

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 3/12/2018 9:21 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 3/12/2018	Time: 9:21 am
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 CHIEF FINANCIAL 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 DEARBORN COUNTY HOSPITAL ( 15-0086 ) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	134,290	111,295	0	45,152	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	134,290	111,295	0	45,152	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 3/12/2018 9:20 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47025-		County: DEARBORN		
2.00 Street: 600 WILSON CREEK ROAD		2.00 City: LAWRENCEBURG		2.00 State: IN		2.00 Zip Code: 47025-		2.00 County: DEARBORN		
		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
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
3.00	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	DEARBORN COUNTY HOSPITAL	150086	17140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	HEALTH SERVICES CORP. OF SE IN	157055	17140		10/01/1978	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE OF SOUTHEASTERN INDIANA	151531	17140		12/22/1994				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2016	12/31/2016		20.00
21.00	Type of Control (see instructions)						9			21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3			23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	33	2,334	0	870	137	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 3/12/2018 9:20 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						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)(i) or (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)(i) or (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	XVIII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		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	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N		0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
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

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
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. Enter in column 4, the 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. Enter in column 4, the direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 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		
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	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	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 3/12/2018 9:20 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	274,755	0	0		
		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 healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
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
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 3/12/2018 9:20 am			
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:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				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.				N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2016	12/31/2016	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0	



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0086		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 3/12/2018 9:20 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
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	03/27/2017	Y	03/27/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 3/12/2018 9:20 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KYLE		SMT H	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7957		KCSMT H@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 3/12/2018 9:20 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0086

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	80	29,280	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)		80	29,280	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		88	32,208	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		88				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
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0086

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,776	33	11,791			1.00
2.00 HMO and other (see instructions)	1,309	3,287				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,776	33	11,791			7.00
8.00 INTENSIVE CARE UNIT	1,163	0	2,068			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	700			13.00
14.00 Total (see instructions)	6,939	33	14,559	0.00	571.23	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,722	520	8,133	0.00	14.66	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	4,774	114	5,459	0.00	4.02	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	589.91	27.00
28.00 Observation Bed Days		0	1,482			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	54	102			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
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0086

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,730	7	4,159	1.00
2.00 HMO and other (see instructions)			317	1,159		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,730	7	4,159	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0086

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/12/2018 9:20 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	34,914,762	0	34,914,762	1,390,678.00	25.11
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,866,474	16,146	1,882,620	69,950.00	26.91
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		549,479	0	549,479	9,641.00	56.99
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		415,612	0	415,612	2,156.00	192.77
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		10,104,013	0	10,104,013		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		508,222	0	508,222		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	431,571	0	431,571	13,286.00	32.48
27.00	Administrative & General	5.00	4,732,926	0	4,732,926	183,563.00	25.78

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0086

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/12/2018 9:20 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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.)	199,344	0	199,344	2,834.00	70.34	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,003,415	-16,146	987,269	38,172.00	25.86	30.00
31.00	Laundry & Linen Service	175,518	0	175,518	12,972.00	13.53	31.00
32.00	Housekeeping	748,226	0	748,226	65,729.00	11.38	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,166,165	-895,148	271,017	23,595.00	11.49	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	895,148	895,148	51,473.00	17.39	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	938,270	0	938,270	23,681.00	39.62	38.00
39.00	Central Services and Supply	312,239	0	312,239	19,677.00	15.87	39.00
40.00	Pharmacy	1,644,389	0	1,644,389	44,535.00	36.92	40.00
41.00	Medical Records & Medical Records Library	814,822	0	814,822	38,865.00	20.97	41.00
42.00	Social Service	344,504	0	344,504	12,430.00	27.72	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0086

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
3/12/2018 9:20 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	35,114,106	0	35,114,106	1,393,512.00	25.20	1.00
2.00	Excluded area salaries (see instructions)	1,866,474	16,146	1,882,620	69,950.00	26.91	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,247,632	-16,146	33,231,486	1,323,562.00	25.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	965,091	0	965,091	11,797.00	81.81	4.00
5.00	Subtotal wage-related costs (see inst.)	10,104,013	0	10,104,013	0.00	30.40	5.00
6.00	Total (sum of lines 3 thru 5)	44,316,736	-16,146	44,300,590	1,335,359.00	33.18	6.00
7.00	Total overhead cost (see instructions)	12,511,389	-16,146	12,495,243	530,812.00	23.54	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 3/12/2018 9:20 am
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		1,255,116	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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		5,616,130	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		190,513	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		58,576	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)		111,820	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		178,693	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		2,016,819	17.00
18.00	Medicare Taxes - Employers Portion Only		480,868	18.00
19.00	Unemployment Insurance		5,165	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		190,314	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,104,014	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	EE RECOGNITION		64,931	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 3/12/2018 9:20 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0086 Component CCN: 15-7055	Period: From 01/01/2016 To 12/31/2016	Worksheet S-4 Date/Time Prepared: 3/12/2018 9:20 am
			Home Health Agency I	PPS

					1.00	
0.00	County					0.00

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	286.00	0.00	0.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	3.00
4.00	Director(s) and Assistant Director(s)	0.00			0.00	4.00
5.00	Other Administrative Personnel	3.09			0.00	5.00
6.00	Direct Nursing Service	8.02			0.00	6.00
7.00	Nursing Supervisor	0.00			0.00	7.00
8.00	Physical Therapy Service	2.12			0.00	8.00
9.00	Physical Therapy Supervisor	0.00			0.00	9.00
10.00	Occupational Therapy Service	0.87			0.00	10.00
11.00	Occupational Therapy Supervisor	0.00			0.00	11.00
12.00	Speech Pathology Service	0.10			0.00	12.00
13.00	Speech Pathology Supervisor	0.00			0.00	13.00
14.00	Medical Social Service	0.00			0.00	14.00
15.00	Medical Social Service Supervisor	0.00			0.00	15.00
16.00	Home Health Aide	1.46			0.00	16.00
17.00	Home Health Aide Supervisor	0.00			0.00	17.00
18.00	OTHER	0.14			0.00	18.00

HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				5	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	17140				20.00
20.01		50031				20.01
20.02		50034				20.02
20.03		50035				20.03
20.04		99915				20.04

Full Episodes						
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	2,116	270	145	32	2,563
22.00	Skilled Nursing Visit Charges	424,681	54,189	29,102	6,422	514,394
23.00	Physical Therapy Visits	979	33	16	18	1,046
24.00	Physical Therapy Visit Charges	213,863	7,268	3,524	3,965	228,620
25.00	Occupational Therapy Visits	366	28	12	2	408
26.00	Occupational Therapy Visit Charges	79,951	6,167	2,643	441	89,202
27.00	Speech Pathology Visits	50	21	2	3	76
28.00	Speech Pathology Visit Charges	11,143	4,625	441	661	16,870
29.00	Medical Social Service Visits	5	2	0	2	9
30.00	Medical Social Service Visit Charges	1,499	600	0	600	2,699
31.00	Home Health Aide Visits	526	93	1	0	620
32.00	Home Health Aide Visit Charges	113,997	21,842	234	0	136,073
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,042	447	176	57	4,722
34.00	Other Charges	0	0	0	0	0
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	845,134	94,691	35,944	12,089	987,858
36.00	Total Number of Episodes (standard/non outlier)	309		64	7	380
37.00	Total Number of Outlier Episodes		11		0	11
38.00	Total Non-Routine Medical Supply Charges	18,847	4,861	3,978	300	27,986

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 15-0086 Hospice CCN: 15-1531	Period: From 01/01/2016 To 12/31/2016	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 3/12/2018 9:20 am
			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			All Other
		1.00	2.00	3.00	4.00			5.00
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
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	
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
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
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>					
10.00	Hospice Continuous Home Care	0	0	0	0
11.00	Hospice Routine Home Care	4,548	104	567	5,219
12.00	Hospice Inpatient Respite Care	0	0	0	0
13.00	Hospice General Inpatient Care	226	10	4	240
14.00	Total Hospice Days	4,774	114	571	5,459
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>					
15.00	Hospice Inpatient Respite Care	0	0	0	0
16.00	Hospice General Inpatient Care	0	0	0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 3/12/2018 9:20 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.351055	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,775,447	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 and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		15,429,535	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,416,615	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)		2,641,168	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,641,168	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	1,683,875	0	1,683,875	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	591,133	0	591,133	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	591,133	0	591,133	23.00
			1.00		
24.00	Does the amount on 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, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,040,000		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		329,184		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		506,438		27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		5,533,562		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,119,839		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,710,972		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,352,140		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0086

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

Worksheet A  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		3,552,531	3,552,531	71,557	3,624,088	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		2,142,158	2,142,158	52,917	2,195,075	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	431,571	10,259,283	10,690,854	0	10,690,854	4.00
5.01 01160 COMMUNICATIONS	129,243	156,578	285,821	0	285,821	5.01
5.02 00550 DATA PROCESSING	1,019,829	1,509,908	2,529,737	0	2,529,737	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	248,511	101,233	349,744	-3,324	346,420	5.03
5.04 00570 ADMITTING	647,634	84,576	732,210	0	732,210	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	758,634	509,530	1,268,164	0	1,268,164	5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL	1,929,075	5,148,216	7,077,291	-132,882	6,944,409	5.06
7.00 00700 OPERATION OF PLANT	1,003,415	2,212,247	3,215,662	-64,141	3,151,521	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	175,518	134,457	309,975	0	309,975	8.00
9.00 00900 HOUSEKEEPING	748,226	316,978	1,065,204	35,616	1,100,820	9.00
10.00 01000 DIETARY	1,166,165	690,391	1,856,556	-1,425,092	431,464	10.00
11.00 01100 CAFETERIA	0	0	0	1,425,092	1,425,092	11.00
13.00 01300 NURSING ADMINISTRATION	938,270	42,521	980,791	0	980,791	13.00
14.00 01400 CENTRAL SERVICE & SUPPLY	312,239	662,017	974,256	-497,684	476,572	14.00
15.00 01500 PHARMACY	1,644,389	173,458	1,817,847	-19,503	1,798,344	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	814,822	155,906	970,728	-2,535	968,193	16.00
17.00 01700 SOCIAL SERVICE	344,504	11,756	356,260	0	356,260	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	6,582,404	847,117	7,429,521	-913,142	6,516,379	30.00
31.00 03100 INTENSIVE CARE UNIT	1,380,382	175,364	1,555,746	-1,101	1,554,645	31.00
43.00 04300 NURSERY	0	0	0	566,988	566,988	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,814,125	2,034,527	3,848,652	-1,531,510	2,317,142	50.00
51.00 05100 RECOVERY ROOM	688,607	29,947	718,554	-10,377	708,177	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	315,084	315,084	52.00
53.00 05300 ANESTHESIOLOGY	0	1,234,119	1,234,119	-39,614	1,194,505	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,489,149	940,231	3,429,380	-24,869	3,404,511	54.00
54.01 05401 ULTRASOUND	230,302	53,159	283,461	-16,540	266,921	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	439,364	344,423	783,787	-175,249	608,538	55.00
57.00 05700 CT SCAN	0	195,854	195,854	-67,382	128,472	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	301,128	301,128	-9,764	291,364	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,317,903	3,194,058	5,511,961	-4,529	5,507,432	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	766,841	117,385	884,226	-75,231	808,995	65.00
65.01 03950 SLEEP CLINIC	0	195,220	195,220	-58	195,162	65.01
66.00 06600 PHYSICAL THERAPY	1,260,472	105,289	1,365,761	-4,775	1,360,986	66.00
67.00 06700 OCCUPATIONAL THERAPY	265,371	9,645	275,016	-3,705	271,311	67.00
68.00 06800 SPEECH PATHOLOGY	219,228	3,040	222,268	0	222,268	68.00
69.00 06900 ELECTROCARDIOLOGY	566,495	881,250	1,447,745	-667	1,447,078	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,603,542	2,603,542	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	2,777,138	2,777,138	0	2,777,138	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2	3,450,498	3,450,500	0	3,450,500	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	1,715,598	339,425	2,055,023	-7,504	2,047,519	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	953,245	134,126	1,087,371	-12,810	1,074,561	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE		0	0	0	0	113.00
116.00 11600 HOSPICE	314,923	279,281	594,204	-64,846	529,358	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	34,316,456	45,505,968	79,822,424	-38,038	79,784,386	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,151	0	65,151	0	65,151	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	178,147	178,147	39,354	217,501	192.00
192.01 19201 PHYSICIAN CLINIC	86,658	39,838	126,496	-263	126,233	192.01
192.02 19202 LIFELINE	0	3,080	3,080	0	3,080	192.02
192.03 19203 CREDIT UNION	0	0	0	0	0	192.03
192.04 19204 BREAST MRI STUDY	0	0	0	0	0	192.04
192.05 19205 HOSPITALIST	0	1,255,105	1,255,105	0	1,255,105	192.05
194.00 07950 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01 07951 MARKETING	123,415	155,554	278,969	0	278,969	194.01
194.02 07953 OCCUPATIONAL HEALTH	323,082	38,803	361,885	-1,053	360,832	194.02
194.03 07952 PATHS EDUCATION	0	47,345	47,345	0	47,345	194.03
200.00 20000 TOTAL (SUM OF LINES 118 through 199)	34,914,762	47,223,840	82,138,602	0	82,138,602	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0086

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

Worksheet A  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-167,475	3,456,613	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-1,650	2,193,425	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-15,246	10,675,608	4.00
5.01	01160	COMMUNICATIONS	-9,426	276,395	5.01
5.02	00550	DATA PROCESSING	0	2,529,737	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	346,420	5.03
5.04	00570	ADMINITTING	0	732,210	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-5,491	1,262,673	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-4,099,702	2,844,707	5.06
7.00	00700	OPERATION OF PLANT	-118,393	3,033,128	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	309,975	8.00
9.00	00900	HOUSEKEEPING	0	1,100,820	9.00
10.00	01000	DIETARY	-1,981	429,483	10.00
11.00	01100	CAFETERIA	-414,767	1,010,325	11.00
13.00	01300	NURSING ADMINISTRATION	0	980,791	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	476,572	14.00
15.00	01500	PHARMACY	0	1,798,344	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-14,977	953,216	16.00
17.00	01700	SOCIAL SERVICE	0	356,260	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-364,477	6,151,902	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,554,645	31.00
43.00	04300	NURSERY	0	566,988	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-62,250	2,254,892	50.00
51.00	05100	RECOVERY ROOM	0	708,177	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	315,084	52.00
53.00	05300	ANESTHESIOLOGY	-1,171,379	23,126	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-139,231	3,265,280	54.00
54.01	05401	ULTRASOUND	0	266,921	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	608,538	55.00
57.00	05700	CT SCAN	-4,186	124,286	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	291,364	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-100,664	5,406,768	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-12,523	796,472	65.00
65.01	03950	SLEEP CLINIC	0	195,162	65.01
66.00	06600	PHYSICAL THERAPY	0	1,360,986	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	271,311	67.00
68.00	06800	SPEECH PATHOLOGY	0	222,268	68.00
69.00	06900	ELECTROCARDIOLOGY	-271,658	1,175,420	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,603,542	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,777,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-846,792	2,603,708	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-106,190	1,941,329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	0	1,074,561	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-5,134	524,224	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-7,933,592	71,850,794	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	65,151	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	217,501	192.00
192.01	19201	PHYSICIAN CLINIC	0	126,233	192.01
192.02	19202	LIFELINE	0	3,080	192.02
192.03	19203	CREDIT UNION	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	192.04
192.05	19205	HOSPITALIST	0	1,255,105	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	194.00
194.01	07951	MARKETING	0	278,969	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	360,832	194.02
194.03	07952	PATHS EDUCATION	0	47,345	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-7,933,592	74,205,010	200.00



RECLASSIFICATIONS

Provider CCN: 15-0086

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

Worksheet A-6

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		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	895,148	529,944	1.00
	0		895,148	529,944	
<b>B - NURSERY</b>					
1.00	NURSERY	43.00	469,458	97,530	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	260,885	54,199	2.00
	0		730,343	151,729	
<b>C - UTILIZATION REVIEW COST</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,535	1.00
	0		0	2,535	
<b>D - SECURITY GUARD</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	16,146	30,023	1.00
	0		16,146	30,023	
<b>E - MED SUPPLY RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,603,542	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
	0		0	2,603,542	
<b>F - POB HOUSEKEEPING</b>					
1.00	HOUSEKEEPING	9.00	0	35,683	1.00
2.00		0.00	0	0	2.00
	0		0	35,683	
<b>G - INSURANCE</b>					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	124,474	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,942	2.00
	0		0	135,416	
500.00	Grand Total: Increases		1,641,637	3,488,872	500.00

RECLASSIFICATIONS

Provider CCN: 15-0086

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>						
1.00	DIETARY	10.00	895,148	529,944	0	1.00
	O		895,148	529,944		
<b>B - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	730,343	151,729	0	1.00
2.00		0.00	0	0	0	2.00
	O		730,343	151,729		
<b>C - UTILIZATION REVIEW COST</b>						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,535	0	1.00
	O		0	2,535		
<b>D - SECURITY GUARD</b>						
1.00	OPERATION OF PLANT	7.00	16,146	30,023	0	1.00
	O		16,146	30,023		
<b>E - MED SUPPLY RECLASS</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	3,324	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1	0	2.00
3.00	OPERATION OF PLANT	7.00	0	46	0	3.00
4.00	HOUSEKEEPING	9.00	0	67	0	4.00
5.00	CENTRAL SERVICE & SUPPLY	14.00	0	497,684	0	5.00
6.00	PHARMACY	15.00	0	19,503	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	31,070	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	1,101	0	8.00
9.00	OPERATING ROOM	50.00	0	1,531,510	0	9.00
10.00	RECOVERY ROOM	51.00	0	10,377	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	39,614	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,869	0	12.00
13.00	ULTRASOUND	54.01	0	16,540	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	175,249	0	14.00
15.00	CT SCAN	57.00	0	67,382	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	9,764	0	16.00
17.00	LABORATORY	60.00	0	4,529	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	75,231	0	18.00
19.00	SLEEP CLINIC	65.01	0	58	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	4,775	0	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	3,705	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	667	0	22.00
23.00	EMERGENCY	91.00	0	7,504	0	23.00
24.00	HOME HEALTH AGENCY	101.00	0	12,810	0	24.00
25.00	HOSPICE	116.00	0	64,846	0	25.00
26.00	PHYSICIAN CLINIC	192.01	0	263	0	26.00
27.00	OCCUPATIONAL HEALTH	194.02	0	1,053	0	27.00
	O		0	2,603,542		
<b>F - POB HOUSEKEEPING</b>						
1.00	OPERATION OF PLANT	7.00	0	17,926	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	17,757	0	2.00
	O		0	35,683		
<b>G - INSURANCE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	135,416	0	1.00
2.00		0.00	0	0	0	2.00
	O		0	135,416		
500.00	Grand Total: Decreases		1,641,637	3,488,872		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0086

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	75,208	0	0	0	1.00
2.00	Land Improvements	1,519,621	0	0	0	2.00
3.00	Buildings and Fixtures	63,002,960	4,007,898	0	4,007,898	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	49,992,457	3,314,638	0	3,314,638	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	114,590,246	7,322,536	0	7,322,536	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	114,590,246	7,322,536	0	7,322,536	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	75,208	0			1.00
2.00	Land Improvements	1,519,621	0			2.00
3.00	Buildings and Fixtures	67,010,858	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	50,734,600	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	119,340,287	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	119,340,287	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0086

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,976,573	0	539,675	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,791,890	350,268	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,768,463	350,268	539,675	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	NEW CAP REL COSTS-BLDG & FIXT	36,283	3,552,531				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,142,158				2.00
3.00	Total (sum of lines 1-2)	36,283	5,694,689				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0086

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	68,605,687	0	68,605,687	0.574874	71,557	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	50,734,600	0	50,734,600	0.425126	52,917	2.00
3.00	Total (sum of lines 1-2)	119,340,287	0	119,340,287	1.000000	124,474	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	71,557	2,826,807	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	52,917	1,790,240	350,268	2.00
3.00	Total (sum of lines 1-2)	0	0	124,474	4,617,047	350,268	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	NEW CAP REL COSTS-BLDG & FIXT	521,966	71,557	0	36,283	3,456,613	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	52,917	0	0	2,193,425	2.00
3.00	Total (sum of lines 1-2)	521,966	124,474	0	36,283	5,650,038	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0086

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

Worksheet A-8

Date/Time Prepared:  
3/12/2018 9:20 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	B	-10,105	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-9,426	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-1,650	ONEW CAP REL COSTS-MVBLE EQUIP	2.00	9	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,215,421			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-414,767	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-846,792	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-14,977	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (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		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		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 - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00

Provider CCN: 15-0086  
 Period: From 01/01/2016 To 12/31/2016  
 Worksheet A-8  
 Date/Time Prepared: 3/12/2018 9:20 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	5.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	REV - FITNESS CENTER	B	-15,246	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
34.00	AMBULANCE BILLING OFFSET	B	-875	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 34.00
35.00	HEALTH SERV/WIC MANAGMNT FEE	B	-4,409	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 35.00
36.00	RENT - LUDLOW HILL CLINIC	B	-10,486	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 36.00
37.00	SIS BILLING SERVICE	B	-4,616	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 37.00
38.00	REV - COMMUNITY EDUCATION PROGRAM	B	-13,396	ADULTS & PEDIATRICS	30.00	0 38.00
39.00	MISCELLANEOUS INCOME	B	-3,741	RADIOLOGY-DIAGNOSTIC	54.00	0 39.00
40.00	DIET - NUTRITION COUNSELING	B	-1,981	DIETARY	10.00	0 40.00
40.01	ADVERTISING	A	-37,873	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 40.01
41.00	AHA & IHA DUES	A	-6,512	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 41.00
42.00	MISC. OFFSET	A	-33,231	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 42.00
43.00	ADVERTISING STAFF	A	-11,240	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 43.00
44.00	NON ALLOWABLE REPAIRS	A	-49,725	OPERATION OF PLANT	7.00	0 44.00
45.00	PHYSICIAN RECRUITMENT & HSC LOSS	A	-306,218	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.00
45.01	MENTAL HEALTH UTILITIES	A	-68,668	OPERATION OF PLANT	7.00	0 45.01
45.02	NON-ALLOWABLE DEPRECIATION	A	-149,766	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 45.02
45.03	NON ALLOWABLE INTEREST	A	-17,709	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 45.03
45.04	MISC. NONALLOWABLE	A	-5,134	HOSPICE	116.00	0 45.04
45.05	HAF OFFSET	A	-3,679,628	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.05
45.06	OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0 45.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,933,592			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0086

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

Worksheet A-8-2

Date/Time Prepared:  
3/12/2018 9:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	351,081	351,081	0	0	0	1.00
2.00	50.00	OPERATING ROOM	62,250	62,250	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,171,379	1,171,379	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	135,490	135,490	0	0	0	4.00
5.00	57.00	CT SCAN	4,186	4,186	0	0	0	5.00
6.00	60.00	LABORATORY	175,000	0	175,000	260,300	594	6.00
7.00	65.00	RESPIRATORY THERAPY	12,523	12,523	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	271,658	271,658	0	0	0	8.00
9.00	91.00	EMERGENCY	240,612	0	240,612	179,000	1,562	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,424,179	2,008,567	415,612		2,156	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	74,336	3,717	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	134,422	6,721	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			208,758	10,438	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	351,081		1.00
2.00	50.00	OPERATING ROOM	0	0	0	62,250		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,171,379		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	135,490		4.00
5.00	57.00	CT SCAN	0	0	0	4,186		5.00
6.00	60.00	LABORATORY	0	74,336	100,664	100,664		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	12,523		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	271,658		8.00
9.00	91.00	EMERGENCY	0	134,422	106,190	106,190		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	208,758	206,854	2,215,421		200.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,456,613	3,456,613			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	2,193,425		2,193,425		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,675,608	20,363	13,150	10,709,121	4.00
5.01 01160	COMMUNICATIONS	276,395	3,513	2,269	40,138	5.01
5.02 00550	DATA PROCESSING	2,529,737	33,665	21,739	316,719	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	346,420	73,860	47,695	77,178	5.03
5.04 00570	ADMINISTRATIVE	732,210	39,929	25,784	201,130	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,262,673	7,836	5,060	235,602	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	2,844,707	121,647	78,554	599,095	5.06
7.00 00700	OPERATION OF PLANT	3,033,128	1,127,841	728,311	306,607	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	309,975	18,398	11,881	54,509	8.00
9.00 00900	HOUSEKEEPING	1,100,820	13,614	8,791	232,370	9.00
10.00 01000	DIETARY	429,483	46,227	29,852	84,167	10.00
11.00 01100	CAFETERIA	1,010,325	32,787	21,172	277,998	11.00
13.00 01300	NURSING ADMINISTRATION	980,791	6,934	4,478	291,390	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	476,572	81,915	52,897	96,969	14.00
15.00 01500	PHARMACY	1,798,344	20,525	13,254	510,683	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	953,216	55,554	35,874	253,052	16.00
17.00 01700	SOCIAL SERVICE	356,260	6,738	4,351	106,990	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,151,902	722,429	466,513	1,817,409	30.00
31.00 03100	INTENSIVE CARE UNIT	1,554,645	85,521	55,225	428,693	31.00
43.00 04300	NURSERY	566,988	4,623	2,985	145,795	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,254,892	298,004	192,438	563,396	50.00
51.00 05100	RECOVERY ROOM	708,177	13,441	8,679	213,854	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	315,084	5,825	3,761	81,021	52.00
53.00 05300	ANESTHESIOLOGY	23,126	185	119	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,265,280	133,262	86,055	773,033	54.00
54.01 05401	ULTRASOUND	266,921	7,165	4,627	71,523	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	608,538	13,348	8,620	136,449	55.00
57.00 05700	CT SCAN	124,286	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	291,364	9,280	5,993	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	5,406,768	77,662	50,151	719,850	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	796,472	13,452	8,687	238,151	65.00
65.01 03950	SLEEP CLINIC	195,162	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	1,360,986	87,416	56,449	391,453	66.00
67.00 06700	OCCUPATIONAL THERAPY	271,311	9,176	5,926	82,414	67.00
68.00 06800	SPEECH PATHOLOGY	222,268	4,900	3,164	68,084	68.00
69.00 06900	ELECTROCARDIOLOGY	1,175,420	37,687	24,336	175,931	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,603,542	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	2,777,138	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,603,708	0	0	1	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	1,941,329	111,916	72,271	532,798	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	1,074,561	35,653	23,023	296,041	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	524,224	3,640	2,351	97,803	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	71,850,794	3,385,931	2,186,485	10,518,296	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,151	28,199	0	20,233	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	217,501	0	0	5,014	192.00
192.01 19201	PHYSICIAN CLINIC	126,233	19,647	0	26,913	192.01
192.02 19202	LIFELINE	3,080	0	0	0	192.02
192.03 19203	CREDIT UNION	0	12,088	0	0	192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05 19205	HOSPITALIST	1,255,105	0	0	0	192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	194.00
194.01 07951	MARKETING	278,969	10,748	6,940	38,328	194.01
194.02 07953	OCCUPATIONAL HEALTH	360,832	0	0	100,337	194.02
194.03 07952	PATHS EDUCATION	47,345	0	0	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00   TOTAL (sum lines 118 through 201)	74,205,010	3,456,613	2,193,425	10,709,121	322,315	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B Part I Date/Time Prepared: 3/12/2018 9:20 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	2,918,573				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	34,953	583,389			5.03
5.04	00570	ADMINISTRATIVE	96,121	2,535	1,103,081		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	151,463	972	0	1,678,528	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	157,288	10,005	0	0	3,820,548
7.00	00700	OPERATION OF PLANT	40,778	9,352	0	0	5,263,327
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,982	0	0	401,342
9.00	00900	HOUSEKEEPING	14,564	8,903	0	0	1,384,434
10.00	01000	DIETARY	93,208	7,050	0	0	691,479
11.00	01100	CAFETERIA	0	0	0	0	1,346,759
13.00	01300	NURSING ADMINISTRATION	49,517	919	0	0	1,339,401
14.00	01400	CENTRAL SERVICE & SUPPLY	61,168	37,268	0	0	810,967
15.00	01500	PHARMACY	90,295	5,350	0	0	2,448,598
16.00	01600	MEDICAL RECORDS & LIBRARY	157,288	1,716	0	0	1,480,575
17.00	01700	SOCIAL SERVICE	26,215	406	0	0	503,944
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	518,469	18,279	819,342	126,103	10,684,914
31.00	03100	INTENSIVE CARE UNIT	78,644	2,322	117,292	27,246	2,354,661
43.00	04300	NURSERY	0	0	94,174	4,834	819,399
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	183,503	110,917	0	247,776	3,864,654
51.00	05100	RECOVERY ROOM	0	1,654	0	31,061	980,746
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	12,278	417,969
53.00	05300	ANESTHESIOLOGY	0	2,754	0	16,219	44,492
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,812	23,243	0	156,090	4,598,263
54.01	05401	ULTRASOUND	0	1,248	0	29,075	381,156
55.00	05500	RADIOLOGY-THERAPEUTIC	29,127	15,110	0	51,757	865,337
57.00	05700	CT SCAN	0	8,572	0	163,224	296,082
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,041	0	30,003	339,681
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	198,067	103,312	0	315,565	6,882,716
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	104,859	3,552	0	48,201	1,215,762
65.01	03950	SLEEP CLINIC	0	155	0	5,437	206,126
66.00	06600	PHYSICAL THERAPY	64,080	2,414	0	53,588	2,016,386
67.00	06700	OCCUPATIONAL THERAPY	0	293	0	6,225	378,628
68.00	06800	SPEECH PATHOLOGY	0	102	0	5,783	304,898
69.00	06900	ELECTROCARDIOLOGY	0	1,979	0	60,480	1,486,278
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	42,598	2,646,140
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	180,503	0	4,734	2,962,375
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	101,152	2,704,861
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	99,033	4,134	72,273	118,483	2,962,682
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	116,510	2,417	0	11,920	1,561,916
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,693	0	8,481	641,192
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,504,962	581,152	1,103,081	1,678,313	71,108,688
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	114,478
192.00	19200	PHYSICIANS' PRIVATE OFFICES	372,832	798	0	0	645,983
192.01	19201	PHYSICIAN CLINIC	26,215	486	0	0	202,478
192.02	19202	LIFELINE	0	0	0	0	3,080
192.03	19203	CREDIT UNION	0	0	0	0	15,072
192.04	19204	BREAST MRI STUDY	0	0	0	0	0
192.05	19205	HOSPITALIST	11,651	135	0	0	1,266,891
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0
194.01	07951	MARKETING	2,913	205	0	0	338,998
194.02	07953	OCCUPATIONAL HEALTH	0	603	0	215	461,987
194.03	07952	PATHS EDUCATION	0	10	0	0	47,355
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	2,918,573	583,389	1,103,081	1,678,528	74,205,010

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B Part I Date/Time Prepared: 3/12/2018 9:20 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	3,820,548				5.06	
7.00	00700	OPERATION OF PLANT	285,699	5,549,026			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	21,785	50,343	473,470		8.00	
9.00	00900	HOUSEKEEPING	75,148	37,251	62,195	1,559,028	9.00	
10.00	01000	DIETARY	37,534	126,490	4,140	36,108	895,751	10.00
11.00	01100	CAFETERIA	73,103	89,713	13,859	25,610	0	11.00
13.00	01300	NURSING ADMINISTRATION	72,704	18,974	0	5,416	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	44,020	224,140	665	63,983	0	14.00
15.00	01500	PHARMACY	132,912	56,162	0	16,032	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	80,367	152,009	0	43,393	0	16.00
17.00	01700	SOCIAL SERVICE	27,355	18,436	0	5,263	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	579,998	1,976,757	148,903	564,288	716,177	30.00
31.00	03100	INTENSIVE CARE UNIT	127,813	234,007	32,079	66,800	59,207	31.00
43.00	04300	NURSERY	44,478	12,649	0	3,611	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	209,777	815,418	31,043	232,771	0	50.00
51.00	05100	RECOVERY ROOM	53,236	36,777	25,541	10,498	2,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,688	15,938	0	4,550	0	52.00
53.00	05300	ANESTHESIOLOGY	2,415	506	0	144	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	249,598	364,639	30,202	104,090	0	54.00
54.01	05401	ULTRASOUND	20,690	19,606	5,879	5,597	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	46,971	36,524	3,959	10,426	0	55.00
57.00	05700	CT SCAN	16,072	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,438	25,393	0	7,249	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	373,601	212,503	4,956	60,662	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	65,993	36,809	7,147	10,507	0	65.00
65.01	03950	SLEEP CLINIC	11,189	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	109,451	239,193	9,213	68,280	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,552	25,108	884	7,167	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,550	13,408	0	3,827	0	68.00
69.00	06900	ELECTROCARDIOLOGY	80,677	103,121	2,087	29,437	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	143,635	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	160,801	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	146,823	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	160,817	306,233	81,136	87,418	12,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	84,782	97,555	0	27,848	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	34,805	9,961	0	2,844	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,652,477	5,355,623	463,888	1,503,819	789,851	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,214	77,159	0	22,026	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,065	0	1,449	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	10,991	53,758	0	15,346	0	192.01
192.02	19202	LIFELINE	167	0	0	0	0	192.02
192.03	19203	CREDIT UNION	818	33,077	0	9,442	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	68,768	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	8,133	0	105,900	194.00
194.01	07951	MARKETING	18,401	29,409	0	8,395	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	25,077	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	2,570	0	0	0	0	194.03
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 through 201)	3,820,548	5,549,026	473,470	1,559,028	895,751	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,549,044					11.00
13.00	01300	37,581	1,474,076				13.00
14.00	01400	31,751	59,847	1,235,373			14.00
15.00	01500	74,156	0	0	2,727,860		15.00
16.00	01600	62,270	0	0	0	1,818,614	16.00
17.00	01700	20,587	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	381,818	719,687	0	0	119,461	30.00
31.00	03100	78,241	147,476	0	0	29,978	31.00
43.00	04300	27,267	51,395	0	0	5,318	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	102,159	192,558	0	0	271,979	50.00
51.00	05100	36,436	68,677	0	0	34,175	51.00
52.00	05200	15,153	28,562	0	0	13,197	52.00
53.00	05300	0	0	0	0	17,845	53.00
54.00	05400	154,169	0	0	0	171,584	54.00
54.01	05401	10,393	0	0	0	31,990	54.01
55.00	05500	20,468	0	0	0	56,736	55.00
57.00	05700	0	0	0	0	179,590	57.00
58.00	05800	0	0	0	0	32,458	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	174,820	0	0	0	347,114	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	41,613	0	0	0	52,256	65.00
65.01	03950	0	0	0	0	5,982	65.01
66.00	06600	70,974	0	0	0	58,961	66.00
67.00	06700	11,660	0	0	0	6,849	67.00
68.00	06800	8,841	0	0	0	6,362	68.00
69.00	06900	37,812	0	0	0	59,357	69.00
71.00	07100	0	0	1,235,373	0	46,869	71.00
72.00	07200	0	0	0	0	6,214	72.00
73.00	07300	0	0	0	2,727,860	111,294	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	109,223	205,874	0	0	130,363	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	0	13,115	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	0	0	0	9,331	116.00
118.00		1,507,392	1,474,076	1,235,373	2,727,860	1,818,378	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	10,119	0	0	0	0	190.00
192.00	19200	873	0	0	0	0	192.00
192.01	19201	10,856	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	7,165	0	0	0	0	194.01
194.02	07953	12,639	0	0	0	236	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,549,044	1,474,076	1,235,373	2,727,860	1,818,614	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	575,585				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	530,080	16,422,083	0	16,422,083	30.00
31.00	03100	INTENSIVE CARE UNIT	21,060	3,151,322	0	3,151,322	31.00
43.00	04300	NURSERY	0	964,117	0	964,117	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	15,043	5,735,402	0	5,735,402	50.00
51.00	05100	RECOVERY ROOM	0	1,248,373	0	1,248,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	518,057	0	518,057	52.00
53.00	05300	ANESTHESIOLOGY	0	65,402	0	65,402	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,672,545	0	5,672,545	54.00
54.01	05401	ULTRASOUND	0	475,311	0	475,311	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,040,421	0	1,040,421	55.00
57.00	05700	CT SCAN	0	491,744	0	491,744	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	423,219	0	423,219	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	8,056,372	0	8,056,372	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,430,087	0	1,430,087	65.00
65.01	03950	SLEEP CLINIC	0	223,297	0	223,297	65.01
66.00	06600	PHYSICAL THERAPY	0	2,572,458	0	2,572,458	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	450,848	0	450,848	67.00
68.00	06800	SPEECH PATHOLOGY	0	353,886	0	353,886	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,798,769	0	1,798,769	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,072,017	0	4,072,017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,129,390	0	3,129,390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,690,838	0	5,690,838	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	9,402	4,065,328	0	4,065,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	1,785,216	0	1,785,216	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	698,133	0	698,133	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	575,585	70,534,635	0	70,534,635	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	229,996	0	229,996	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	683,370	0	683,370	192.00
192.01	19201	PHYSICIAN CLINIC	0	293,429	0	293,429	192.01
192.02	19202	LIFELINE	0	3,247	0	3,247	192.02
192.03	19203	CREDIT UNION	0	58,409	0	58,409	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	1,335,659	0	1,335,659	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	114,033	0	114,033	194.00
194.01	07951	MARKETING	0	402,368	0	402,368	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	499,939	0	499,939	194.02
194.03	07952	PATHS EDUCATION	0	49,925	0	49,925	194.03
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 through 201)	575,585	74,205,010	0	74,205,010	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part II  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	20,363	13,150	33,513	4.00
5.01 01160	COMMUNICATIONS	0	3,513	2,269	5,782	5.01
5.02 00550	DATA PROCESSING	0	33,665	21,739	55,404	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	73,860	47,695	121,555	5.03
5.04 00570	ADMITTING	0	39,929	25,784	65,713	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	7,836	5,060	12,896	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	121,647	78,554	200,201	5.06
7.00 00700	OPERATION OF PLANT	0	1,127,841	728,311	1,856,152	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	18,398	11,881	30,279	8.00
9.00 00900	HOUSEKEEPING	0	13,614	8,791	22,405	9.00
10.00 01000	DIETARY	0	46,227	29,852	76,079	10.00
11.00 01100	CAFETERIA	0	32,787	21,172	53,959	11.00
13.00 01300	NURSING ADMINISTRATION	0	6,934	4,478	11,412	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	0	81,915	52,897	134,812	14.00
15.00 01500	PHARMACY	0	20,525	13,254	33,779	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	55,554	35,874	91,428	16.00
17.00 01700	SOCIAL SERVICE	0	6,738	4,351	11,089	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	722,429	466,513	1,188,942	30.00
31.00 03100	INTENSIVE CARE UNIT	0	85,521	55,225	140,746	31.00
43.00 04300	NURSERY	0	4,623	2,985	7,608	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	298,004	192,438	490,442	50.00
51.00 05100	RECOVERY ROOM	0	13,441	8,679	22,120	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	5,825	3,761	9,586	52.00
53.00 05300	ANESTHESIOLOGY	0	185	119	304	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	133,262	86,055	219,317	54.00
54.01 05401	ULTRASOUND	0	7,165	4,627	11,792	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	13,348	8,620	21,968	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,280	5,993	15,273	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	77,662	50,151	127,813	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	13,452	8,687	22,139	65.00
65.01 03950	SLEEP CLINIC	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	87,416	56,449	143,865	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,176	5,926	15,102	67.00
68.00 06800	SPEECH PATHOLOGY	0	4,900	3,164	8,064	68.00
69.00 06900	ELECTROCARDIOLOGY	0	37,687	24,336	62,023	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	111,916	72,271	184,187	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	35,653	23,023	58,676	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	3,640	2,351	5,991	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	3,385,931	2,186,485	5,572,416	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,199	0	28,199	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	PHYSICIAN CLINIC	0	19,647	0	19,647	192.01
192.02 19202	LIFELINE	0	0	0	0	192.02
192.03 19203	CREDIT UNION	0	12,088	0	12,088	192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05 19205	HOSPITALIST	0	0	0	0	192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	194.00
194.01 07951	MARKETING	0	10,748	6,940	17,688	194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	0	0	194.02
194.03 07952	PATHS EDUCATION	0	0	0	0	194.03
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	3,456,613	2,193,425	5,650,038	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0086		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 3/12/2018 9:20 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	5,908					5.01
5.02	00550	DATA PROCESSING	306	56,701				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	60	679	122,536			5.03
5.04	00570	ADMINITTING	98	1,867	532	68,840		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	274	2,943	204	0	17,054	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	170	3,056	2,102	0	0	5.06
7.00	00700	OPERATION OF PLANT	317	792	1,964	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11	0	1,257	0	0	8.00
9.00	00900	HOUSEKEEPING	98	283	1,870	0	0	9.00
10.00	01000	DIETARY	27	1,811	1,481	0	0	10.00
11.00	01100	CAFETERIA	82	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	98	962	193	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	77	1,188	7,828	0	0	14.00
15.00	01500	PHARMACY	186	1,754	1,124	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	438	3,056	360	0	0	16.00
17.00	01700	SOCIAL SERVICE	55	509	85	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	815	10,073	3,839	51,133	1,278	30.00
31.00	03100	INTENSIVE CARE UNIT	93	1,528	488	7,320	276	31.00
43.00	04300	NURSERY	0	0	0	5,877	49	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	252	3,565	23,298	0	2,511	50.00
51.00	05100	RECOVERY ROOM	71	0	347	0	315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	124	52.00
53.00	05300	ANESTHESIOLOGY	38	0	578	0	164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	394	2,716	4,882	0	1,582	54.00
54.01	05401	ULTRASOUND	11	0	262	0	295	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	44	566	3,174	0	525	55.00
57.00	05700	CT SCAN	0	0	1,801	0	1,654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	639	0	304	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	208	3,848	21,700	0	3,240	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	44	2,037	746	0	489	65.00
65.01	03950	SLEEP CLINIC	98	0	33	0	55	65.01
66.00	06600	PHYSICAL THERAPY	0	1,245	507	0	543	66.00
67.00	06700	OCCUPATIONAL THERAPY	60	0	62	0	63	67.00
68.00	06800	SPEECH PATHOLOGY	11	0	21	0	59	68.00
69.00	06900	ELECTROCARDIOLOGY	191	0	416	0	613	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	37,911	0	48	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,025	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	191	1,924	868	4,510	1,201	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	33	2,264	508	0	121	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	986	0	86	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,851	48,666	122,066	68,840	17,052	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	915	7,243	168	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	55	509	102	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	0	192.02
192.03	19203	CREDIT UNION	55	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	226	28	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	16	57	43	0	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	0	127	0	2	194.02
194.03	07952	PATHS EDUCATION	0	0	2	0	0	194.03
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 through 201)	5,908	56,701	122,536	68,840	17,054	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0086

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

Worksheet B  
Part II  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	207,404					5.06
7.00	00700	OPERATION OF PLANT	15,511	1,875,696				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,183	17,017	49,918			8.00
9.00	00900	HOUSEKEEPING	4,080	12,592	6,557	48,612		9.00
10.00	01000	DIETARY	2,038	42,757	436	1,126	126,018	10.00
11.00	01100	CAFETERIA	3,969	30,325	1,461	799	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,947	6,413	0	169	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,390	75,765	70	1,995	0	14.00
15.00	01500	PHARMACY	7,216	18,984	0	500	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,363	51,383	0	1,353	0	16.00
17.00	01700	SOCIAL SERVICE	1,485	6,232	0	164	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	31,470	668,187	15,701	17,593	100,754	30.00
31.00	03100	INTENSIVE CARE UNIT	6,939	79,100	3,382	2,083	8,330	31.00
43.00	04300	NURSERY	2,415	4,276	0	113	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,389	275,630	3,273	7,258	0	50.00
51.00	05100	RECOVERY ROOM	2,890	12,431	2,693	327	322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,232	5,387	0	142	0	52.00
53.00	05300	ANESTHESIOLOGY	131	171	0	5	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,551	123,256	3,184	3,246	0	54.00
54.01	05401	ULTRASOUND	1,123	6,627	620	175	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,550	12,346	417	325	0	55.00
57.00	05700	CT SCAN	873	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,001	8,583	0	226	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	20,283	71,831	523	1,891	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,583	12,442	753	328	0	65.00
65.01	03950	SLEEP CLINIC	607	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,942	80,853	971	2,129	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,116	8,487	93	223	0	67.00
68.00	06800	SPEECH PATHOLOGY	899	4,532	0	119	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,380	34,857	220	918	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,798	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,730	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,971	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	8,731	103,514	8,554	2,726	1,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	4,603	32,976	0	868	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,890	3,367	0	89	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	198,279	1,810,321	48,908	46,890	111,120	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	337	26,081	0	687	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,904	0	153	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	597	18,172	0	479	0	192.01
192.02	19202	LIFELINE	9	0	0	0	0	192.02
192.03	19203	CREDIT UNION	44	11,181	0	294	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	3,734	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	857	0	14,898	194.00
194.01	07951	MARKETING	999	9,941	0	262	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	1,361	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	140	0	0	0	0	194.03
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 through 201)	207,404	1,875,696	49,918	48,612	126,018	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0086		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 3/12/2018 9:20 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	91,465					11.00
13.00	01300	NURSING ADMINISTRATION	2,219	26,325				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	1,875	1,069	227,372			14.00
15.00	01500	PHARMACY	4,379	0	0	69,520		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,677	0	0	0	156,850	16.00
17.00	01700	SOCIAL SERVICE	1,216	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	22,544	12,852	0	0	10,297	30.00
31.00	03100	INTENSIVE CARE UNIT	4,620	2,634	0	0	2,584	31.00
43.00	04300	NURSERY	1,610	918	0	0	458	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,032	3,439	0	0	23,443	50.00
51.00	05100	RECOVERY ROOM	2,151	1,226	0	0	2,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	895	510	0	0	1,137	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,103	0	0	0	14,789	54.00
54.01	05401	ULTRASOUND	614	0	0	0	2,757	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,209	0	0	0	4,890	55.00
57.00	05700	CT SCAN	0	0	0	0	15,479	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,798	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	10,322	0	0	0	30,019	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,457	0	0	0	4,504	65.00
65.01	03950	SLEEP CLINIC	0	0	0	0	516	65.01
66.00	06600	PHYSICAL THERAPY	4,191	0	0	0	5,082	66.00
67.00	06700	OCCUPATIONAL THERAPY	688	0	0	0	590	67.00
68.00	06800	SPEECH PATHOLOGY	522	0	0	0	548	68.00
69.00	06900	ELECTROCARDIOLOGY	2,233	0	0	0	5,116	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	227,372	0	4,040	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	69,520	9,593	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	6,449	3,677	0	0	11,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,130	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	804	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,006	26,325	227,372	69,520	156,830	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	597	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	52	0	0	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	641	0	0	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	0	192.02
192.03	19203	CREDIT UNION	0	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	423	0	0	0	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	746	0	0	0	20	194.02
194.03	07952	PATHS EDUCATION	0	0	0	0	0	194.03
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 through 201)	91,465	26,325	227,372	69,520	156,850	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 3/12/2018 9:20 am
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	21,170			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	19,496	2,160,658	0	2,160,658
31.00	03100	INTENSIVE CARE UNIT	775	262,240	0	262,240
43.00	04300	NURSERY	0	23,780	0	23,780
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	553	852,848	0	852,848
51.00	05100	RECOVERY ROOM	0	48,508	0	48,508
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,267	0	19,267
53.00	05300	ANESTHESIOLOGY	0	2,929	0	2,929
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	398,439	0	398,439
54.01	05401	ULTRASOUND	0	24,500	0	24,500
55.00	05500	RADIOLOGY-THERAPEUTIC	0	48,441	0	48,441
57.00	05700	CT SCAN	0	19,807	0	19,807
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28,824	0	28,824
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	293,931	0	293,931
60.01	06001	BLOOD LABORATORY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	50,267	0	50,267
65.01	03950	SLEEP CLINIC	0	1,309	0	1,309
66.00	06600	PHYSICAL THERAPY	0	246,553	0	246,553
67.00	06700	OCCUPATIONAL THERAPY	0	26,742	0	26,742
68.00	06800	SPEECH PATHOLOGY	0	14,988	0	14,988
69.00	06900	ELECTROCARDIOLOGY	0	111,518	0	111,518
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	239,642	0	239,642
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	47,225	0	47,225
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,109	0	88,109
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	346	341,496	0	341,496
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	HOME HEALTH AGENCY	0	102,106	0	102,106
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	13,519	0	13,519
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,170	5,467,646	0	5,467,646
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	55,980	0	55,980
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,451	0	10,451
192.01	19201	PHYSICIAN CLINIC	0	40,286	0	40,286
192.02	19202	LIFELINE	0	9	0	9
192.03	19203	CREDIT UNION	0	23,662	0	23,662
192.04	19204	BREAST MRI STUDY	0	0	0	0
192.05	19205	HOSPITALIST	0	3,988	0	3,988
194.00	07950	COMMUNITY MENTAL HEALTH	0	15,755	0	15,755
194.01	07951	MARKETING	0	29,549	0	29,549
194.02	07953	OCCUPATIONAL HEALTH	0	2,570	0	2,570
194.03	07952	PATHS EDUCATION	0	142	0	142
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	21,170	5,650,038	0	5,650,038

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	299,097				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		293,911			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,762	1,762	34,483,191		4.00
5.01 01160	COMMUNICATIONS	304	304	129,243	1,080	5.01
5.02 00550	DATA PROCESSING	2,913	2,913	1,019,829	56	1,002 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	6,391	6,391	248,511	11	12 5.03
5.04 00570	ADMINISTRATIVE	3,455	3,455	647,634	18	33 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	678	678	758,634	50	52 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	10,526	10,526	1,929,075	31	54 5.06
7.00 00700	OPERATION OF PLANT	97,591	97,591	987,269	58	14 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,592	1,592	175,518	2	0 8.00
9.00 00900	HOUSEKEEPING	1,178	1,178	748,226	18	5 9.00
10.00 01000	DIETARY	4,000	4,000	271,017	5	32 10.00
11.00 01100	CAFETERIA	2,837	2,837	895,148	15	0 11.00
13.00 01300	NURSING ADMINISTRATION	600	600	938,270	18	17 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	7,088	7,088	312,239	14	21 14.00
15.00 01500	PHARMACY	1,776	1,776	1,644,389	34	31 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,807	4,807	814,822	80	54 16.00
17.00 01700	SOCIAL SERVICE	583	583	344,504	10	9 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	62,511	62,511	5,852,061	149	178 30.00
31.00 03100	INTENSIVE CARE UNIT	7,400	7,400	1,380,382	17	27 31.00
43.00 04300	NURSERY	400	400	469,458	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	25,786	25,786	1,814,125	46	63 50.00
51.00 05100	RECOVERY ROOM	1,163	1,163	688,607	13	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	504	504	260,885	0	0 52.00
53.00 05300	ANESTHESIOLOGY	16	16	0	7	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,531	11,531	2,489,149	72	48 54.00
54.01 05401	ULTRASOUND	620	620	230,302	2	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,155	1,155	439,364	8	10 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	803	803	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	6,720	6,720	2,317,903	38	68 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	1,164	1,164	766,841	8	36 65.00
65.01 03950	SLEEP CLINIC	0	0	0	18	0 65.01
66.00 06600	PHYSICAL THERAPY	7,564	7,564	1,260,472	0	22 66.00
67.00 06700	OCCUPATIONAL THERAPY	794	794	265,371	11	0 67.00
68.00 06800	SPEECH PATHOLOGY	424	424	219,228	2	0 68.00
69.00 06900	ELECTROCARDIOLOGY	3,261	3,261	566,495	35	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	2	0	0 73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	9,684	9,684	1,715,598	35	34 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	3,085	3,085	953,245	6	40 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	315	315	314,923	0	0 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	292,981	292,981	33,868,739	887	860 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	65,151	3	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	16,146	167	128 192.00
192.01 19201	PHYSICIAN CLINIC	1,700	0	86,658	10	9 192.01
192.02 19202	LIFELINE	0	0	0	0	0 192.02
192.03 19203	CREDIT UNION	1,046	0	0	10	0 192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	0 192.04
192.05 19205	HOSPITALIST	0	0	0	0	4 192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	930	930	123,415	3	1 194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	323,082	0	0 194.02
194.03 07952	PATHS EDUCATION	0	0	0	0	0 194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	3,456,613	2,193,425	10,709,121	322,315	2,918,573	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.556829	7.462888	0.310561	298.439815	2,912.747505	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			33,513	5,908	56,701	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000972	5.470370	56.587824	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1

Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINITTING (ADMINISTRATIVE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNICATIONS						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES	8,975,863					5.03
5.04	00570 ADMINITTING	39,002	4,533				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	14,956	0	202,519,598			5.05
5.06	00591 OTHER ADMINISTRATIVE AND GENERAL	153,935	0	0	-3,820,548	70,384,462	5.06
7.00	00700 OPERATION OF PLANT	143,887	0	0	0	5,263,327	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	92,043	0	0	0	401,342	8.00
9.00	00900 HOUSEKEEPING	136,978	0	0	0	1,384,434	9.00
10.00	01000 DIETARY	108,463	0	0	0	691,479	10.00
11.00	01100 CAFETERIA	0	0	0	0	1,346,759	11.00
13.00	01300 NURSING ADMINISTRATION	14,133	0	0	0	1,339,401	13.00
14.00	01400 CENTRAL SERVICE & SUPPLY	573,398	0	0	0	810,967	14.00
15.00	01500 PHARMACY	82,318	0	0	0	2,448,598	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	26,399	0	0	0	1,480,575	16.00
17.00	01700 SOCIAL SERVICE	6,254	0	0	0	503,944	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	281,240	3,367	15,215,136	0	10,684,914	30.00
31.00	03100 INTENSIVE CARE UNIT	35,728	482	3,287,408	0	2,354,661	31.00
43.00	04300 NURSERY	0	387	583,230	0	819,399	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,706,542	0	29,895,709	0	3,864,654	50.00
51.00	05100 RECOVERY ROOM	25,448	0	3,747,707	0	980,746	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	1,481,367	0	417,969	52.00
53.00	05300 ANESTHESIOLOGY	42,372	0	1,956,915	0	44,492	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	357,605	0	18,833,198	0	4,598,263	54.00
54.01	05401 ULTRASOUND	19,208	0	3,508,084	0	381,156	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	232,485	0	6,244,834	0	865,337	55.00
57.00	05700 CT SCAN	131,889	0	19,693,995	0	296,082	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	46,785	0	3,620,019	0	339,681	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	1,589,539	0	38,069,769	0	6,882,716	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	54,657	0	5,815,745	0	1,215,762	65.00
65.01	03950 SLEEP CLINIC	2,382	0	656,010	0	206,126	65.01
66.00	06600 PHYSICAL THERAPY	37,143	0	6,465,774	0	2,016,386	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,507	0	751,062	0	378,628	67.00
68.00	06800 SPEECH PATHOLOGY	1,569	0	697,715	0	304,898	68.00
69.00	06900 ELECTROCARDIOLOGY	30,445	0	7,297,248	0	1,486,278	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,139,739	0	2,646,140	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,777,138	0	571,138	0	2,962,375	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	12,204,627	0	2,704,861	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	63,599	297	14,295,773	0	2,962,682	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY	37,188	0	1,438,182	0	1,561,916	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	72,208	0	1,023,289	0	641,192	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,941,443	4,533	202,493,673	-3,820,548	67,288,140	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	114,478	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	12,285	0	0	0	645,983	192.00
192.01	19201 PHYSICIAN CLINIC	7,476	0	0	0	202,478	192.01
192.02	19202 LIFELINE	0	0	0	0	3,080	192.02
192.03	19203 CREDIT UNION	0	0	0	0	15,072	192.03
192.04	19204 BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205 HOSPITALIST	2,074	0	0	0	1,266,891	192.05
194.00	07950 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951 MARKETING	3,159	0	0	0	338,998	194.01
194.02	07953 OCCUPATIONAL HEALTH	9,272	0	25,925	0	461,987	194.02
194.03	07952 PATHS EDUCATION	154	0	0	0	47,355	194.03
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)	583,389	1,103,081	1,678,528		3,820,548	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1

Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.064995	243.344584	0.008288		0.054281	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	122,536	68,840	17,054		207,404	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.013652	15.186411	0.000084		0.002947	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	175,477				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,592	822,491			8.00
9.00	00900	HOUSEKEEPING	1,178	108,042	172,707		9.00
10.00	01000	DIETARY	4,000	7,192	4,000	48,171	10.00
11.00	01100	CAFETERIA	2,837	24,076	2,837	0	846,419
13.00	01300	NURSING ADMINISTRATION	600	0	600	0	20,535
14.00	01400	CENTRAL SERVICE & SUPPLY	7,088	1,156	7,088	0	17,349
15.00	01500	PHARMACY	1,776	0	1,776	0	40,520
16.00	01600	MEDICAL RECORDS & LIBRARY	4,807	0	4,807	0	34,025
17.00	01700	SOCIAL SERVICE	583	0	583	0	11,249
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	62,511	258,669	62,511	38,514	208,631
31.00	03100	INTENSIVE CARE UNIT	7,400	55,727	7,400	3,184	42,752
43.00	04300	NURSERY	400	0	400	0	14,899
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	25,786	53,926	25,786	0	55,821
51.00	05100	RECOVERY ROOM	1,163	44,368	1,163	123	19,909
52.00	05200	DELIVERY ROOM & LABOR ROOM	504	0	504	0	8,280
53.00	05300	ANESTHESIOLOGY	16	0	16	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,531	52,465	11,531	0	84,240
54.01	05401	ULTRASOUND	620	10,212	620	0	5,679
55.00	05500	RADIOLOGY-THERAPEUTIC	1,155	6,877	1,155	0	11,184
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	803	0	803	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,720	8,610	6,720	0	95,524
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,164	12,415	1,164	0	22,738
65.01	03950	SLEEP CLINIC	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	7,564	16,005	7,564	0	38,781
67.00	06700	OCCUPATIONAL THERAPY	794	1,536	794	0	6,371
68.00	06800	SPEECH PATHOLOGY	424	0	424	0	4,831
69.00	06900	ELECTROCARDIOLOGY	3,261	3,625	3,261	0	20,661
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	9,684	140,945	9,684	655	59,681
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	3,085	0	3,085	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	315	0	315	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	169,361	805,846	166,591	42,476	823,660
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	2,440	0	5,529
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,517	0	0	477
192.01	19201	PHYSICIAN CLINIC	1,700	0	1,700	0	5,932
192.02	19202	LIFELINE	0	0	0	0	0
192.03	19203	CREDIT UNION	1,046	0	1,046	0	0
192.04	19204	BREAST MRI STUDY	0	0	0	0	0
192.05	19205	HOSPITALIST	0	0	0	0	0
194.00	07950	COMMUNITY MENTAL HEALTH	0	14,128	0	5,695	0
194.01	07951	MARKETING	930	0	930	0	3,915
194.02	07953	OCCUPATIONAL HEALTH	0	0	0	0	6,906
194.03	07952	PATHS EDUCATION	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	5,549,026	473,470	1,559,028	895,751	1,549,044
203.00		Unit cost multiplier (Wkst. B, Part I)	31.622526	0.575654	9.027011	18.595234	1.830115



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1

Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	1,875,696	49,918	48,612	126,018	91,465	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.689127	0.060691	0.281471	2.616055	0.108061	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	427,322					13.00
14.00	01400	17,349	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	199,436,382		16.00
17.00	01700	0	0	0	0	3,061	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	208,631	0	0	13,100,228	2,819	30.00
31.00	03100	42,752	0	0	3,287,408	112	31.00
43.00	04300	14,899	0	0	583,230	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	55,821	0	0	29,825,519	80	50.00
51.00	05100	19,909	0	0	3,747,707	0	51.00
52.00	05200	8,280	0	0	1,447,171	0	52.00
53.00	05300	0	0	0	1,956,915	0	53.00
54.00	05400	0	0	0	18,816,148	0	54.00
54.01	05401	0	0	0	3,508,084	0	54.01
55.00	05500	0	0	0	6,221,725	0	55.00
57.00	05700	0	0	0	19,693,995	0	57.00
58.00	05800	0	0	0	3,559,341	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	38,069,769	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	5,730,402	0	65.00
65.01	03950	0	0	0	656,010	0	65.01
66.00	06600	0	0	0	6,465,774	0	66.00
67.00	06700	0	0	0	751,062	0	67.00
68.00	06800	0	0	0	697,715	0	68.00
69.00	06900	0	0	0	6,509,157	0	69.00
71.00	07100	0	100	0	5,139,739	0	71.00
72.00	07200	0	0	0	681,487	0	72.00
73.00	07300	0	0	100	12,204,627	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	59,681	0	0	14,295,773	50	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	1,438,182	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	0	0	1,023,289	0	116.00
118.00		427,322	100	100	199,410,457	3,061	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07953	0	0	0	25,925	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		1,474,076	1,235,373	2,727,860	1,818,614	575,585	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

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

Worksheet B-1  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE  (TIME SPENT)	
		(GROSS HOURS)	(100%)				
		13.00	14.00	15.00	16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	3.449567	12,353.730000	27,278.600000	0.009119	188.038223	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	26,325	227,372	69,520	156,850	21,170	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.061605	2,273.720000	695.200000	0.000786	6.916041	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 3/12/2018 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		16,422,083	0	16,422,083	30.00
31.00	03100 INTENSIVE CARE UNIT		3,151,322	0	3,151,322	31.00
43.00	04300 NURSERY		964,117	0	964,117	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		5,735,402	0	5,735,402	50.00
51.00	05100 RECOVERY ROOM		1,248,373	0	1,248,373	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		518,057	0	518,057	52.00
53.00	05300 ANESTHESIOLOGY		65,402	0	65,402	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,672,545	0	5,672,545	54.00
54.01	05401 ULTRASOUND		475,311	0	475,311	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		1,040,421	0	1,040,421	55.00
57.00	05700 CT SCAN		491,744	0	491,744	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		423,219	0	423,219	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		8,056,372	100,664	8,157,036	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,430,087	0	1,430,087	65.00
65.01	03950 SLEEP CLINIC	0	223,297	0	223,297	65.01
66.00	06600 PHYSICAL THERAPY	0	2,572,458	0	2,572,458	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	450,848	0	450,848	67.00
68.00	06800 SPEECH PATHOLOGY	0	353,886	0	353,886	68.00
69.00	06900 ELECTROCARDIOLOGY		1,798,769	0	1,798,769	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,072,017	0	4,072,017	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		3,129,390	0	3,129,390	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,690,838	0	5,690,838	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		4,065,328	106,190	4,171,518	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,833,605		1,833,605	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100 HOME HEALTH AGENCY		1,785,216		1,785,216	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		698,133		698,133	116.00
200.00	Subtotal (see instructions)	0	72,368,240	206,854	72,575,094	200.00
201.00	Less Observation Beds		1,833,605		1,833,605	201.00
202.00	Total (see instructions)	0	70,534,635	206,854	70,741,489	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0086

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVIII			Hospital	PPS		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,100,228		13,100,228			30.00
31.00	03100	INTENSIVE CARE UNIT	3,287,408		3,287,408			31.00
43.00	04300	NURSERY	583,230		583,230			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,787,480	21,038,038	29,825,518	0.192298	0.000000	50.00
51.00	05100	RECOVERY ROOM	569,389	3,178,318	3,747,707	0.333103	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,352,483	94,688	1,447,171	0.357979	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	582,916	1,373,999	1,956,915	0.033421	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,666,305	16,149,843	18,816,148	0.301472	0.000000	54.00
54.01	05401	ULTRASOUND	466,386	3,041,698	3,508,084	0.135490	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,668,811	3,552,914	6,221,725	0.167224	0.000000	55.00
57.00	05700	CT SCAN	4,541,190	15,152,805	19,693,995	0.024969	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	396,710	3,162,631	3,559,341	0.118904	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	9,881,240	28,188,529	38,069,769	0.211621	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	4,766,272	964,130	5,730,402	0.249561	0.000000	65.00
65.01	03950	SLEEP CLINIC	2,439	653,572	656,011	0.340386	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	1,182,504	5,283,269	6,465,773	0.397858	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	402,646	348,416	751,062	0.600281	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	198,982	498,733	697,715	0.507207	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,415,558	4,093,599	6,509,157	0.276344	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,262,372	1,877,367	5,139,739	0.792261	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	123,359	558,128	681,487	4.592002	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,014,553	4,190,074	12,204,627	0.466285	0.000000	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	3,135,336	11,160,437	14,295,773	0.284373	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	197,738	1,313,971	1,511,709	1.212935	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	1,438,182	1,438,182			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,023,289	1,023,289			116.00
200.00		Subtotal (see instructions)	72,585,535	128,336,630	200,922,165			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	72,585,535	128,336,630	200,922,165			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 3/12/2018 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
43.00	04300 NURSERY		43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.192298	50.00
51.00	05100 RECOVERY ROOM	0.333103	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.357979	52.00
53.00	05300 ANESTHESIOLOGY	0.033421	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.301472	54.00
54.01	05401 ULTRASOUND	0.135490	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.167224	55.00
57.00	05700 CT SCAN	0.024969	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118904	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000 LABORATORY	0.214265	60.00
60.01	06001 BLOOD LABORATORY	0.000000	60.01
65.00	06500 RESPIRATORY THERAPY	0.249561	65.00
65.01	03950 SLEEP CLINIC	0.340386	65.01
66.00	06600 PHYSICAL THERAPY	0.397858	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.600281	67.00
68.00	06800 SPEECH PATHOLOGY	0.507207	68.00
69.00	06900 ELECTROCARDIOLOGY	0.276344	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.792261	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4.592002	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.466285	73.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.291801	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.212935	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE		116.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 3/12/2018 9:20 am
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		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		16,422,083	0	16,422,083	30.00
31.00	03100 INTENSIVE CARE UNIT		3,151,322	0	3,151,322	31.00
43.00	04300 NURSERY		964,117	0	964,117	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		5,735,402	0	5,735,402	50.00
51.00	05100 RECOVERY ROOM		1,248,373	0	1,248,373	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		518,057	0	518,057	52.00
53.00	05300 ANESTHESIOLOGY		65,402	0	65,402	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,672,545	0	5,672,545	54.00
54.01	05401 ULTRASOUND		475,311	0	475,311	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		1,040,421	0	1,040,421	55.00
57.00	05700 CT SCAN		491,744	0	491,744	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		423,219	0	423,219	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		8,056,372	100,664	8,157,036	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,430,087	0	1,430,087	65.00
65.01	03950 SLEEP CLINIC	0	223,297	0	223,297	65.01
66.00	06600 PHYSICAL THERAPY	0	2,572,458	0	2,572,458	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	450,848	0	450,848	67.00
68.00	06800 SPEECH PATHOLOGY	0	353,886	0	353,886	68.00
69.00	06900 ELECTROCARDIOLOGY		1,798,769	0	1,798,769	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,072,017	0	4,072,017	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		3,129,390	0	3,129,390	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,690,838	0	5,690,838	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		4,065,328	106,190	4,171,518	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,833,605		1,833,605	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100 HOME HEALTH AGENCY		1,785,216		1,785,216	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		698,133		698,133	116.00
200.00	Subtotal (see instructions)	0	72,368,240	206,854	72,575,094	200.00
201.00	Less Observation Beds		1,833,605		1,833,605	201.00
202.00	Total (see instructions)	0	70,534,635	206,854	70,741,489	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0086

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

Worksheet C  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,100,228		13,100,228		30.00
31.00	03100	INTENSIVE CARE UNIT	3,287,408		3,287,408		31.00
43.00	04300	NURSERY	583,230		583,230		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,787,480	21,038,038	29,825,518	0.192298	50.00
51.00	05100	RECOVERY ROOM	569,389	3,178,318	3,747,707	0.333103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,352,483	94,688	1,447,171	0.357979	52.00
53.00	05300	ANESTHESIOLOGY	582,916	1,373,999	1,956,915	0.033421	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,666,305	16,149,843	18,816,148	0.301472	54.00
54.01	05401	ULTRASOUND	466,386	3,041,698	3,508,084	0.135490	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,668,811	3,552,914	6,221,725	0.167224	55.00
57.00	05700	CT SCAN	4,541,190	15,152,805	19,693,995	0.024969	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	396,710	3,162,631	3,559,341	0.118904	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	9,881,240	28,188,529	38,069,769	0.211621	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	4,766,272	964,130	5,730,402	0.249561	65.00
65.01	03950	SLEEP CLINIC	2,439	653,572	656,011	0.340386	65.01
66.00	06600	PHYSICAL THERAPY	1,182,504	5,283,269	6,465,773	0.397858	66.00
67.00	06700	OCCUPATIONAL THERAPY	402,646	348,416	751,062	0.600281	67.00
68.00	06800	SPEECH PATHOLOGY	198,982	498,733	697,715	0.507207	68.00
69.00	06900	ELECTROCARDIOLOGY	2,415,558	4,093,599	6,509,157	0.276344	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,262,372	1,877,367	5,139,739	0.792261	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	123,359	558,128	681,487	4.592002	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,014,553	4,190,074	12,204,627	0.466285	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,135,336	11,160,437	14,295,773	0.284373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	197,738	1,313,971	1,511,709	1.212935	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,438,182	1,438,182		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,023,289	1,023,289		116.00
200.00		Subtotal (see instructions)	72,585,535	128,336,630	200,922,165		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	72,585,535	128,336,630	200,922,165		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 3/12/2018 9:20 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	05401	ULTRASOUND	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
65.01	03950	SLEEP CLINIC	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0086		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 3/12/2018 9:20 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,160,658	0	2,160,658	13,273	162.79	30.00
31.00	INTENSIVE CARE UNIT	262,240		262,240	2,068	126.81	31.00
43.00	NURSERY	23,780		23,780	700	33.97	43.00
200.00	Total (lines 30 through 199)	2,446,678		2,446,678	16,041		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	5,776	940,275				
31.00	INTENSIVE CARE UNIT	1,163	147,480				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	6,939	1,087,755				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 3/12/2018 9:20 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	852,848	29,825,518	0.028595	3,890,149	111,239	50.00
51.00	05100	RECOVERY ROOM	48,508	3,747,707	0.012943	254,140	3,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,267	1,447,171	0.013314	6,218	83	52.00
53.00	05300	ANESTHESIOLOGY	2,929	1,956,915	0.001497	253,618	380	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	398,439	18,816,148	0.021175	1,940,570	41,092	54.00
54.01	05401	ULTRASOUND	24,500	3,508,084	0.006984	183,856	1,284	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	48,441	6,221,725	0.007786	1,301,282	10,132	55.00
57.00	05700	CT SCAN	19,807	19,693,995	0.001006	2,606,718	2,622	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,824	3,559,341	0.008098	226,985	1,838	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	293,931	38,069,769	0.007721	5,359,678	41,382	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	50,267	5,730,402	0.008772	3,496,090	30,668	65.00
65.01	03950	SLEEP CLINIC	1,309	656,011	0.001995	0	0	65.01
66.00	06600	PHYSICAL THERAPY	246,553	6,465,773	0.038132	748,563	28,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,742	751,062	0.035606	252,184	8,979	67.00
68.00	06800	SPEECH PATHOLOGY	14,988	697,715	0.021482	137,472	2,953	68.00
69.00	06900	ELECTROCARDIOLOGY	111,518	6,509,157	0.017132	2,327,906	39,882	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	239,642	5,139,739	0.046625	1,094,185	51,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,225	681,487	0.069297	7,459	517	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,109	12,204,627	0.007219	4,738,622	34,208	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	341,496	14,295,773	0.023888	1,860,348	44,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	241,247	1,511,709	0.159586	105,005	16,757	92.00
200.00		Total (lines 50 through 199)	3,146,590	181,489,828		30,791,048	471,305	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0086		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 3/12/2018 9:20 am	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,273	0.00	5,776	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,068	0.00	1,163	0		31.00
43.00	04300	NURSERY	700	0.00	0	0		43.00
200.00		Total (lines 30 through 199)	16,041		6,939	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0086

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

Worksheet D  
Part IV  
Date/Time Prepared:  
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Cost Center Description		Title XVIII			Hospital	PPS	Total Cost (sum of cols. 1, 2, 3, and 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03950	SLEEP CLINIC	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	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 3/12/2018 9:20 am
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Cost Center Description		Total Outpatient Cost (sum of col.s. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	29,825,518	0.000000	0.000000	3,890,149	50.00
51.00	05100	RECOVERY ROOM	0	3,747,707	0.000000	0.000000	254,140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,447,171	0.000000	0.000000	6,218	52.00
53.00	05300	ANESTHESIOLOGY	0	1,956,915	0.000000	0.000000	253,618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,816,148	0.000000	0.000000	1,940,570	54.00
54.01	05401	ULTRASOUND	0	3,508,084	0.000000	0.000000	183,856	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,221,725	0.000000	0.000000	1,301,282	55.00
57.00	05700	CT SCAN	0	19,693,995	0.000000	0.000000	2,606,718	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,559,341	0.000000	0.000000	226,985	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	38,069,769	0.000000	0.000000	5,359,678	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,730,402	0.000000	0.000000	3,496,090	65.00
65.01	03950	SLEEP CLINIC	0	656,011	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	6,465,773	0.000000	0.000000	748,563	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	751,062	0.000000	0.000000	252,184	67.00
68.00	06800	SPEECH PATHOLOGY	0	697,715	0.000000	0.000000	137,472	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,509,157	0.000000	0.000000	2,327,906	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,139,739	0.000000	0.000000	1,094,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	681,487	0.000000	0.000000	7,459	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,204,627	0.000000	0.000000	4,738,622	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	14,295,773	0.000000	0.000000	1,860,348	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,511,709	0.000000	0.000000	105,005	92.00
200.00		Total (lines 50 through 199)	0	181,489,828			30,791,048	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 3/12/2018 9:20 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	5,929,032	0	50.00
51.00	05100 RECOVERY ROOM	0	1,148,445	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	213,768	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,580,000	0	54.00
54.01	05401 ULTRASOUND	0	571,579	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,616,466	0	55.00
57.00	05700 CT SCAN	0	4,945,808	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	862,615	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	2,737,263	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	436,741	0	65.00
65.01	03950 SLEEP CLINIC	0	170,709	0	65.01
66.00	06600 PHYSICAL THERAPY	0	262,647	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,483	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	253	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,597,079	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	74,825	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	278,061	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,378,292	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	2,346,401	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,050,085	0	92.00
200.00	Total (lines 50 through 199)	0	30,206,552	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 3/12/2018 9:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.192298	5,929,032	4,681	0	1,140,141	50.00
51.00	05100	RECOVERY ROOM	0.333103	1,148,445	0	0	382,550	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.357979	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033421	213,768	0	0	7,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.301472	4,580,000	0	0	1,380,742	54.00
54.01	05401	ULTRASOUND	0.135490	571,579	0	0	77,443	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167224	1,616,466	0	0	270,312	55.00
57.00	05700	CT SCAN	0.024969	4,945,808	0	0	123,492	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118904	862,615	0	0	102,568	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.211621	2,737,263	0	0	579,262	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.249561	436,741	0	0	108,994	65.00
65.01	03950	SLEEP CLINIC	0.340386	170,709	0	0	58,107	65.01
66.00	06600	PHYSICAL THERAPY	0.397858	262,647	0	0	104,496	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.600281	6,483	0	0	3,892	67.00
68.00	06800	SPEECH PATHOLOGY	0.507207	253	0	0	128	68.00
69.00	06900	ELECTROCARDIOLOGY	0.276344	1,597,079	0	0	441,343	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.792261	74,825	0	0	59,281	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4.592002	278,061	0	0	1,276,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.466285	1,378,292	2,220	4,047	642,677	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.284373	2,346,401	0	0	667,253	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.212935	1,050,085	1,200	227	1,273,685	92.00
200.00		Subtotal (see instructions)		30,206,552	8,101	4,274	8,700,367	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		30,206,552	8,101	4,274	8,700,367	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 3/12/2018 9:20 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	900	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03950 SLEEP CLINIC	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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,035	1,887		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,456	275		92.00
200.00 Subtotal (see instructions)	3,391	2,162		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	3,391	2,162		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 3/12/2018 9:20 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,273	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,273	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)		11,791	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)		5,776	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,422,083	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)		16,422,083	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,422,083	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,237.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,146,356	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)		7,146,356	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,151,322	2,068	1,523.85	1,163	1,772,238	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,727,053	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,645,647	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)					1,087,755	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					471,305	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,559,060	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,086,587	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,482	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,237.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,833,605	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 3/12/2018 9:20 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,160,658	16,422,083	0.131570	1,833,605	241,247	90.00
91.00	Nursing School cost	0	16,422,083	0.000000	1,833,605	0	91.00
92.00	Allied health cost	0	16,422,083	0.000000	1,833,605	0	92.00
93.00	All other Medical Education	0	16,422,083	0.000000	1,833,605	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 3/12/2018 9:20 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,273	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,273	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)		11,791	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)		33	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)		700	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,422,083	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)		16,422,083	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,422,083	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,237.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		40,829	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)		40,829	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 3/12/2018 9:20 am	
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)	964,117	700	1,377.31	0	0 42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,151,322	2,068	1,523.85	0	0 43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					194,902	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					235,731	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,482	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,237.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,833,605	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 3/12/2018 9:20 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,160,658	16,422,083	0.131570	1,833,605	241,247	90.00
91.00	Nursing School cost	0	16,422,083	0.000000	1,833,605	0	91.00
92.00	Allied health cost	0	16,422,083	0.000000	1,833,605	0	92.00
93.00	All other Medical Education	0	16,422,083	0.000000	1,833,605	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 3/12/2018 9:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,314,507	30.00
31.00	03100	INTENSIVE CARE UNIT		1,774,451	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.192298	3,890,149	748,068 50.00
51.00	05100	RECOVERY ROOM	0.333103	254,140	84,655 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.357979	6,218	2,226 52.00
53.00	05300	ANESTHESIOLOGY	0.033421	253,618	8,476 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.301472	1,940,570	585,028 54.00
54.01	05401	ULTRASOUND	0.135490	183,856	24,911 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167224	1,301,282	217,606 55.00
57.00	05700	CT SCAN	0.024969	2,606,718	65,087 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118904	226,985	26,989 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.214265	5,359,678	1,148,391 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.249561	3,496,090	872,488 65.00
65.01	03950	SLEEP CLINIC	0.340386	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.397858	748,563	297,822 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.600281	252,184	151,381 67.00
68.00	06800	SPEECH PATHOLOGY	0.507207	137,472	69,727 68.00
69.00	06900	ELECTROCARDIOLOGY	0.276344	2,327,906	643,303 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.792261	1,094,185	866,880 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4.592002	7,459	34,252 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.466285	4,738,622	2,209,548 73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.291801	1,860,348	542,851 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.212935	105,005	127,364 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		30,791,048	8,727,053 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		30,791,048	8,727,053 202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 3/12/2018 9:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		101,825	30.00
31.00	03100	INTENSIVE CARE UNIT		8,100	31.00
43.00	04300	NURSERY		18,214	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.192298	38,016	50.00
51.00	05100	RECOVERY ROOM	0.333103	943	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.357979	13,494	52.00
53.00	05300	ANESTHESIOLOGY	0.033421	38,676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.301472	11,296	54.00
54.01	05401	ULTRASOUND	0.135490	39,935	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167224	5,583	55.00
57.00	05700	CT SCAN	0.024969	124,894	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118904	34,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.211621	59,925	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.249561	12,926	65.00
65.01	03950	SLEEP CLINIC	0.340386	0	65.01
66.00	06600	PHYSICAL THERAPY	0.397858	8,289	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.600281	77	67.00
68.00	06800	SPEECH PATHOLOGY	0.507207	76	68.00
69.00	06900	ELECTROCARDIOLOGY	0.276344	73,045	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.792261	3,512	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4.592002	25,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.466285	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.284373	11,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.212935	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		502,135	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)		502,135	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 3/12/2018 9:20 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,959,339	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)		95,621	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)		83.95	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 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 § 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 § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.01	31.00
32.00	Sum of lines 30 and 31		26.05	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.71	33.00
34.00	Disproportionate share adjustment (see instructions)		320,211	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 3/12/2018 9:20 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000086163	0.000089427	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	551,974	534,550	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	413,227	134,736	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	547,963		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	12,923,134		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		12,923,134	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		971,622	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,894,756	59.00
60.00	Primary payer payments		3,640	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,891,116	61.00
62.00	Deductibles billed to program beneficiaries		1,506,316	62.00
63.00	Coinurance billed to program beneficiaries		22,862	63.00
64.00	Allowable bad debts (see instructions)		271,365	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		176,387	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		181,946	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,538,325	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		2,004	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		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)		-10,829	70.93
70.94	HRR adjustment amount (see instructions)		-92,868	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 3/12/2018 9:20 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			12,436,632	71.00
71.01	Sequestration adjustment (see instructions)			248,733	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			12,053,609	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, 71.02, 72, and 73)			134,290	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			287,342	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0086

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
3/12/2018 9:20 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	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	11,959,339	0	0	11,959,339	11,959,339	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	95,621	0	0	95,621	95,621	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
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	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
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1071	0.1071	0.1071	0.1071	0.1071	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	320,211	0	0	320,211	320,211	11.00
11.01	Uncompensated care payments	36.00	547,963	0	413,227	134,736	547,963	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,923,134	0	413,227	12,509,907	12,923,134	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	12,923,134	0	413,227	12,509,907	12,923,134	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	971,622	0	0	971,622	971,622	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0086

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
3/12/2018 9:20 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	413,227	13,481,529	13,894,756	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	956,422	0	0	956,422	956,422	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	15,200	0	0	15,200	15,200	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	971,622	0	0	971,622	971,622	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: 15-0086

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
3/12/2018 9:20 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,959,339		11,959,339	11,959,339	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	95,621	0	95,621	95,621	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
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1071	0.1071	0.1071		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	320,211	0	320,211	320,211	11.00
11.01	Uncompensated care payments	36.00	547,963	413,227	134,736	547,963	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,923,134	413,227	12,509,907	12,923,134	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	12,923,134	413,227	12,509,907	12,923,134	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	971,622	0	971,622	971,622	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	-1,722	1,722	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			411,505	13,483,251	13,894,756	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0086

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
3/12/2018 9:20 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	956,422	0	956,422	956,422	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	15,200	0	15,200	15,200	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	971,622	0	971,622	971,622	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	-10,829	0	-10,829	-10,829	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	-92,868	0	-92,868	-92,868	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 3/12/2018 9:20 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		5,553	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,700,367	2.00
3.00	OPPS payments		6,074,909	3.00
4.00	Outlier payment (see instructions)		5,974	4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
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 lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,553	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		12,375	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)		12,375	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		12,375	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,822	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) (see instructions)		5,553	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, 4.01, 8 and 9)		6,080,883	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,270,981	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)		4,815,455	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)		4,815,455	30.00
31.00	Primary payer payments		2,491	31.00
32.00	Subtotal (line 30 minus line 31)		4,812,964	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		235,073	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		152,797	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		196,974	36.00
37.00	Subtotal (see instructions)		4,965,761	37.00
38.00	MSP-LCC reconciliation amount from PS&R		63	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
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)		4,965,698	40.00
40.01	Sequestration adjustment (see instructions)		99,314	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,755,089	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		111,295	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0086

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		11,901,816		4,711,924	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/31/2016	29,045	12/31/2016	107,084	3.01	
3.02		08/05/2016	38,700		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05		06/01/2017	84,048		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	06/01/2017	63,919	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		151,793		43,165	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)		12,053,609		4,755,089	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		134,290		111,295	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		12,187,899		4,866,384	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 3/12/2018 9:20 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		4,159	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		6,939	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		1,309	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		13,859	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		200,922,165	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		1,683,875	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 3/12/2018 9:20 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		235,731		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		235,731	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		235,731	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		128,139		8.00
9.00	Ancillary service charges		502,135	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		630,274	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		630,274	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		394,543	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		235,731	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		235,731	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		235,731	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		235,731	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		235,731	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		235,731	0	40.00
41.00	Interim payments		190,579	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		45,152	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0086

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

Worksheet G

Date/Time Prepared:  
3/12/2018 9:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	968,509	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	27,666,957	0	0	0	4.00
5.00	Other receivable	-276	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,992,574	0	0	0	6.00
7.00	Inventory	1,840,339	0	0	0	7.00
8.00	Prepaid expenses	918,325	0	0	0	8.00
9.00	Other current assets	1,310,315	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)	17,711,595	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	75,208	0	0	0	12.00
13.00	Land improvements	1,523,621	0	0	0	13.00
14.00	Accumulated depreciation	-1,235,183	0	0	0	14.00
15.00	Buildings	55,672,044	0	0	0	15.00
16.00	Accumulated depreciation	-32,675,300	0	0	0	16.00
17.00	Leasehold improvements	11,338,813	0	0	0	17.00
18.00	Accumulated depreciation	-8,177,038	0	0	0	18.00
19.00	Fixed equipment	16,907,751	0	0	0	19.00
20.00	Accumulated depreciation	-12,409,388	0	0	0	20.00
21.00	Automobiles and trucks	252,980	0	0	0	21.00
22.00	Accumulated depreciation	-182,023	0	0	0	22.00
23.00	Major movable equipment	33,569,094	0	0	0	23.00
24.00	Accumulated depreciation	-27,526,203	0	0	0	24.00
25.00	Minor equipment depreciable	4,775	0	0	0	25.00
26.00	Accumulated depreciation	-4,775	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)	37,134,376	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	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	66,586,144	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	66,586,144	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	121,432,115	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	13,994,831	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,080,134	0	0	0	38.00
39.00	Payroll taxes payable	400,396	0	0	0	39.00
40.00	Notes and loans payable (short term)	600,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,140,743	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,216,104	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	27,131,995	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,148,810	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	29,280,805	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,496,909	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	71,935,206				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)	71,935,206	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	121,432,115	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0086

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

Worksheet G-1

Date/Time Prepared:  
3/12/2018 9:20 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		73,535,037		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,599,831			2.00
3.00	Total (sum of line 1 and line 2)		71,935,206		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		71,935,206		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		71,935,206		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0086

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	13,683,459		13,683,459	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	13,683,459		13,683,459	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,287,408		3,287,408	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,287,408		3,287,408	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,970,867		16,970,867	17.00
18.00	Ancillary services	52,281,595	113,400,752	165,682,347	18.00
19.00	Outpatient services	3,333,074	12,474,408	15,807,482	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		1,438,182	1,438,182	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,023,289	1,023,289	26.00
27.00	OCCUPATIONAL HEALTH	0	25,925	25,925	27.00
27.01	PROFESSIONAL FEES	425,140	1,146,367	1,571,507	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	73,010,676	129,508,923	202,519,599	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		82,138,602		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		82,138,602		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0086

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

Worksheet G-3

Date/Time Prepared:  
3/12/2018 9:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	202,519,599	1.00
2.00	Less contractual allowances and discounts on patients' accounts	126,726,745	2.00
3.00	Net patient revenues (line 1 minus line 2)	75,792,854	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	82,138,602	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,345,748	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	4,745,917	24.00
25.00	Total other income (sum of lines 6-24)	4,745,917	25.00
26.00	Total (line 5 plus line 25)	-1,599,831	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)	-1,599,831	29.00



ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet H

HHA CCN: 15-7055

To 12/31/2016

Date/Time Prepared: 3/12/2018 9:20 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	185,368	0	81,474	0	52,654	319,496
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	522,498	0	0	0	522,498	6.00
7.00	Physical Therapy	133,994	0	0	0	133,994	7.00
8.00	Occupational Therapy	56,091	0	0	0	56,091	8.00
9.00	Speech Pathology	8,868	0	0	0	8,868	9.00
10.00	Medical Social Services	41	0	0	0	41	10.00
11.00	Home Health Aide	46,385	0	0	0	46,385	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	953,245	0	81,474	0	52,654	1,087,373
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-12,812	306,684	0	306,684		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	522,498	0	522,498		6.00
7.00	Physical Therapy	0	133,994	0	133,994		7.00
8.00	Occupational Therapy	0	56,091	0	56,091		8.00
9.00	Speech Pathology	0	8,868	0	8,868		9.00
10.00	Medical Social Services	0	41	0	41		10.00
11.00	Home Health Aide	0	46,385	0	46,385		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-12,812	1,074,561	0	1,074,561		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0086 HHA CCN: 15-7055		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part I Date/Time Prepared: 3/12/2018 9:20 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	306,684	0	0	0	306,684	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	522,498	0	0	0	522,498	6.00
7.00	Physical Therapy	133,994	0	0	0	133,994	7.00
8.00	Occupational Therapy	56,091	0	0	0	56,091	8.00
9.00	Speech Pathology	8,868	0	0	0	8,868	9.00
10.00	Medical Social Services	41	0	0	0	41	10.00
11.00	Home Health Aide	46,385	0	0	0	46,385	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,074,561	0	0	0	1,074,561	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	306,684					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	208,682	731,180				6.00
7.00	Physical Therapy	53,516	187,510				7.00
8.00	Occupational Therapy	22,402	78,493				8.00
9.00	Speech Pathology	3,542	12,410				9.00
10.00	Medical Social Services	16	57				10.00
11.00	Home Health Aide	18,526	64,911				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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,074,561				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0086 HHA CCN: 15-7055		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part II Date/Time Prepared: 3/12/2018 9:20 am	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		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	-306,684	767,877
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	522,498
7.00	Physical Therapy	0	0	0	0	0	133,994
8.00	Occupational Therapy	0	0	0	0	0	56,091
9.00	Speech Pathology	0	0	0	0	0	8,868
10.00	Medical Social Services	0	0	0	0	0	41
11.00	Home Health Aide	0	0	0	0	0	46,385
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-306,684	767,877
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		306,684
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.399392

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7055

To 12/31/2016

Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Home Health  
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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	35,653	23,023	296,041	1,791	116,510	1.00
2.00 Skilled Nursing Care	731,180	0	0	0	0	0	2.00
3.00 Physical Therapy	187,510	0	0	0	0	0	3.00
4.00 Occupational Therapy	78,493	0	0	0	0	0	4.00
5.00 Speech Pathology	12,410	0	0	0	0	0	5.00
6.00 Medical Social Services	57	0	0	0	0	0	6.00
7.00 Home Health Aide	64,911	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)	1,074,561	35,653	23,023	296,041	1,791	116,510	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	2,417	0	11,920	487,355	26,454	97,555	1.00
2.00 Skilled Nursing Care	0	0	0	731,180	39,689	0	2.00
3.00 Physical Therapy	0	0	0	187,510	10,178	0	3.00
4.00 Occupational Therapy	0	0	0	78,493	4,261	0	4.00
5.00 Speech Pathology	0	0	0	12,410	674	0	5.00
6.00 Medical Social Services	0	0	0	57	3	0	6.00
7.00 Home Health Aide	0	0	0	64,911	3,523	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)	2,417	0	11,920	1,561,916	84,782	97,555	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7055

To 12/31/2016

Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	27,848	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	27,848	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	13,115	0	652,327	0	652,327	1.00
2.00	Skilled Nursing Care	0	0	0	770,869	0	770,869	2.00
3.00	Physical Therapy	0	0	0	197,688	0	197,688	3.00
4.00	Occupational Therapy	0	0	0	82,754	0	82,754	4.00
5.00	Speech Pathology	0	0	0	13,084	0	13,084	5.00
6.00	Medical Social Services	0	0	0	60	0	60	6.00
7.00	Home Health Aide	0	0	0	68,434	0	68,434	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	13,115	0	1,785,216	0	1,785,216	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0086	Period: From 01/01/2016	Worksheet H-2 Part I
		HHA CCN: 15-7055	To 12/31/2016	Date/Time Prepared: 3/12/2018 9:20 am
			Home Health Agency I	PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	443,873	1,214,742		2.00
3.00	Physical Therapy	113,830	311,518		3.00
4.00	Occupational Therapy	47,650	130,404		4.00
5.00	Speech Pathology	7,534	20,618		5.00
6.00	Medical Social Services	35	95		6.00
7.00	Home Health Aide	39,405	107,839		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	652,327	1,785,216		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.	0.575808			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0086 HHA CCN: 15-7055	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 3/12/2018 9:20 am
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	3,085	3,085	953,245	6	40	37,188	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)	3,085	3,085	953,245	6	40	37,188	20.00
21.00 Total cost to be allocated	35,653	23,023	296,041	1,791	116,510	2,417	21.00
22.00 Unit cost multiplier	11.556888	7.462885	0.310561	298.500000	2,912.750000	0.064994	22.00
Cost Center Description	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	0	1,438,182	0	487,355	3,085	0	1.00
2.00 Skilled Nursing Care	0	0	0	731,180	0	0	2.00
3.00 Physical Therapy	0	0	0	187,510	0	0	3.00
4.00 Occupational Therapy	0	0	0	78,493	0	0	4.00
5.00 Speech Pathology	0	0	0	12,410	0	0	5.00
6.00 Medical Social Services	0	0	0	57	0	0	6.00
7.00 Home Health Aide	0	0	0	64,911	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	1,438,182	0	1,561,916	3,085	0	20.00
21.00 Total cost to be allocated	0	11,920	0	84,782	97,555	0	21.00
22.00 Unit cost multiplier	0.000000	0.008288	0	0.054281	31.622366	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0086 HHA CCN: 15-7055	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 3/12/2018 9:20 am
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	3,085	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)	3,085	0	0	0	0	0	20.00
21.00	Total cost to be allocated	27,848	0	0	0	0	0	21.00
22.00	Unit cost multiplier	9.026904	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)					
		16.00	17.00					
1.00	Administrative and General	1,438,182	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19)	1,438,182	0					20.00
21.00	Total cost to be allocated	13,115	0					21.00
22.00	Unit cost multiplier	0.009119	0.000000					22.00



APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0086 HHA CCN: 15-7055		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part I Date/Time Prepared: 3/12/2018 9:20 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	1,214,742		1,214,742	4,108	295.70		1.00
2.00	Physical Therapy	3.00	311,518	0	311,518	1,972	157.97		2.00
3.00	Occupational Therapy	4.00	130,404	0	130,404	681	191.49		3.00
4.00	Speech Pathology	5.00	20,618	0	20,618	118	174.73		4.00
5.00	Medical Social Services	6.00	95		95	16	5.94		5.00
6.00	Home Health Aide	7.00	107,839		107,839	1,238	87.11		6.00
7.00	Total (sum of lines 1-6)		1,785,216	0	1,785,216	8,133			7.00
Program Visits									
Part B									
Not Subject to Deductibles & Coinsurance									
Subject to Deductibles									
Cost Center Description									
Cost Limits									
CBSA No. (1)									
Part A									
3.00									
4.00									
5.00									
Limitation Cost Computation									
8.00	Skilled Nursing Care		17140	0	0				8.00
8.01	Skilled Nursing Care		50031	0	1,704				8.01
8.02	Skilled Nursing Care		50034	0	859				8.02
8.03	Skilled Nursing Care		50035	0	0				8.03
8.04	Skilled Nursing Care		99915	0	0				8.04
9.00	Physical Therapy		17140	0	0				9.00
9.01	Physical Therapy		50031	0	768				9.01
9.02	Physical Therapy		50034	0	278				9.02
9.03	Physical Therapy		50035	0	0				9.03
9.04	Physical Therapy		99915	0	0				9.04
10.00	Occupational Therapy		17140	0	0				10.00
10.01	Occupational Therapy		50031	0	268				10.01
10.02	Occupational Therapy		50034	0	140				10.02
10.03	Occupational Therapy		50035	0	0				10.03
10.04	Occupational Therapy		99915	0	0				10.04
11.00	Speech Pathology		17140	0	0				11.00
11.01	Speech Pathology		50031	0	34				11.01
11.02	Speech Pathology		50034	0	42				11.02
11.03	Speech Pathology		50035	0	0				11.03
11.04	Speech Pathology		99915	0	0				11.04
12.00	Medical Social Services		17140	0	0				12.00
12.01	Medical Social Services		50031	0	8				12.01
12.02	Medical Social Services		50034	0	1				12.02
12.03	Medical Social Services		50035	0	0				12.03
12.04	Medical Social Services		99915	0	0				12.04
13.00	Home Health Aide		17140	0	0				13.00
13.01	Home Health Aide		50031	0	410				13.01
13.02	Home Health Aide		50034	0	210				13.02
13.03	Home Health Aide		50035	0	0				13.03
13.04	Home Health Aide		99915	0	0				13.04
14.00	Total (sum of lines 8-13)			0	4,722				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	0	0	0	0.000000		15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 3/12/2018 9:20 am
		HHA CCN: 15-7055	Title XVIII	Home Health Agency I PPS

Cost Center Description	Program Visits			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	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,563		0	757,879	1.00
2.00	Physical Therapy	0	1,046		0	165,237	2.00
3.00	Occupational Therapy	0	408		0	78,128	3.00
4.00	Speech Pathology	0	76		0	13,279	4.00
5.00	Medical Social Services	0	9		0	53	5.00
6.00	Home Health Aide	0	620		0	54,008	6.00
7.00	Total (sum of lines 1-6)	0	4,722		0	1,068,584	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00

Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet H-3

HHA CCN: 15-7055

To 12/31/2016

Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Title XVIII

Home Health  
Agency I

PPS

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	757,879		1.00
2.00	Physical Therapy	165,237		2.00
3.00	Occupational Therapy	78,128		3.00
4.00	Speech Pathology	13,279		4.00
5.00	Medical Social Services	53		5.00
6.00	Home Health Aide	54,008		6.00
7.00	Total (sum of lines 1-6)	1,068,584		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0086 HHA CCN: 15-7055	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 3/12/2018 9:20 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00	Physical Therapy	66.00	0.397858	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.600281	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.507207	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.792261	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.466285	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086 HHA CCN: 15-7055	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 3/12/2018 9:20 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	707,129
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	25,917
13.00	Total PPS Reimbursement - LUPA Episodes		0	26,054
14.00	Total PPS Reimbursement - PEP Episodes		0	4,314
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	8,319
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	771,733
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	771,733
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	771,733
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	771,733
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	771,733
31.01	Sequestration adjustment (see instructions)		0	15,435
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	756,298
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0086  
HHA CCN: 15-7055

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

Worksheet H-5  
Date/Time Prepared: 3/12/2018 9:20 am  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		756,298	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		756,298	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		756,298	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1531

To 12/31/2016

Date/Time Prepared: 3/12/2018 9:20 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	94,552	29,757	124,309	0	124,309
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0
11.00	MEDICAL RECORDS*	20,085	0	20,085	0	20,085
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	12,500	12,500	0	12,500
16.00	OTHER GENERAL SERVICE*	0	166,266	166,266	0	166,266
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	136,212	0	136,212	0	136,212
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	44,539	0	44,539	0	44,539
34.00	SPIRITUAL COUNSELING**	8,965	0	8,965	0	8,965
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	10,571	0	10,571	0	10,571
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	65,624	65,624	-64,847	777
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	5,134	5,134	0	5,134
100.00	TOTAL	314,924	279,281	594,205	-64,847	529,358

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1531

To 12/31/2016

Date/Time Prepared: 3/12/2018 9:20 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	124,309	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	20,085	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	12,500	15.00
16.00	OTHER GENERAL SERVICE*	0	166,266	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
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	136,212	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	44,539	33.00
34.00	SPIRITUAL COUNSELING**	0	8,965	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	10,571	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	777	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
<b>NONREIMBURSABLE COST CENTERS</b>				
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)*	-5,134	0	71.00
100.00	TOTAL	-5,134	524,224	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 CONTINUOUS HOME CARE

Provider CCN: 15-0086

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

Worksheet 0-1

Hospice CCN: 15-1531

Date/Time Prepared: 3/12/2018 9:20 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
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	0	0	0	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 & HOMEMAKER 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 *	0	0	0	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>			
25.00	INPATIENT CARE-CONTRACTED		
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	0
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 & HOMEMAKER 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	0

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPI CE COSTS FOR HOSPI CE ROUTINE HOME CARE

Provider CCN: 15-0086

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

Worksheet 0-2

Hospice CCN: 15-1531

Date/Time Prepared: 3/12/2018 9:20 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
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	130,352	0	130,352	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	42,623	0	42,623	0	33.00
34.00	SPIRITUAL COUNSELING	8,579	0	8,579	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	HOSPI CE AIDE & HOME MAKER SERVICES	10,116	0	10,116	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	65,624	65,624	-64,847	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 *	191,670	65,624	257,294	-64,847	192,447

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

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)
		6.00	7.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>			
25.00	INPATIENT CARE-CONTRACTED		
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	130,352
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	42,623
34.00	SPIRITUAL COUNSELING	0	8,579
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPI CE AIDE & HOME MAKER SERVICES	0	10,116
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	777
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	192,447

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

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

Provider CCN: 15-0086  
 Hospice CCN: 15-1531

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

Worksheet 0-4  
 Date/Time Prepared:  
 3/12/2018 9:20 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0 25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0 26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0 27.00
28.00	REGISTERED NURSE	5,860	0	5,860	0	5,860 28.00
29.00	LPN/LVN	0	0	0	0	0 29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0 30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES	1,916	0	1,916	0	1,916 33.00
34.00	SPIRITUAL COUNSELING	386	0	386	0	386 34.00
35.00	DIETARY COUNSELING	0	0	0	0	0 35.00
36.00	COUNSELING - OTHER	0	0	0	0	0 36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	455	0	455	0	455 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0 38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0 39.00
40.00	IMAGING SERVICES	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0 42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0 46.00
100.00	TOTAL *	8,617	0	8,617	0	8,617 100.00

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

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)
		6.00	7.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>			
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	5,860 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	1,916 33.00
34.00	SPIRITUAL COUNSELING	0	386 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	455 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
100.00	TOTAL *	0	8,617 100.00

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

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

Provider CCN: 15-0086

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

Worksheet 0-5

Hospice CCN: 15-1531

Date/Time Prepared: 3/12/2018 9:20 am

Descriptions	Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 CAP REL COSTS-BLDG & FIXT	0	3,640	3,640	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	2,351	2,351	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	0	97,803	97,803	3.00
4.00 ADMINISTRATIVE & GENERAL	124,309	47,979	172,288	4.00
5.00 PLANT OPERATION & MAINTENANCE	0	9,961	9,961	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	0	2,844	2,844	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	20,085	9,331	29,416	11.00
12.00 STAFF TRANSPORTATION	0		0	12.00
13.00 VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00 PHARMACY	0	0	0	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	12,500		12,500	15.00
16.00 OTHER GENERAL SERVICE	166,266	0	166,266	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
<b>LEVEL OF CARE</b>				
50.00 HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00 HOSPICE ROUTINE HOME CARE	192,447		192,447	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	0		0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	8,617		8,617	53.00
<b>NONREIMBURSABLE COST CENTERS</b>				
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
99.00 NEGATIVE COST CENTER	0		0	99.00
100.00 TOTAL	524,224	173,909	698,133	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2016

Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	3,640	3,640			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,351		2,351		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	97,803	0	0	97,803	3.00
4.00	ADMINISTRATIVE & GENERAL	172,288	0	0	29,364	4.00
5.00	PLANT OPERATION & MAINTENANCE	9,961	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	2,844	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	29,416	0	0	6,238	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	12,500	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	166,266	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	192,447			59,525	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,617	3,640	2,351	2,676	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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				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	698,133	3,640	2,351	97,803	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2016

Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	201,652					4.00
5.00 PLANT OPERATION & MAINTENANCE	4,046	14,007				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	1,155	0		3,999		7.00
8.00 DIETARY	0	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	14,481	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	5,077	0		0		15.00
16.00 OTHER GENERAL SERVICE	67,531	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	102,342					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	7,020	14,007	0	3,999	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	201,652	14,007	0	3,999	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2016

Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	0					9.00
10.00	0	0				10.00
11.00	0		50,135			11.00
12.00	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
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	0	0	47,931	0	0	51.00
52.00	0	0	0	0	0	52.00
53.00	0	0	2,204	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	0	50,135	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2016

Part I  
Date/Time Prepared:  
3/12/2018 9:20 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	17,577				15.00
16.00	0		233,797			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	0	16,804	223,518		642,567	51.00
52.00	0	0	0	0	0	52.00
53.00	0	773	10,279	0	55,566	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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	17,577	233,797	0	698,133	100.00



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

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2016

Part II  
Date/Time Prepared:  
3/12/2018 9:20 am

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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	315					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		315				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	314,924			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	94,552	-201,652	496,481	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	9,961	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	2,844	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	20,085	0	35,654	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	12,500	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	166,266	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			191,670	0	251,972	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	315	315	8,617	0	17,284	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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)	3,640	2,351	97,803		201,652	100.00
101.00	UNIT COST MULTIPLIER	11.555556	7.463492	0.310561		0.406163	101.00

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

Provider CCN: 15-0086  
Hospice CCN: 15-1531

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	315					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		315			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	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	315	0	315	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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						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)	14,007	0	3,999	0	0	100.00
101.00	UNIT COST MULTIPLIER	44.466667	0.000000	12.695238	0.000000	0.000000	101.00

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

Provider CCN: 15-0086

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2016

Part II  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	5,459					10.00
11.00	MEDICAL RECORDS		5,459				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	5,219	5,219	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	240	240	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	50,135	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	9.183916	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 15-0086

Period:

Worksheet 0-6

Hospice CCN: 15-1531

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

Part II  
Date/Time Prepared:  
3/12/2018 9:20 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
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	5,459				15.00
16.00	OTHER GENERAL SERVICE		5,459			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	5,219	5,219			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	240	240	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	17,577	233,797	0		100.00
101.00	UNIT COST MULTIPLIER	3.219820	42.827807	0.000000		101.00

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

Provider CCN: 15-0086

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

Worksheet 0-7

Hospice CCN: 15-1531

Date/Time Prepared: 3/12/2018 9:20 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.397858	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.600281	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.507207	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.466285	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.211621	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.792261	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.167224	0	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00					10.00
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	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0086

Period:

Worksheet 0-8

Hospice CCN: 15-1531

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

Date/Time Prepared:  
3/12/2018 9:20 am

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
<b>HOSPICE CONTINUOUS HOME CARE</b>				
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
<b>HOSPICE ROUTINE HOME CARE</b>				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			642,567
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			5,219
8.00	Total average cost per diem (line 6 divided by line 7)			123.12
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	4,548	104	4,652
10.00	Program cost (line 8 times line 9)	559,950	12,804	572,754
<b>HOSPICE INPATIENT RESPITE CARE</b>				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			0
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0
13.00	Total average cost per diem (line 11 divided by line 12)			0.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0	0
15.00	Program cost (line 13 times line 14)	0	0	0
<b>HOSPICE GENERAL INPATIENT CARE</b>				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			55,566
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			240
18.00	Total average cost per diem (line 16 divided by line 17)			231.53
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	226	10	236
20.00	Program cost (line 18 times line 19)	52,326	2,315	54,641
<b>TOTAL HOSPICE CARE</b>				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			698,133
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			5,459
23.00	Average cost per diem (line 21 divided by line 22)			127.89

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0086	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 3/12/2018 9:20 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		956,422	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		15,200	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)		38.14	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		971,622	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00