATION		856,756	1,086	857,842	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		2,121,712	0	2,121,712	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY		3,782,111	0	3,782,111	90.02	
90.03	09002 RETINAL VASCULAR		1,456,744	11,473	1,468,217	90.03	
91.00	09100 EMERGENCY		11,040,352	12,321	11,052,673	91.00	
91.01	09101 FCC		33,235,007	0	33,235,007	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		6,264,038	0	6,264,038	92.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	10100 HOME HEALTH AGENCY		15,132,426	0	15,132,426	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		3,801,318		3,801,318	116.00	
200.00	Subtotal (see instructions)		294,677,541	179,603	294,857,144	200.00	
201.00	Less Observation Beds		6,264,038		6,264,038	201.00	
202.00	Total (see instructions)		288,413,503	179,603	288,593,106	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

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

Worksheet C
Part I
Date/Time Prepared:
4/27/2017 9:00 pm

		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	57,170,243		57,170,243		30.00
31.00	03100	INTENSIVE CARE UNIT	11,923,151		11,923,151		31.00
31.01	02400	CHILDRENS HOSPITAL	5,542,437		5,542,437		31.01
40.00	04000	SUBPROVIDER - I/PF	28,984,277		28,984,277		40.00
41.00	04100	SUBPROVIDER - I/RF	8,125,288		8,125,288		41.00
43.00	04300	NURSERY	2,427,944		2,427,944		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,148,815	38,214,554	82,363,369	0.207603	50.00
51.00	05100	RECOVERY ROOM	7,273,232	8,169,026	15,442,258	0.099875	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,068,601	2,283,490	6,352,091	0.261040	52.00
53.00	05300	ANESTHESIOLOGY	8,646,918	7,145,878	15,792,796	0.041367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,620,376	25,015,284	32,635,660	0.302181	54.00
54.01	03630	ULTRA SOUND	3,626,550	9,206,720	12,833,270	0.156639	54.01
54.02	05401	SPECIAL PROCEDURES	7,727,405	12,310,449	20,037,854	0.121137	54.02
56.00	05600	RADIOISOTOPE	3,033,623	6,748,137	9,781,760	0.266684	56.00
57.00	05700	CT SCAN	23,984,038	49,960,306	73,944,344	0.031814	57.00
58.00	05800	MRI	7,715,546	9,248,760	16,964,306	0.083606	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,327,533	11,099,039	20,426,572	0.171420	59.00
60.00	06000	LABORATORY	49,054,643	102,504,957	151,559,600	0.116285	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,954,561	2,042,477	5,997,038	0.251089	63.00
65.00	06500	RESPIRATORY THERAPY	20,091,277	2,926,645	23,017,922	0.163177	65.00
65.01	03560	PULMONARY FUNCTION TESTING	205,269	903,189	1,108,458	0.124533	65.01
66.00	06600	PHYSICAL THERAPY	5,995,756	11,895,681	17,891,437	0.248364	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,611,392	57,065	4,668,457	0.485296	67.00
68.00	06800	SPEECH PATHOLOGY	2,703,948	55,754	2,759,702	0.245929	68.00
69.00	06900	ELECTROCARDIOLOGY	11,692,255	10,898,502	22,590,757	0.141929	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	786,053	289,226	1,075,279	0.406113	70.00
70.01	03280	SLEEP LAB	645,458	751,351	1,396,809	0.130671	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,260,606	418	9,261,024	0.190759	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,130,137	6,089,235	12,219,372	0.871081	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,222,766	8,568,801	23,791,567	0.488518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,555,178	93,618,158	138,173,336	0.217653	73.00
73.01	03190	INFUSION THERAPY	19,578	3,957,285	3,976,863	0.240503	73.01
73.03	07301	PHARMACY VACCINE	159,969	15,412	175,381	0.356299	73.03
73.04	03480	FCC INFUSION THERAPY	30,143	7,358,099	7,388,242	0.137725	73.04
74.00	07400	RENAL DIALYSIS	1,438,985	423,357	1,862,342	0.578967	74.00
76.97	07697	CARDIAC REHABILITATION	81,273	703,429	784,702	1.091823	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,165,289	7,041,200	9,206,489	0.230458	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	7,461	6,699,732	6,707,193	0.563889	90.02
90.03	09002	RETINAL VASCULAR	5,554	787,477	793,031	1.836932	90.03
91.00	09100	EMERGENCY	15,460,131	86,803,024	102,263,155	0.107960	91.00
91.01	09101	I/FCC	4,693,226	233,801,907	238,495,133	0.139353	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,574,229	6,490,152	9,064,381	0.691061	92.00
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	10,269,039	10,269,039		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,827,719	4,827,719		116.00
200.00		Subtotal (see instructions)	442,891,114	789,180,934	1,232,072,048		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	442,891,114	789,180,934	1,232,072,048		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet C Part I Date/Time Prepared: 4/27/2017 9:00 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02400	CHILDRENS HOSPITAL			31.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.207897		50.00
51.00	05100	RECOVERY ROOM	0.099875		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.261040		52.00
53.00	05300	ANESTHESIOLOGY	0.041367		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302290		54.00
54.01	03630	ULTRA SOUND	0.156639		54.01
54.02	05401	SPECIAL PROCEDURES	0.121137		54.02
56.00	05600	RADIOISOTOPE	0.266684		56.00
57.00	05700	CT SCAN	0.031814		57.00
58.00	05800	MRI	0.083606		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171420		59.00
60.00	06000	LABORATORY	0.116285		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.251089		63.00
65.00	06500	RESPIRATORY THERAPY	0.163530		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124533		65.01
66.00	06600	PHYSICAL THERAPY	0.248364		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.485296		67.00
68.00	06800	SPEECH PATHOLOGY	0.245929		68.00
69.00	06900	ELECTROCARDIOLOGY	0.147188		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.406113		70.00
70.01	03280	SLEEP LAB	0.130671		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.190759		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.871081		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.488518		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217653		73.00
73.01	03190	INFUSION THERAPY	0.240503		73.01
73.03	07301	PHARMACY VACCINE	0.356299		73.03
73.04	03480	FCC INFUSION THERAPY	0.137725		73.04
74.00	07400	RENAL DIALYSIS	0.578967		74.00
76.97	07697	CARDIAC REHABILITATION	1.093207		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.230458		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.02	09001	PSYCH ANCILLARY	0.563889		90.02
90.03	09002	RETINAL VASCULAR	1.851399		90.03
91.00	09100	EMERGENCY	0.108081		91.00
91.01	09101	IFCC	0.139353		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.691061		92.00
		OTHER REIMBURSABLE COST CENTERS			
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part I Date/Time Prepared: 4/27/2017 9:00 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,243,170	0	5,243,170	44,287	118.39	30.00
31.00	INTENSIVE CARE UNIT	707,986		707,986	3,962	178.69	31.00
31.01	CHILDRENS HOSPITAL	267,601		267,601	3,354	79.79	31.01
40.00	SUBPROVIDER - IPF	476,237	0	476,237	15,331	31.06	40.00
41.00	SUBPROVIDER - IRF	1,403,724	0	1,403,724	6,256	224.38	41.00
43.00	NURSERY	100,562		100,562	1,333	75.44	43.00
200.00	Total (Lines 30-199)	8,199,280		8,199,280	74,523		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,868	2,233,783				
31.00	INTENSIVE CARE UNIT	1,890	337,724				
31.01	CHILDRENS HOSPITAL	0	0				
40.00	SUBPROVIDER - IPF	2,029	63,021				
41.00	SUBPROVIDER - IRF	4,827	1,083,082				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	27,614	3,717,610				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part II Date/Time Prepared: 4/27/2017 9:00 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,022,708	82,363,369	0.024558	19,133,054	469,870	50.00
51.00	05100	RECOVERY ROOM	151,669	15,442,258	0.009822	3,036,967	29,829	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,444	6,352,091	0.006210	27,589	171	52.00
53.00	05300	ANESTHESIOLOGY	93,236	15,792,796	0.005904	3,720,972	21,969	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,330,398	32,635,660	0.040765	3,754,912	153,069	54.00
54.01	03630	ULTRA SOUND	165,108	12,833,270	0.012866	1,577,627	20,298	54.01
54.02	05401	SPECIAL PROCEDURES	271,309	20,037,854	0.013540	4,107,718	55,619	54.02
56.00	05600	RADIOISOTOPE	170,764	9,781,760	0.017457	1,454,225	25,386	56.00
57.00	05700	CT SCAN	182,243	73,944,344	0.002465	12,108,160	29,847	57.00
58.00	05800	MRI	162,748	16,964,306	0.009594	3,242,194	31,106	58.00
59.00	05900	CARDIAC CATHETERIZATION	487,392	20,426,572	0.023861	4,003,737	95,533	59.00
60.00	06000	LABORATORY	897,580	151,559,600	0.005922	21,540,996	127,566	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	48,561	5,997,038	0.008097	1,847,775	14,961	63.00
65.00	06500	RESPIRATORY THERAPY	168,951	23,017,922	0.007340	9,451,555	69,374	65.00
65.01	03560	PULMONARY FUNCTION TESTING	23,610	1,108,458	0.021300	117,984	2,513	65.01
66.00	06600	PHYSICAL THERAPY	290,632	17,891,437	0.016244	1,485,851	24,136	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,751	4,668,457	0.016655	955,595	15,915	67.00
68.00	06800	SPEECH PATHOLOGY	39,886	2,759,702	0.014453	642,414	9,285	68.00
69.00	06900	ELECTROCARDIOLOGY	287,064	22,590,757	0.012707	5,495,871	69,836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70,731	1,075,279	0.065779	386,294	25,410	70.00
70.01	03280	SLEEP LAB	16,305	1,396,809	0.011673	270,008	3,152	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	41,821	9,261,024	0.004516	1,255,157	5,668	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	241,569	12,219,372	0.019769	3,216,142	63,580	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	265,948	23,791,567	0.011178	7,458,534	83,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,010,709	138,173,336	0.007315	19,016,609	139,106	73.00
73.01	03190	INFUSION THERAPY	56,856	3,976,863	0.014297	17,822	255	73.01
73.03	07301	PHARMACY VACCINE	3,252	175,381	0.018542	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	37,800	7,388,242	0.005116	24,269	124	73.04
74.00	07400	RENAL DIALYSIS	82,811	1,862,342	0.044466	791,266	35,184	74.00
76.97	07697	CARDIAC REHABILITATION	73,285	784,702	0.093392	39,033	3,645	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,669	9,206,489	0.005938	1,091,312	6,480	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	365,577	6,707,193	0.054505	1,132	62	90.02
90.03	09002	RETINAL VASCULAR	264,171	793,031	0.333116	2,284	761	90.03
91.00	09100	EMERGENCY	720,822	102,263,155	0.007049	9,021,692	63,594	91.00
91.01	09101	IFCC	2,460,781	238,495,133	0.010318	1,070,423	11,045	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	721,235	9,064,381	0.079568	1,067,768	84,960	92.00
200.00		Total (lines 50-199)	13,399,396	1,102,801,950		142,434,941	1,792,680	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part III Date/Time Prepared: 4/27/2017 9:00 pm
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Cost Center Description			Title XVIII		Hospital		PPS	
			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	351,783	0	0	351,783	
31.00	03100	INTENSIVE CARE UNIT	0	185,883	0	0	185,883	
31.01	02400	CHILDRENS HOSPITAL	0	0	0	0	0	
40.00	04000	SUBPROVIDER - IPF	0	23,386	0	0	23,386	
41.00	04100	SUBPROVIDER - IRF	0	68,599	0	0	68,599	
43.00	04300	NURSERY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	629,651	0	0	629,651	
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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,287	7.94	18,868	149,812	0	
31.00	03100	INTENSIVE CARE UNIT	3,962	46.92	1,890	88,679	0	
31.01	02400	CHILDRENS HOSPITAL	3,354	0.00	0	0	0	
40.00	04000	SUBPROVIDER - IPF	15,331	1.53	2,029	3,104	0	
41.00	04100	SUBPROVIDER - IRF	6,256	10.97	4,827	52,952	0	
43.00	04300	NURSERY	1,333	0.00	0	0	0	
200.00		Total (lines 30-199)	74,523		27,614	294,547	0	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,292	0				
31.00	03100	INTENSIVE CARE UNIT	26,689	0				
31.01	02400	CHILDRENS HOSPITAL	0	0				
40.00	04000	SUBPROVIDER - IPF	6,909	0				
41.00	04100	SUBPROVIDER - IRF	20,267	0				
43.00	04300	NURSERY	0	0				
200.00		Total (lines 30-199)	120,157	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 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	48,969	0	48,969	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01	
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	48,969	0	48,969	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	54,027	0	54,027	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	-5,058	0	-5,058	70.00	
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	3,118	0	3,118	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	305,512	0	305,512	73.00	
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01	
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03	
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02	
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0	0	982,488	0	982,488	91.00	
91.01	09101	IFCC	0	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	48,390	0	48,390	92.00	
200.00		Total (lines 50-199)	0	0	1,486,415	0	1,486,415	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 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	48,969	82,363,369	0.000595	0.000595	19,133,054	50.00
51.00	05100 RECOVERY ROOM	0	15,442,258	0.000000	0.000000	3,036,967	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,352,091	0.000000	0.000000	27,589	52.00
53.00	05300 ANESTHESIOLOGY	0	15,792,796	0.000000	0.000000	3,720,972	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	32,635,660	0.000000	0.000000	3,754,912	54.00
54.01	03630 ULTRA SOUND	0	12,833,270	0.000000	0.000000	1,577,627	54.01
54.02	05401 SPECIAL PROCEDURES	0	20,037,854	0.000000	0.000000	4,107,718	54.02
56.00	05600 RADIOISOTOPE	0	9,781,760	0.000000	0.000000	1,454,225	56.00
57.00	05700 CT SCAN	0	73,944,344	0.000000	0.000000	12,108,160	57.00
58.00	05800 MRI	0	16,964,306	0.000000	0.000000	3,242,194	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	20,426,572	0.000000	0.000000	4,003,737	59.00
60.00	06000 LABORATORY	0	151,559,600	0.000000	0.000000	21,540,996	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,997,038	0.000000	0.000000	1,847,775	63.00
65.00	06500 RESPIRATORY THERAPY	48,969	23,017,922	0.002127	0.002127	9,451,555	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	1,108,458	0.000000	0.000000	117,984	65.01
66.00	06600 PHYSICAL THERAPY	0	17,891,437	0.000000	0.000000	1,485,851	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,668,457	0.000000	0.000000	955,595	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,759,702	0.000000	0.000000	642,414	68.00
69.00	06900 ELECTROCARDIOLOGY	54,027	22,590,757	0.002392	0.002392	5,495,871	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-5,058	1,075,279	-0.004704	-0.004704	386,294	70.00
70.01	03280 SLEEP LAB	0	1,396,809	0.000000	0.000000	270,008	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,118	9,261,024	0.000337	0.000337	1,255,157	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,219,372	0.000000	0.000000	3,216,142	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,791,567	0.000000	0.000000	7,458,534	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	305,512	138,173,336	0.002211	0.002211	19,016,609	73.00
73.01	03190 INFUSION THERAPY	0	3,976,863	0.000000	0.000000	17,822	73.01
73.03	07301 PHARMACY VACCINE	0	175,381	0.000000	0.000000	0	73.03
73.04	03480 FCC INFUSION THERAPY	0	7,388,242	0.000000	0.000000	24,269	73.04
74.00	07400 RENAL DIALYSIS	0	1,862,342	0.000000	0.000000	791,266	74.00
76.97	07697 CARDIAC REHABILITATION	0	784,702	0.000000	0.000000	39,033	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	9,206,489	0.000000	0.000000	1,091,312	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	0	6,707,193	0.000000	0.000000	1,132	90.02
90.03	09002 RETINAL VASCULAR	0	793,031	0.000000	0.000000	2,284	90.03
91.00	09100 EMERGENCY	982,488	102,263,155	0.009607	0.009607	9,021,692	91.00
91.01	09101 IFCC	0	238,495,133	0.000000	0.000000	1,070,423	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	48,390	9,064,381	0.005338	0.005338	1,067,768	92.00
200.00	Total (lines 50-199)	1,486,415	1,102,801,950			142,434,941	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title XVIII		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,384	9,334,920	5,554	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,864,088	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	11,483	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,640,859	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,785,035	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	1,698,755	0	0	0	54.01
54.02	05401 SPECIAL PROCEDURES	0	8,534,093	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0	2,482,014	0	0	0	56.00
57.00	05700 CT SCAN	0	11,178,363	0	0	0	57.00
58.00	05800 MRI	0	3,364,619	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,962,652	0	0	0	59.00
60.00	06000 LABORATORY	0	12,029,879	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	437,256	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	20,103	475,778	1,012	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	286,124	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	19,719	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	18,643	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	19,496	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	13,146	3,115,487	7,452	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-1,817	90,568	-426	0	0	70.00
70.01	03280 SLEEP LAB	0	247,346	0	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	423	418	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,934,342	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,801,975	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,046	38,011,569	84,044	0	0	73.00
73.01	03190 INFUSION THERAPY	0	1,914,177	0	0	0	73.01
73.03	07301 PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0	3,992,991	0	0	0	73.04
74.00	07400 RENAL DIALYSIS	0	263,979	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	330,373	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,161,749	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	0	352,831	0	0	0	90.02
90.03	09002 RETINAL VASCULAR	0	380,462	0	0	0	90.03
91.00	09100 EMERGENCY	86,671	11,083,187	106,476	0	0	91.00
91.01	09101 IFCC	0	37,044,370	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,700	1,931,987	10,313	0	0	92.00
200.00	Total (lines 50-199)	177,656	174,801,587	214,425	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	5,058	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	54.01
54.02 05401 SPECIAL PROCEDURES	0	0	54.02
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	5,058	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,058	0	70.00
70.01 03280 SLEEP LAB	0	0	70.01
70.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	921	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 03190 INFUSION THERAPY	0	0	73.01
73.03 07301 PHARMACY VACCINE	0	0	73.03
73.04 03480 FCC INFUSION THERAPY	0	0	73.04
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.02 09001 PSYCH ANCILLARY	0	0	90.02
90.03 09002 RETINAL VASCULAR	0	0	90.03
91.00 09100 EMERGENCY	102,079	0	91.00
91.01 09101 IFCC	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Total (Lines 50-199)	118,174	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 4/27/2017 9:00 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	0.207603	9,334,920	2	0	1,937,957	50.00
51.00 05100 RECOVERY ROOM	0.099875	1,864,088	0	0	186,176	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.261040	11,483	0	0	2,998	52.00
53.00 05300 ANESTHESIOLOGY	0.041367	1,640,859	0	0	67,877	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.302181	6,785,035	0	7	2,050,309	54.00
54.01 03630 ULTRA SOUND	0.156639	1,698,755	0	0	266,091	54.01
54.02 05401 SPECIAL PROCEDURES	0.121137	8,534,093	0	113	1,033,794	54.02
56.00 05600 RADIO SOTOP	0.266684	2,482,014	0	78	661,913	56.00
57.00 05700 CT SCAN	0.031814	11,178,363	0	287	355,628	57.00
58.00 05800 MRI	0.083606	3,364,619	0	19	281,302	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.171420	5,962,652	0	95	1,022,118	59.00
60.00 06000 LABORATORY	0.116285	12,029,879	11,323	0	1,398,894	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.251089	437,256	0	0	109,790	63.00
65.00 06500 RESPIRATORY THERAPY	0.163177	475,778	8	0	77,636	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0.124533	286,124	0	0	35,632	65.01
66.00 06600 PHYSICAL THERAPY	0.248364	19,719	0	0	4,897	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.485296	18,643	0	0	9,047	67.00
68.00 06800 SPEECH PATHOLOGY	0.245929	19,496	0	0	4,795	68.00
69.00 06900 ELECTROCARDIOLOGY	0.141929	3,115,487	0	0	442,178	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.406113	90,568	0	0	36,781	70.00
70.01 03280 SLEEP LAB	0.130671	247,346	0	0	32,321	70.01
70.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.190759	418	0	0	80	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.871081	3,934,342	0	0	3,427,131	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.488518	3,801,975	0	0	1,857,333	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.217653	38,011,569	0	42,757	8,273,332	73.00
73.01 03190 INFUSION THERAPY	0.240503	1,914,177	0	0	460,365	73.01
73.03 07301 PHARMACY VACCINE	0.356299	0	0	0	0	73.03
73.04 03480 FCC INFUSION THERAPY	0.137725	3,992,991	0	0	549,935	73.04
74.00 07400 RENAL DIALYSIS	0.578967	263,979	0	0	152,835	74.00
76.97 07697 CARDIAC REHABILITATION	1.091823	330,373	0	0	360,709	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.230458	2,161,749	0	0	498,192	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 09001 PSYCH ANCILLARY	0.563889	352,831	0	0	198,958	90.02
90.03 09002 RETINAL VASCULAR	1.836932	380,462	0	0	698,883	90.03
91.00 09100 EMERGENCY	0.107960	11,083,187	16	0	1,196,541	91.00
91.01 09101 IFCC	0.139353	37,044,370	488	379	5,162,244	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.691061	1,931,987	0	0	1,335,121	92.00
200.00 Subtotal (see instructions)		174,801,587	11,837	43,735	34,189,793	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		174,801,587	11,837	43,735	34,189,793	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part V Date/Time Prepared: 4/27/2017 9:00 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	0	2		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 05401 SPECIAL PROCEDURES	0	14		54.02
56.00 05600 RADIOISOTOPE	0	21		56.00
57.00 05700 CT SCAN	0	9		57.00
58.00 05800 MRI	0	2		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	16		59.00
60.00 06000 LABORATORY	1,317	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	1	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 03280 SLEEP LAB	0	0		70.01
70.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,306		73.00
73.01 03190 INFUSION THERAPY	0	0		73.01
73.03 07301 PHARMACY VACCINE	0	0		73.03
73.04 03480 FCC INFUSION THERAPY	0	0		73.04
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 09001 PSYCH ANCILLARY	0	0		90.02
90.03 09002 RETINAL VASCULAR	0	0		90.03
91.00 09100 EMERGENCY	2	0		91.00
91.01 09101 IFCC	68	53		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	1,388	9,423		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,388	9,423		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part II Date/Time Prepared: 4/27/2017 9:00 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	2,022,708	82,363,369	0.024558	7,236	178	50.00
51.00	05100	RECOVERY ROOM	151,669	15,442,258	0.009822	3,149	31	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,444	6,352,091	0.006210	32	0	52.00
53.00	05300	ANESTHESIOLOGY	93,236	15,792,796	0.005904	1,527	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,330,398	32,635,660	0.040765	20,214	824	54.00
54.01	03630	ULTRA SOUND	165,108	12,833,270	0.012866	14,035	181	54.01
54.02	05401	SPECIAL PROCEDURES	271,309	20,037,854	0.013540	9,624	130	54.02
56.00	05600	RADIOISOTOPE	170,764	9,781,760	0.017457	5,936	104	56.00
57.00	05700	CT SCAN	182,243	73,944,344	0.002465	81,910	202	57.00
58.00	05800	MRI	162,748	16,964,306	0.009594	72,884	699	58.00
59.00	05900	CARDIAC CATHETERIZATION	487,392	20,426,572	0.023861	3,901	93	59.00
60.00	06000	LABORATORY	897,580	151,559,600	0.005922	483,384	2,863	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	48,561	5,997,038	0.008097	141	1	63.00
65.00	06500	RESPIRATORY THERAPY	168,951	23,017,922	0.007340	57,551	422	65.00
65.01	03560	PULMONARY FUNCTION TESTING	23,610	1,108,458	0.021300	22	0	65.01
66.00	06600	PHYSICAL THERAPY	290,632	17,891,437	0.016244	8,169	133	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,751	4,668,457	0.016655	103,317	1,721	67.00
68.00	06800	SPEECH PATHOLOGY	39,886	2,759,702	0.014453	1,635	24	68.00
69.00	06900	ELECTROCARDIOLOGY	287,064	22,590,757	0.012707	73,896	939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70,731	1,075,279	0.065779	6,464	425	70.00
70.01	03280	SLEEP LAB	16,305	1,396,809	0.011673	5,018	59	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	41,821	9,261,024	0.004516	556,941	2,515	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	241,569	12,219,372	0.019769	6,564	130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	265,948	23,791,567	0.011178	1,206	13	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,010,709	138,173,336	0.007315	230,780	1,688	73.00
73.01	03190	INFUSION THERAPY	56,856	3,976,863	0.014297	123	2	73.01
73.03	07301	PHARMACY VACCINE	3,252	175,381	0.018542	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	37,800	7,388,242	0.005116	172	1	73.04
74.00	07400	RENAL DIALYSIS	82,811	1,862,342	0.044466	1,839	82	74.00
76.97	07697	CARDIAC REHABILITATION	73,285	784,702	0.093392	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,669	9,206,489	0.005938	11,283	67	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	365,577	6,707,193	0.054505	744	41	90.02
90.03	09002	RETINAL VASCULAR	264,171	793,031	0.333116	7	2	90.03
91.00	09100	EMERGENCY	720,822	102,263,155	0.007049	291,937	2,058	91.00
91.01	09101	IFCC	2,460,781	238,495,133	0.010318	17,377	179	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,064,381	0.000000	9,028	0	92.00
200.00		Total (lines 50-199)	12,678,161	1,102,801,950		2,088,046	15,816	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 pm
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	54,027	0	54,027	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401 SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	54,027	0	54,027	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	54,027	0	54,027	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280 SLEEP LAB	0	0	0	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	4,039	0	4,039	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	305,512	0	305,512	73.00
73.01	03190 INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301 PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002 RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	1,084,567	0	1,084,567	91.00
91.01	09101 IFCC	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,556,199	0	1,556,199	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 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	54,027	82,363,369	0.000656	0.000656	7,236	50.00
51.00 05100 RECOVERY ROOM	0	15,442,258	0.000000	0.000000	3,149	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,352,091	0.000000	0.000000	32	52.00
53.00 05300 ANESTHESIOLOGY	0	15,792,796	0.000000	0.000000	1,527	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	32,635,660	0.000000	0.000000	20,214	54.00
54.01 03630 ULTRA SOUND	0	12,833,270	0.000000	0.000000	14,035	54.01
54.02 05401 SPECIAL PROCEDURES	0	20,037,854	0.000000	0.000000	9,624	54.02
56.00 05600 RADIOISOTOPE	0	9,781,760	0.000000	0.000000	5,936	56.00
57.00 05700 CT SCAN	0	73,944,344	0.000000	0.000000	81,910	57.00
58.00 05800 MRI	0	16,964,306	0.000000	0.000000	72,884	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	20,426,572	0.000000	0.000000	3,901	59.00
60.00 06000 LABORATORY	0	151,559,600	0.000000	0.000000	483,384	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	5,997,038	0.000000	0.000000	141	63.00
65.00 06500 RESPIRATORY THERAPY	54,027	23,017,922	0.002347	0.002347	57,551	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	1,108,458	0.000000	0.000000	22	65.01
66.00 06600 PHYSICAL THERAPY	0	17,891,437	0.000000	0.000000	8,169	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,668,457	0.000000	0.000000	103,317	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,759,702	0.000000	0.000000	1,635	68.00
69.00 06900 ELECTROCARDIOLOGY	54,027	22,590,757	0.002392	0.002392	73,896	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,075,279	0.000000	0.000000	6,464	70.00
70.01 03280 SLEEP LAB	0	1,396,809	0.000000	0.000000	5,018	70.01
70.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,039	9,261,024	0.000436	0.000436	556,941	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,219,372	0.000000	0.000000	6,564	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,791,567	0.000000	0.000000	1,206	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	305,512	138,173,336	0.002211	0.002211	230,780	73.00
73.01 03190 INFUSION THERAPY	0	3,976,863	0.000000	0.000000	123	73.01
73.03 07301 PHARMACY VACCINE	0	175,381	0.000000	0.000000	0	73.03
73.04 03480 FCC INFUSION THERAPY	0	7,388,242	0.000000	0.000000	172	73.04
74.00 07400 RENAL DIALYSIS	0	1,862,342	0.000000	0.000000	1,839	74.00
76.97 07697 CARDIAC REHABILITATION	0	784,702	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	9,206,489	0.000000	0.000000	11,283	76.98
76.99 07699 LIOTHOTRIpsy	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 09001 PSYCH ANCILLARY	0	6,707,193	0.000000	0.000000	744	90.02
90.03 09002 RETINAL VASCULAR	0	793,031	0.000000	0.000000	7	90.03
91.00 09100 EMERGENCY	1,084,567	102,263,155	0.010606	0.010606	291,937	91.00
91.01 09101 IFCC	0	238,495,133	0.000000	0.000000	17,377	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	9,064,381	0.000000	0.000000	9,028	92.00
200.00 Total (lines 50-199)	1,556,199	1,102,801,950			2,088,046	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 pm
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Title XVIII		Subprovider - IPF	PPS
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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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5	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	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	135	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	177	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	243	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	510	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,096	0	0	0	91.00
91.01	09101	IFCC	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	4,166	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	54.01
54.02	05401 SPECIAL PROCEDURES	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	03280 SLEEP LAB	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	03190 INFUSION THERAPY	0	0	73.01
73.03	07301 PHARMACY VACCINE	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0	0	73.04
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.02	09001 PSYCH ANCILLARY	0	0	90.02
90.03	09002 RETINAL VASCULAR	0	0	90.03
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 IFCC	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part II Date/Time Prepared: 4/27/2017 9:00 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	2,022,708	82,363,369	0.024558	29,979	736	50.00
51.00	05100	RECOVERY ROOM	151,669	15,442,258	0.009822	5,670	56	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,444	6,352,091	0.006210	23	0	52.00
53.00	05300	ANESTHESIOLOGY	93,236	15,792,796	0.005904	2,292	14	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,330,398	32,635,660	0.040765	254,624	10,380	54.00
54.01	03630	ULTRA SOUND	165,108	12,833,270	0.012866	67,479	868	54.01
54.02	05401	SPECIAL PROCEDURES	271,309	20,037,854	0.013540	115,346	1,562	54.02
56.00	05600	RADIOISOTOPE	170,764	9,781,760	0.017457	14,854	259	56.00
57.00	05700	CT SCAN	182,243	73,944,344	0.002465	292,885	722	57.00
58.00	05800	MRI	162,748	16,964,306	0.009594	108,341	1,039	58.00
59.00	05900	CARDIAC CATHETERIZATION	487,392	20,426,572	0.023861	36,792	878	59.00
60.00	06000	LABORATORY	897,580	151,559,600	0.005922	960,168	5,686	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	48,561	5,997,038	0.008097	57,911	469	63.00
65.00	06500	RESPIRATORY THERAPY	168,951	23,017,922	0.007340	574,124	4,214	65.00
65.01	03560	PULMONARY FUNCTION TESTING	23,610	1,108,458	0.021300	20,545	438	65.01
66.00	06600	PHYSICAL THERAPY	290,632	17,891,437	0.016244	2,091,988	33,982	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,751	4,668,457	0.016655	2,543,550	42,363	67.00
68.00	06800	SPEECH PATHOLOGY	39,886	2,759,702	0.014453	1,181,587	17,077	68.00
69.00	06900	ELECTROCARDIOLOGY	287,064	22,590,757	0.012707	47,948	609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70,731	1,075,279	0.065779	12,088	795	70.00
70.01	03280	SLEEP LAB	16,305	1,396,809	0.011673	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	41,821	9,261,024	0.004516	48,266	218	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	241,569	12,219,372	0.019769	138,632	2,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	265,948	23,791,567	0.011178	7,633	85	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,010,709	138,173,336	0.007315	1,634,219	11,954	73.00
73.01	03190	INFUSION THERAPY	56,856	3,976,863	0.014297	564	8	73.01
73.03	07301	PHARMACY VACCINE	3,252	175,381	0.018542	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	37,800	7,388,242	0.005116	603	3	73.04
74.00	07400	RENAL DIALYSIS	82,811	1,862,342	0.044466	142,216	6,324	74.00
76.97	07697	CARDIAC REHABILITATION	73,285	784,702	0.093392	14	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,669	9,206,489	0.005938	598,984	3,557	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	365,577	6,707,193	0.054505	0	0	90.02
90.03	09002	RETINAL VASCULAR	264,171	793,031	0.333116	170	57	90.03
91.00	09100	EMERGENCY	720,822	102,263,155	0.007049	49,273	347	91.00
91.01	09101	IFCC	2,460,781	238,495,133	0.010318	47,588	491	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,064,381	0.000000	64,602	0	92.00
200.00		Total (lines 50-199)	12,678,161	1,102,801,950		11,150,958	147,933	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 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	54,027	0	54,027	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401 SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	54,027	0	54,027	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	54,027	0	54,027	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280 SLEEP LAB	0	0	0	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	4,039	0	4,039	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	305,512	0	305,512	73.00
73.01	03190 INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301 PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002 RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	1,084,567	0	1,084,567	91.00
91.01	09101 IFCC	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,556,199	0	1,556,199	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 10/01/2015 To 09/30/2016		Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 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	54,027	82,363,369	0.000656	0.000656	29,979 50.00
51.00	05100	RECOVERY ROOM	0	15,442,258	0.000000	0.000000	5,670 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,352,091	0.000000	0.000000	23 52.00
53.00	05300	ANESTHESIOLOGY	0	15,792,796	0.000000	0.000000	2,292 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,635,660	0.000000	0.000000	254,624 54.00
54.01	03630	ULTRA SOUND	0	12,833,270	0.000000	0.000000	67,479 54.01
54.02	05401	SPECIAL PROCEDURES	0	20,037,854	0.000000	0.000000	115,346 54.02
56.00	05600	RADIOISOTOPE	0	9,781,760	0.000000	0.000000	14,854 56.00
57.00	05700	CT SCAN	0	73,944,344	0.000000	0.000000	292,885 57.00
58.00	05800	MRI	0	16,964,306	0.000000	0.000000	108,341 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,426,572	0.000000	0.000000	36,792 59.00
60.00	06000	LABORATORY	0	151,559,600	0.000000	0.000000	960,168 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0.000000	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,997,038	0.000000	0.000000	57,911 63.00
65.00	06500	RESPIRATORY THERAPY	54,027	23,017,922	0.002347	0.002347	574,124 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,108,458	0.000000	0.000000	20,545 65.01
66.00	06600	PHYSICAL THERAPY	0	17,891,437	0.000000	0.000000	2,091,988 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,668,457	0.000000	0.000000	2,543,550 67.00
68.00	06800	SPEECH PATHOLOGY	0	2,759,702	0.000000	0.000000	1,181,587 68.00
69.00	06900	ELECTROCARDIOLOGY	54,027	22,590,757	0.002392	0.002392	47,948 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,075,279	0.000000	0.000000	12,088 70.00
70.01	03280	SLEEP LAB	0	1,396,809	0.000000	0.000000	0 70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,039	9,261,024	0.000436	0.000436	48,266 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,219,372	0.000000	0.000000	138,632 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,791,567	0.000000	0.000000	7,633 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	305,512	138,173,336	0.002211	0.002211	1,634,219 73.00
73.01	03190	INFUSION THERAPY	0	3,976,863	0.000000	0.000000	564 73.01
73.03	07301	PHARMACY VACCINE	0	175,381	0.000000	0.000000	0 73.03
73.04	03480	FCC INFUSION THERAPY	0	7,388,242	0.000000	0.000000	603 73.04
74.00	07400	RENAL DIALYSIS	0	1,862,342	0.000000	0.000000	142,216 74.00
76.97	07697	CARDIAC REHABILITATION	0	784,702	0.000000	0.000000	14 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	9,206,489	0.000000	0.000000	598,984 76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	6,707,193	0.000000	0.000000	0 90.02
90.03	09002	RETINAL VASCULAR	0	793,031	0.000000	0.000000	170 90.03
91.00	09100	EMERGENCY	1,084,567	102,263,155	0.010606	0.010606	49,273 91.00
91.01	09101	IFCC	0	238,495,133	0.000000	0.000000	47,588 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,064,381	0.000000	0.000000	64,602 92.00
200.00		Total (lines 50-199)	1,556,199	1,102,801,950			11,150,958 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20	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	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,347	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	115	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,613	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	90.03
91.00	09100	EMERGENCY	523	0	0	0	91.00
91.01	09101	IFCC	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (Lines 50-199)	5,639	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2015 To 09/30/2016	Worksheet D Part IV Date/Time Prepared: 4/27/2017 9:00 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	54.01
54.02	05401 SPECIAL PROCEDURES	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	03280 SLEEP LAB	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	03190 INFUSION THERAPY	0	0	73.01
73.03	07301 PHARMACY VACCINE	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0	0	73.04
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.02	09001 PSYCH ANCILLARY	0	0	90.02
90.03	09002 RETINAL VASCULAR	0	0	90.03
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 IFCC	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 4/27/2017 9:00 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,287	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,287	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)		38,195	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		18,868	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)		45,537,700	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)		45,537,700	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)		45,537,700	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,028.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,400,832	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)		19,400,832	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 4/27/2017 9:00 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)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	8,011,489	3,962	2,022.08	1,890	3,821,731	0	43.00
43.01 CHILDRENS HOSPITAL	3,768,920	3,354	1,123.71	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,023,882		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,246,445		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)					2,809,998		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,970,336		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,780,334		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					46,466,111		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)					6,092		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,028.24		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,264,038		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 4/27/2017 9:00 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,243,170	45,537,700	0.115139	6,264,038	721,235	90.00
91.00	Nursing School cost	0	45,537,700	0.000000	6,264,038	0	91.00
92.00	Allied health cost	351,783	45,537,700	0.007725	6,264,038	48,390	92.00
93.00	All other Medical Education	0	45,537,700	0.000000	6,264,038	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 4/27/2017 9:00 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)		15,331	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,331	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)		15,331	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,029	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)		11,674,427	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,674,427	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)		11,674,427	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)		761.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,545,063	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)		1,545,063	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1	
				Component CCN: 14-S191		Date/Time Prepared: 4/27/2017 9:00 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 CHILDRENS HOSPITAL	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					361,848	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,906,911	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)					66,125	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					19,982	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					86,107	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,820,804	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: 14-0191 Component CCN: 14-S191		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 4/27/2017 9:00 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	476,237	11,674,427	0.040793	0	0	90.00
91.00	Nursing School cost	0	11,674,427	0.000000	0	0	91.00
92.00	Allied health cost	23,386	11,674,427	0.002003	0	0	92.00
93.00	All other Medical Education	0	11,674,427	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1 Date/Time Prepared: 4/27/2017 9:00 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)		6,256	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,256	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)		6,256	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,827	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,738,943	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		9,738,943	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,738,943	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,556.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,514,384	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)		7,514,384	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D-1
					Component CCN: 14-T191		Date/Time Prepared: 4/27/2017 9:00 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 CHILDRENS HOSPITAL	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						3,183,117	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						10,697,501	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)						1,136,034	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						153,572	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						1,289,606	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						9,407,895	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: 14-0191 Component CCN: 14-T191		Period: From 10/01/2015 To 09/30/2016		Worksheet D-1 Date/Time Prepared: 4/27/2017 9:00 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	1,403,724	9,738,943	0.144135	0	0	90.00
91.00	Nursing School cost	0	9,738,943	0.000000	0	0	91.00
92.00	Allied health cost	68,599	9,738,943	0.007044	0	0	92.00
93.00	All other Medical Education	0	9,738,943	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 4/27/2017 9:00 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		35,549,573	30.00
31.00	03100	INTENSIVE CARE UNIT		4,073,536	31.00
31.01	02400	CHILDRENS HOSPITAL		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.207897	19,133,054	50.00
51.00	05100	RECOVERY ROOM	0.099875	3,036,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.261040	27,589	52.00
53.00	05300	ANESTHESIOLOGY	0.041367	3,720,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302290	3,754,912	54.00
54.01	03630	ULTRA SOUND	0.156639	1,577,627	54.01
54.02	05401	SPECIAL PROCEDURES	0.121137	4,107,718	54.02
56.00	05600	RADIOISOTOPE	0.266684	1,454,225	56.00
57.00	05700	CT SCAN	0.031814	12,108,160	57.00
58.00	05800	MRI	0.083606	3,242,194	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171420	4,003,737	59.00
60.00	06000	LABORATORY	0.116285	21,540,996	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.251089	1,847,775	63.00
65.00	06500	RESPIRATORY THERAPY	0.163530	9,451,555	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.124533	117,984	65.01
66.00	06600	PHYSICAL THERAPY	0.248364	1,485,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.485296	955,595	67.00
68.00	06800	SPEECH PATHOLOGY	0.245929	642,414	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147188	5,495,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.406113	386,294	70.00
70.01	03280	SLEEP LAB	0.130671	270,008	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.190759	1,255,157	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.871081	3,216,142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.488518	7,458,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217653	19,016,609	73.00
73.01	03190	INFUSION THERAPY	0.240503	17,822	73.01
73.03	07301	PHARMACY VACCINE	0.356299	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.137725	24,269	73.04
74.00	07400	RENAL DIALYSIS	0.578967	791,266	74.00
76.97	07697	CARDIAC REHABILITATION	1.093207	39,033	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.230458	1,091,312	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.563889	1,132	90.02
90.03	09002	RETINAL VASCULAR	1.851399	2,284	90.03
91.00	09100	EMERGENCY	0.108081	9,021,692	91.00
91.01	09101	IFCC	0.139353	1,070,423	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.691061	1,067,768	92.00
200.00		Total (sum of lines 50-94 and 96-98)		142,434,941	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)		142,434,941	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 4/27/2017 9:00 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
31.01	02400 CHILDRENS HOSPITAL		0		31.01
40.00	04000 SUBPROVIDER - IPF		2,752,051		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.207897	7,236	1,504	50.00
51.00	05100 RECOVERY ROOM	0.099875	3,149	315	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.261040	32	8	52.00
53.00	05300 ANESTHESIOLOGY	0.041367	1,527	63	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.302290	20,214	6,110	54.00
54.01	03630 ULTRA SOUND	0.156639	14,035	2,198	54.01
54.02	05401 SPECIAL PROCEDURES	0.121137	9,624	1,166	54.02
56.00	05600 RADIOISOTOPE	0.266684	5,936	1,583	56.00
57.00	05700 CT SCAN	0.031814	81,910	2,606	57.00
58.00	05800 MRI	0.083606	72,884	6,094	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.171420	3,901	669	59.00
60.00	06000 LABORATORY	0.116285	483,384	56,210	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.251089	141	35	63.00
65.00	06500 RESPIRATORY THERAPY	0.163530	57,551	9,411	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.124533	22	3	65.01
66.00	06600 PHYSICAL THERAPY	0.248364	8,169	2,029	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.485296	103,317	50,139	67.00
68.00	06800 SPEECH PATHOLOGY	0.245929	1,635	402	68.00
69.00	06900 ELECTROCARDIOLOGY	0.147188	73,896	10,877	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.406113	6,464	2,625	70.00
70.01	03280 SLEEP LAB	0.130671	5,018	656	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.190759	556,941	106,242	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.871081	6,564	5,718	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.488518	1,206	589	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217653	230,780	50,230	73.00
73.01	03190 INFUSION THERAPY	0.240503	123	30	73.01
73.03	07301 PHARMACY VACCINE	0.356299	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.137725	172	24	73.04
74.00	07400 RENAL DIALYSIS	0.578967	1,839	1,065	74.00
76.97	07697 CARDIAC REHABILITATION	1.093207	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.230458	11,283	2,600	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.563889	744	420	90.02
90.03	09002 RETINAL VASCULAR	1.851399	7	13	90.03
91.00	09100 EMERGENCY	0.108081	291,937	31,553	91.00
91.01	09101 IFCC	0.139353	17,377	2,422	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.691061	9,028	6,239	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,088,046	361,848	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		2,088,046		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2015 To 09/30/2016	Worksheet D-3 Date/Time Prepared: 4/27/2017 9:00 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
31.01	02400 CHILDRENS HOSPITAL		0		31.01
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		6,266,598		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.207897	29,979	6,233	50.00
51.00	05100 RECOVERY ROOM	0.099875	5,670	566	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.261040	23	6	52.00
53.00	05300 ANESTHESIOLOGY	0.041367	2,292	95	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.302290	254,624	76,970	54.00
54.01	03630 ULTRA SOUND	0.156639	67,479	10,570	54.01
54.02	05401 SPECIAL PROCEDURES	0.121137	115,346	13,973	54.02
56.00	05600 RADIOISOTOPE	0.266684	14,854	3,961	56.00
57.00	05700 CT SCAN	0.031814	292,885	9,318	57.00
58.00	05800 MRI	0.083606	108,341	9,058	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.171420	36,792	6,307	59.00
60.00	06000 LABORATORY	0.116285	960,168	111,653	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.251089	57,911	14,541	63.00
65.00	06500 RESPIRATORY THERAPY	0.163530	574,124	93,886	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.124533	20,545	2,559	65.01
66.00	06600 PHYSICAL THERAPY	0.248364	2,091,988	519,575	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.485296	2,543,550	1,234,375	67.00
68.00	06800 SPEECH PATHOLOGY	0.245929	1,181,587	290,587	68.00
69.00	06900 ELECTROCARDIOLOGY	0.147188	47,948	7,057	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.406113	12,088	4,909	70.00
70.01	03280 SLEEP LAB	0.130671	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.190759	48,266	9,207	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.871081	138,632	120,760	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.488518	7,633	3,729	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217653	1,634,219	355,693	73.00
73.01	03190 INFUSION THERAPY	0.240503	564	136	73.01
73.03	07301 PHARMACY VACCINE	0.356299	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.137725	603	83	73.04
74.00	07400 RENAL DIALYSIS	0.578967	142,216	82,338	74.00
76.97	07697 CARDIAC REHABILITATION	1.093207	14	15	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.230458	598,984	138,041	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.563889	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.851399	170	315	90.03
91.00	09100 EMERGENCY	0.108081	49,273	5,325	91.00
91.01	09101 IFCC	0.139353	47,588	6,632	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.691061	64,602	44,644	92.00
200.00	Total (sum of lines 50-94 and 96-98)		11,150,958	3,183,117	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)		11,150,958		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 4/27/2017 9:00 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		36,825,353	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)		482,783	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		271.36	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.19	30.00
31.00	Percentage of Medicaid patient days (see instructions)		44.16	31.00
32.00	Sum of lines 30 and 31		52.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)		24.67	33.00
34.00	Disproportionate share adjustment (see instructions)		2,271,204	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 4/27/2017 9:00 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)		0	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000661637	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	4,238,543	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	4,238,543	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,238,543		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		43,817,883		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)			43,817,883	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,308,476	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			36,178	53.00
54.00	Special add-on payments for new technologies			1,036	54.00
54.01	Islet isolation add-on payment				54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			238,491	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			177,656	58.00
59.00	Total (sum of amounts on lines 49 through 58)			47,579,720	59.00
60.00	Primary payer payments			26,642	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			47,553,078	61.00
62.00	Deductibles billed to program beneficiaries			3,672,676	62.00
63.00	Coinurance billed to program beneficiaries			227,031	63.00
64.00	Allowable bad debts (see instructions)			929,065	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			603,892	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			198,982	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			44,257,263	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)			141,259	70.93
70.94	HRR adjustment amount (see instructions)			-935,390	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part A Date/Time Prepared: 4/27/2017 9:00 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	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			43,463,132	71.00
71.01	Sequestration adjustment (see instructions)			869,263	71.01
72.00	Interim payments			41,607,397	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)			986,472	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			498,019	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 4/27/2017 9:00 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.19	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	44.16	0.00			44.16	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	52.35	0.00			44.16	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	271.36	0.00			271.36	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	24.67	0.00			25.65	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	8.19	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	3.98	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	12,974	0			12,974	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	4,178	0			4,178	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	3,372	0			3,372	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	360	0			360	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	20,884	0			20,884	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	46,844	0			46,844	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	448	0			448	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	47,292	0			47,292	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	44.16	0.00			44.16	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet DSH Date/Time Prepared: 4/27/2017 9:00 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	32.40		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		32.40		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		32.40		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet DSH Date/Time Prepared: 4/27/2017 9:00 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	25.65		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	25.65		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	25.65		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/27/2017 9:00 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	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	36,825,353	0	0	36,825,353	36,825,353	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	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	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	482,783	0	0	482,783	482,783	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2467	0.2467	0.2467	0.2467	0.2467	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,271,204	0	0	2,271,204	2,271,204	11.00
11.01	Uncompensated care payments	36.00	4,238,543	0	0	5,186,449	5,186,449	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	43,817,883	0	0	43,817,883	43,817,883	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	43,817,883	0	0	43,817,883	43,817,883	15.00
16.00	Payment for inpatient program capital	50.00	3,308,476	0	0	3,308,476	3,308,476	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	0	1,036	1,036	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	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: 14-0191

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/27/2017 9:00 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	0	47,127,395	47,127,395	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	2,953,845	0	0	2,953,845	2,953,845	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	24,391	0	0	24,391	24,391	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1118	0.1118	0.1118	0.1118		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	330,240	0	0	330,240	330,240	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,308,476	0	0	3,308,476	3,308,476	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: 14-0191		Period: From 10/01/2015 To 09/30/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/27/2017 9:00 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	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	36,825,353		36,825,353	36,825,353	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	482,783	0	482,783	482,783	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2467	0.2467	0.2467		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,271,204	0	2,271,204	2,271,204	11.00
11.01	Uncompensated care payments	36.00	4,238,543	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	43,817,883	0	43,817,883	43,817,883	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	43,817,883	0	43,817,883	43,817,883	15.00
16.00	Payment for inpatient program capital	50.00	3,308,476	0	3,308,476	3,308,476	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	1,036	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	47,127,395	47,127,395	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0191

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/27/2017 9:00 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	2,953,845	0	2,953,845	2,953,845	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	24,391	0	24,391	24,391	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1118	0.1118	0.1118		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	330,240	0	330,240	330,240	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,308,476	0	3,308,476	3,308,476	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	141,259	0	141,259	141,259	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	-935,390	0	-935,390	-935,390	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: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet E Part B Date/Time Prepared: 4/27/2017 9:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,811	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,975,368	2.00
3.00	PPS payments		29,195,436	3.00
4.00	Outlier payment (see instructions)		29,437	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		214,425	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,811	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		55,572	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)		55,572	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)		55,572	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		44,761	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		10,811	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)		29,439,298	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)		5,930,854	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)		23,519,255	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)		23,519,255	30.00
31.00	Primary payer payments		82	31.00
32.00	Subtotal (line 30 minus line 31)		23,519,173	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)		1,234,672	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		802,537	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		570,537	36.00
37.00	Subtotal (see instructions)		24,321,710	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)		24,321,710	40.00
40.01	Sequestration adjustment (see instructions)		486,434	40.01
41.00	Interim payments		23,806,307	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		28,969	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0191

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

Worksheet E-1
Part I
Date/Time Prepared:
4/27/2017 9:00 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		40,405,158		22,829,093	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		1,160,282		748,693	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	05/10/2016	193,646	05/10/2016	166,788	3.01	
3.02			0	09/27/2016	61,733	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
3.08			0		0	3.08	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	09/27/2016	151,689		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)		41,957		228,521	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)		41,607,397		23,806,307	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		986,472		28,969	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		42,593,869		23,835,276	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0191
Component CCN: 14-S191

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

Worksheet E-1
Part I
Date/Time Prepared:
4/27/2017 9:00 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		1,636,941		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)		1,636,941		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		57,027		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,693,968		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2015 To 09/30/2016	Worksheet E-1 Part I Date/Time Prepared: 4/27/2017 9:00 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				0
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		7,692,013		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	05/10/2016	22,139		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-22,139		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,669,874		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		19,371		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		7,689,245		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet E-1 Part II Date/Time Prepared: 4/27/2017 9:00 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		10,449	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		20,758	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,475	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		45,511	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,232,072,048	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		43,811,091	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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part II Date/Time Prepared: 4/27/2017 9:00 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)			1,792,441 1.00
2.00	Net IPF PPS Outlier Payments			87,577 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)			41.887978 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)			1,880,018 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)			1,880,018 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,880,018 18.00
19.00	Deductibles			181,524 19.00
20.00	Subtotal (line 18 minus line 19)			1,698,494 20.00
21.00	Coinsurance			28,133 21.00
22.00	Subtotal (line 20 minus line 21)			1,670,361 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			78,320 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			50,908 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			31,309 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,721,269 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)			7,270 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)			1,728,539 31.00
31.01	Sequestration adjustment (see instructions)			34,571 31.01
32.00	Interim payments			1,636,941 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)			57,027 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			87,577 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: 14-0191 Component CCN: 14-T191	Period: From 10/01/2015 To 09/30/2016	Worksheet E-3 Part III Date/Time Prepared: 4/27/2017 9:00 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			7,185,949 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0398 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			132,221 3.00
4.00	Outlier Payments			520,834 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)			17.092896 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)			7,839,004 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)			7,839,004 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			7,839,004 19.00
20.00	Deductibles			37,184 20.00
21.00	Subtotal (line 19 minus line 20)			7,801,820 21.00
22.00	Coinsurance			27,118 22.00
23.00	Subtotal (line 21 minus line 22)			7,774,702 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			19,808 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			12,875 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			9,765 26.00
27.00	Subtotal (sum of lines 23 and 25)			7,787,577 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)			58,591 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)			7,846,168 32.00
32.01	Sequestration adjustment (see instructions)			156,923 32.01
33.00	Interim payments			7,669,874 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)			19,371 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			520,834 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

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

Provider CCN: 14-0191

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

Worksheet G

Date/Time Prepared:
4/27/2017 9:00 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	-1,189,378	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	102,407,124	0	0	0	4.00
5.00	Other receivable	4,168,887	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-73,381,385	0	0	0	6.00
7.00	Inventory	5,256,986	0	0	0	7.00
8.00	Prepaid expenses	3,951,721	0	0	0	8.00
9.00	Other current assets	-3,903	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)	41,210,052	0	0	0	11.00
FIXED ASSETS						
12.00	Land	16,326,676	0	0	0	12.00
13.00	Land improvements	12,211,665	0	0	0	13.00
14.00	Accumulated depreciation	-10,762,484	0	0	0	14.00
15.00	Buildings	293,960,391	0	0	0	15.00
16.00	Accumulated depreciation	-153,872,722	0	0	0	16.00
17.00	Leasehold improvements	5,045,521	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	207,505,459	0	0	0	23.00
24.00	Accumulated depreciation	-175,082,167	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)	195,332,339	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	212,905,338	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	4,899,523	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	217,804,861	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	454,347,252	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,348,972	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,514,427	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-11,379,266	0	0	0	43.00
44.00	Other current liabilities	24,360,788	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,844,921	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	128,393,073	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	128,393,073	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	171,237,994	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	283,109,258				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	283,109,258	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	454,347,252	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0191

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

Worksheet G-1

Date/Time Prepared:
4/27/2017 9:00 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		318,061,321		4,420,127	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-5,422,204			2.00
3.00	Total (sum of line 1 and line 2)		312,639,117		4,420,127	3.00
4.00	UNRESTRICTED CONTRIBUTIONS	2,614,860		0		4.00
5.00	HHA/HOSPICE NI	1,778,489		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)		4,393,349		0	10.00
11.00	Subtotal (line 3 plus line 10)		317,032,466		4,420,127	11.00
12.00	NET TRANSFERS TO AFFILIATES	33,298,091		4,420,127		12.00
13.00	OTHER DEDUCTIONS	625,117		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)		33,923,208		4,420,127	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		283,109,258		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	UNRESTRICTED CONTRIBUTIONS		0			4.00
5.00	HHA/HOSPICE NI		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	NET TRANSFERS TO AFFILIATES		0			12.00
13.00	OTHER DEDUCTIONS		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: 14-0191

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	93,319,950		93,319,950	1.00
2.00	SUBPROVIDER - IPF	4,235,037		4,235,037	2.00
3.00	SUBPROVIDER - IRF	8,125,288		8,125,288	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	105,680,275		105,680,275	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,923,151		11,923,151	11.00
11.01	CHILDRENS HOSPITAL	0		0	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,923,151		11,923,151	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	117,603,426		117,603,426	17.00
18.00	Ancillary services	321,023,426	774,080,727	1,095,104,153	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		10,269,039	10,269,039	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	4,827,718	1	4,827,719	26.00
27.00	OTHER PATIENT REVENUES - NURSERY	4,267,957	0	4,267,957	27.00
27.01	AMBULANCE REVENUE	0	1,868,719	1,868,719	27.01
27.02	MED/SERVICE CAR TRIPS	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	447,722,527	786,218,486	1,233,941,013	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		310,717,052		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ADDITIONAL EXPENSE TO RECONCILE	0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	LESS EXPENSE TO RECONCILE	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)		310,717,052		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet G-3 Date/Time Prepared: 4/27/2017 9:00 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		1,233,941,013	1.00
2.00	Less contractual allowances and discounts on patients' accounts		950,237,077	2.00
3.00	Net patient revenues (line 1 minus line 2)		283,703,936	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		310,717,052	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-27,013,116	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	MEDI CARE/MEDI CAID EHR FUNDS		0	24.00
24.01	CLIENT SERVICE REVENUE		648,468	24.01
24.02	CAPITATION REVENUE		609,233	24.02
24.03	RENTAL INCOME		3,032,276	24.03
24.04	CONTRIBUTIONS		1,941,048	24.04
24.05	OTHER REVENUE		5,725,640	24.05
24.06	ARRA FUNDS		-31,985	24.06
24.07	SWAP VALUATION		-2,394,157	24.07
24.08	NON OPERATING REVENUE		14,597,122	24.08
24.09	CHANGE IN UNREALIZED GAIN		-3,353,916	24.09
24.10	HHA OTHER REVENUE		9,436	24.10
24.11	HHA INVESTMENT INCOME		807,747	24.11
24.12	DISCOUNT EARNINGS		0	24.12
24.13	MOBILE INTENSIVE CARE		0	24.13
24.14	INTEREST INCOME		0	24.14
24.15	CHILD CARE REVENUE		0	24.15
25.00	Total other income (sum of lines 6-24)		21,590,912	25.00
26.00	Total (line 5 plus line 25)		-5,422,204	26.00
27.00	OTHER EXPENSES (SPECIFY)		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		-5,422,204	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet H

HHA CCN: 14-7435

To 09/30/2016

Date/Time Prepared: 4/27/2017 9:00 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			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	2,182,120	365,806	11,800	212,760	1,325,042	4,097,528	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,541,809	169,897	58,788	0	-50	1,770,444	6.00
7.00	683,976	93,229	2,725	84,086	0	864,016	7.00
8.00	166,073	25,803	0	970	0	192,846	8.00
9.00	17,916	1,574	0	6,500	0	25,990	9.00
10.00	115,876	15,299	2,116	700	0	133,991	10.00
11.00	24,042	6,149	-301	0	0	29,890	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	1,949,605	235,279	1,719	0	10,397	2,197,000	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	6,681,417	913,036	76,847	305,016	1,335,389	9,311,705	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	4,097,528	59,592	4,157,120			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,770,444	0	1,770,444			6.00
7.00	0	864,016	0	864,016			7.00
8.00	0	192,846	0	192,846			8.00
9.00	0	25,990	0	25,990			9.00
10.00	0	133,991	0	133,991			10.00
11.00	0	29,890	0	29,890			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	2,197,000	0	2,197,000			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	0	9,311,705	59,592	9,371,297			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: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet H-1 Part I Date/Time Prepared: 4/27/2017 9:00 pm
		HHA CCN: 14-7435	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	4,157,120	0	0	0	4,157,120	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,770,444	0	0	0	1,770,444	6.00
7.00	Physical Therapy	864,016	0	0	0	864,016	7.00
8.00	Occupational Therapy	192,846	0	0	0	192,846	8.00
9.00	Speech Pathology	25,990	0	0	0	25,990	9.00
10.00	Medical Social Services	133,991	0	0	0	133,991	10.00
11.00	Home Health Aide	29,890	0	0	0	29,890	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	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	2,197,000	0	0	0	2,197,000	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	9,371,297	0	0	0	9,371,297	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	4,157,120					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,269,072	3,039,516				6.00
7.00	Physical Therapy	733,416	1,597,432				7.00
8.00	Occupational Therapy	167,557	360,403				8.00
9.00	Speech Pathology	31,282	57,272				9.00
10.00	Medical Social Services	60,755	194,746				10.00
11.00	Home Health Aide	53,347	83,237				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	1,841,691	4,038,691				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		9,371,297				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0191
HHA CCN: 14-7435

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

Worksheet H-1
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
		1.00	2.00	3.00	4.00	5A.00	5.00	
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	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-4,157,120	5,696,745	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	-31,360	1,739,084	6.00
7.00	Physical Therapy	0	0	0	0	141,027	1,005,043	7.00
8.00	Occupational Therapy	0	0	0	0	36,767	229,613	8.00
9.00	Speech Pathology	0	0	0	0	16,878	42,868	9.00
10.00	Medical Social Services	0	0	0	0	-50,735	83,256	10.00
11.00	Home Health Aide	0	0	0	0	43,214	73,104	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	326,777	2,523,777	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-3,674,552	5,696,745	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	4,157,120	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.729736	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0191	Period: From 10/01/2015	Worksheet H-2
		HHA CCN: 14-7435	To 09/30/2016	Part I
				Date/Time Prepared: 4/27/2017 9:00 pm
			Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	102,215	0	350,758	452,973	27,347	1.00
2.00 Skilled Nursing Care	3,039,516	0	0	247,833	3,287,349	1,279,653	2.00
3.00 Physical Therapy	1,597,432	0	0	109,944	1,707,376	739,531	3.00
4.00 Occupational Therapy	360,403	0	0	26,695	387,098	168,954	4.00
5.00 Speech Pathology	57,272	0	0	2,880	60,152	31,543	5.00
6.00 Medical Social Services	194,746	0	0	18,626	213,372	61,261	6.00
7.00 Home Health Aide	83,237	0	0	3,865	87,102	53,791	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	4,038,691	0	0	313,383	4,352,074	1,857,045	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)	9,371,297	102,215	0	1,073,984	10,547,496	4,219,125	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	77,797	198,854	0	89,154	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)	77,797	198,854	0	89,154	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: 14-0191

Period: From 10/01/2015

Worksheet H-2

HHA CCN: 14-7435

To 09/30/2016

Part I
Date/Time Prepared:
4/27/2017 9:00 pm

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM - EMS	
		19.00	20.00	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet H-2

HHA CCN: 14-7435

To 09/30/2016

Part I
Date/Time Prepared:
4/27/2017 9:00 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM - DIETETICS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.02	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	846,125	0	846,125			1.00
2.00 Skilled Nursing Care	0	4,567,002	0	4,567,002	270,485	4,837,487	2.00
3.00 Physical Therapy	0	2,446,907	0	2,446,907	144,921	2,591,828	3.00
4.00 Occupational Therapy	0	556,052	0	556,052	32,933	588,985	4.00
5.00 Speech Pathology	0	91,695	0	91,695	5,431	97,126	5.00
6.00 Medical Social Services	0	274,633	0	274,633	16,265	290,898	6.00
7.00 Home Health Aide	0	140,893	0	140,893	8,345	149,238	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	6,209,119	0	6,209,119	367,745	6,576,864	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	15,132,426	0	15,132,426	846,125	15,132,426	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.					0.059226		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: 14-0191

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

Worksheet H-2 Part II

HHA CCN: 14-7435

Date/Time Prepared: 4/27/2017 9:00 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	6,181	0	2,182,120	-389,325	63,648	6,181	1.00
2.00 Skilled Nursing Care	0	0	1,541,809	-309,084	2,978,265	0	2.00
3.00 Physical Therapy	0	0	683,976	13,808	1,721,184	0	3.00
4.00 Occupational Therapy	0	0	166,073	6,125	393,223	0	4.00
5.00 Speech Pathology	0	0	17,916	13,262	73,414	0	5.00
6.00 Medical Social Services	0	0	115,876	-70,792	142,580	0	6.00
7.00 Home Health Aide	0	0	24,042	38,092	125,194	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	1,949,605	-29,985	4,322,089	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)	6,181	0	6,681,417		9,819,597	6,181	20.00
21.00 Total cost to be allocated	102,215	0	1,073,984		4,219,125	77,797	21.00
22.00 Unit cost multiplier	16.536968	0.000000	0.160742		0.429664	12.586475	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	6,181	0	6,181	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)	6,181	0	6,181	0	0	0	20.00
21.00 Total cost to be allocated	198,854	0	89,154	0	0	0	21.00
22.00 Unit cost multiplier	32.171817	0.000000	14.423880	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0191 HHA CCN: 14-7435	Period: From 10/01/2015 To 09/30/2016	Worksheet H-2 Part II Date/Time Prepared: 4/27/2017 9:00 pm
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	Home Health Agency I SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description		INTERNS & RESIDENTS						
		NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM - EMS (TIME SPENT)	PARAMED PRGM - DIETETICS (MEALS SERVED)	
		20.00	21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet H-3 Part I Date/Time Prepared: 4/27/2017 9:00 pm
		HHA CCN: 14-7435		

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,837,487		4,837,487	22,850	211.71	1.00
2.00	Physical Therapy	3.00	2,591,828	403,798	2,995,626	10,824	276.76	2.00
3.00	Occupational Therapy	4.00	588,985	216,685	805,670	2,755	292.44	3.00
4.00	Speech Pathology	5.00	97,126	18,083	115,209	453	254.32	4.00
5.00	Medical Social Services	6.00	290,898		290,898	822	353.89	5.00
6.00	Home Health Aide	7.00	149,238		149,238	1,254	119.01	6.00
7.00	Total (sum of lines 1-6)		8,555,562	638,566	9,194,128	38,958		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		16974	0	14,051		8.00
9.00	Physical Therapy		16974	0	7,273		9.00
10.00	Occupational Therapy		16974	0	1,994		10.00
11.00	Speech Pathology		16974	0	304		11.00
12.00	Medical Social Services		16974	0	552		12.00
13.00	Home Health Aide		16974	0	1,064		13.00
14.00	Total (sum of lines 8-13)			0	25,238		14.00

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

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	251,887	251,887	289,166	0.871081	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	14,051		0	2,974,737	1.00
2.00	Physical Therapy	0	7,273		0	2,012,875	2.00
3.00	Occupational Therapy	0	1,994		0	583,125	3.00
4.00	Speech Pathology	0	304		0	77,313	4.00
5.00	Medical Social Services	0	552		0	195,347	5.00
6.00	Home Health Aide	0	1,064		0	126,627	6.00
7.00	Total (sum of lines 1-6)	0	25,238		0	5,970,024	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
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 14-0191 HHA CCN: 14-7435		Period: From 10/01/2015 To 09/30/2016		Worksheet H-3 Part I Date/Time Prepared: 4/27/2017 9:00 pm	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Covered Charges				Cost of Services			
	Part A	Part B		Part A		Part B		
		Not Subject to Deductibles & 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	269,261	0	0	234,548	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,974,737						1.00
2.00	Physical Therapy	2,012,875						2.00
3.00	Occupational Therapy	583,125						3.00
4.00	Speech Pathology	77,313						4.00
5.00	Medical Social Services	195,347						5.00
6.00	Home Health Aide	126,627						6.00
7.00	Total (sum of lines 1-6)	5,970,024						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet H-3

HHA CCN: 14-7435

To 09/30/2016

Part II
Date/Time Prepared:
4/27/2017 9:00 pm

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	0.248364	1,625,830	403,798	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.485296	446,500	216,685	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.245929	73,530	18,083	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.871081	289,166	251,887	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.217653	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.240503	0	0	col. 2, line 16.01		5.01
5.03 Cost of Drugs 3	73.03	0.356299	0	0	col. 2, line 16.03		5.03
5.04 Cost of Drugs 4	73.04	0.137725	0	0	col. 2, line 16.04		5.04

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 HHA CCN: 14-7435	Period: From 10/01/2015 To 09/30/2016	Worksheet H-4 Part I-II Date/Time Prepared: 4/27/2017 9:00 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	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,772,754
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	19,590
13.00	Total PPS Reimbursement - LUPA Episodes		0	110,775
14.00	Total PPS Reimbursement - PEP Episodes		0	46,147
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,918
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,882
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	4,958,066
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	4,958,066
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	4,958,066
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	4,958,066
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	4,958,066
31.01	Sequestration adjustment (see instructions)		0	99,111
32.00	Interim payments (see instructions)		0	4,856,464
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	2,491
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: 14-0191
HHA CCN: 14-7435

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

Worksheet H-5
Date/Time Prepared:
4/27/2017 9:00 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		4,856,464	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		4,856,464	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		2,491	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		4,858,955	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0

Hospice CCN: 14-1535

To 09/30/2016

Date/Time Prepared: 4/27/2017 9:00 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	57,099	57,099	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	398,407	345,094	743,501	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)*					16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,000,139	689,660	1,689,799	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	1,398,546	1,091,853	2,490,399	0	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0

Hospice CCN: 14-1535

To 09/30/2016

Date/Time Prepared: 4/27/2017 9:00 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	57,099	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	743,501	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,689,799	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	2,490,399	100.00

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

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

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

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-2

Hospice CCN: 14-1535

To 09/30/2016

Date/Time Prepared: 4/27/2017 9:00 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	368,889	497,476	866,365	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	368,889	497,476	866,365	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	866,365
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	866,365

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

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

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-3

Hospice CCN: 14-1535

To 09/30/2016

Date/Time Prepared: 4/27/2017 9:00 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	52,032	6,616	58,648	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	52,032	6,616	58,648	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	58,648
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	58,648

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

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

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

Worksheet 0-4
Date/Time Prepared:
4/27/2017 9:00 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	579,218	185,568	764,786	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	579,218	185,568	764,786	0	100.00

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

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	764,786
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	764,786

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

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

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-5

Hospice CCN: 14-1535

To 09/30/2016

Date/Time Prepared: 4/27/2017 9:00 pm

Descriptions	Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	57,099	224,805	281,904	3.00
4.00 ADMINISTRATIVE & GENERAL	743,501	1,086,114	1,829,615	4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	0	0	0	7.00
8.00 DIETARY	0	0	0	8.00
9.00 NURSING ADMINISTRATION	0	0	0	9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00 MEDICAL RECORDS	0	0	0	11.00
12.00 STAFF TRANSPORTATION	0	0	0	12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00 PHARMACY	0	0	0	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00 OTHER GENERAL SERVICE (DELETED)	0	0	0	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	866,365	0	866,365	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	58,648	0	58,648	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	764,786	0	764,786	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	0	0	0	60.00
61.00 VOLUNTEER PROGRAM	0	0	0	61.00
62.00 FUNDRAISING	0	0	0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00 PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00 OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00 RESIDENTIAL CARE	0	0	0	66.00
67.00 ADVERTISING	0	0	0	67.00
68.00 TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00 THIRFT STORE	0	0	0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	99.00
100.00 TOTAL	2,490,399	1,310,919	3,801,318	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1535

To 09/30/2016

Part I
Date/Time Prepared:
4/27/2017 9:00 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	281,904	0	0	281,904	3.00
4.00	ADMINISTRATIVE & GENERAL	1,829,615	0	0	80,307	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	866,365			74,357	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	58,648	0	0	10,488	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	764,786	0	0	116,752	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	3,801,318	0	0	281,904	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1535

To 09/30/2016

Part I
Date/Time Prepared:
4/27/2017 9:00 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	1,909,922					4.00
5.00	0	0				5.00
6.00	0	0	0			6.00
7.00	0	0		0		7.00
8.00	0	0		0	0	8.00
9.00	0	0		0		9.00
10.00	0	0		0		10.00
11.00	0	0		0		11.00
12.00	0	0		0		12.00
13.00	0	0		0		13.00
14.00	0	0		0		14.00
15.00	0	0		0		15.00
16.00	0	0		0		16.00
17.00	0	0		0		17.00
LEVEL OF CARE						
50.00	0					50.00
51.00	949,936					51.00
52.00	69,813	0	0	0	0	52.00
53.00	890,173	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0	0		0		60.00
61.00	0	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	1,909,922	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

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

Part I
Date/Time Prepared:
4/27/2017 9:00 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1535

To 09/30/2016

Part I
Date/Time Prepared:
4/27/2017 9:00 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE (DELETED)	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	0	0		1,890,658	51.00
52.00	0	0	0	0	138,949	52.00
53.00	0	0	0	0	1,771,711	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	0	0	0	3,801,318	100.00

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

Provider CCN: 14-0191

Hospice CCN: 14-1535

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

Worksheet 0-6
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT			1,398,546			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	398,407	-1,909,922	1,891,396	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			368,889	0	940,722	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	52,032	0	69,136	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	579,218	0	881,538	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			281,904		1,909,922	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.201569		1.009795	101.00

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

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1535

To 09/30/2016

Part II
Date/Time Prepared:
4/27/2017 9:00 pm

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

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

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-6

Hospice CCN: 14-1535

To 09/30/2016

Part II
Date/Time Prepared:
4/27/2017 9:00 pm

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

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

Provider CCN: 14-0191

Hospice CCN: 14-1535

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

Worksheet 0-6
Part II
Date/Time Prepared:
4/27/2017 9:00 pm

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

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

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-7

Hospice CCN: 14-1535

To 09/30/2016

Date/Time Prepared: 4/27/2017 9:00 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 Line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.248364	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.485296	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.245929	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.217653	0	0	0	4.00
4.01	INFUSION THERAPY	73.01	0.240503	0	0	0	4.01
4.03	PHARMACY VACCINE	73.03	0.356299	0	0	0	4.03
4.04	FCC INFUSION THERAPY	73.04	0.137725	0	0	0	4.04
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.116285	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.871081	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.97	CARDIAC REHABILITATION	76.97	1.091823	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.230458	0	0	0	10.98
10.99	LI THOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	INFUSION THERAPY	0	0	0	0	0	4.01
4.03	PHARMACY VACCINE	0	0	0	0	0	4.03
4.04	FCC INFUSION THERAPY	0	0	0	0	0	4.04
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LI THOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0191

Period: From 10/01/2015

Worksheet 0-8

Hospice CCN: 14-1535

To 09/30/2016

Date/Time Prepared: 4/27/2017 9:00 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,890,658
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			12,065
8.00	Total average cost per diem (line 6 divided by line 7)			156.71
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	11,482	204	11,686
10.00	Program cost (line 8 times line 9)	1,799,344	31,969	1,831,313
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			138,949
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			176
13.00	Total average cost per diem (line 11 divided by line 12)			789.48
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	162	14	176
15.00	Program cost (line 13 times line 14)	127,896	11,053	138,949
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,771,711
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,329
18.00	Total average cost per diem (line 16 divided by line 17)			1,333.12
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,077	144	1,221
20.00	Program cost (line 18 times line 19)	1,435,770	191,969	1,627,739
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,801,318
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			13,570
23.00	Average cost per diem (line 21 divided by line 22)			280.13

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0191	Period: From 10/01/2015 To 09/30/2016	Worksheet L Parts I-III Date/Time Prepared: 4/27/2017 9:00 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,953,845	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		24,391	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)		125.57	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.19	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		44.16	8.00
9.00	Sum of lines 7 and 8		52.35	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.18	10.00
11.00	Disproportionate share adjustment (see instructions)		330,240	11.00
12.00	Total prospective capital payments (see instructions)		3,308,476	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